



## **Health and Safety Policy V 1-9-25 (Review date 1-9-26)**

### **Scope**

Hampshire Cricket Board Ltd is committed to providing a safe working, coaching, teaching and learning environment for all personnel, learners and any related third parties.

It is ultimately the responsibility of the Head of the Centre, John Cook, to ensure that this procedure is implemented, published and accessible to all personnel, learners and any relevant third parties. However, the Qualification Coordinators (QCs) specific to each qualification are responsible for ensuring this information is fully understood by their qualification team and by the learners who commence courses/programmes in their area.

All learners and personnel have a legal responsibility, as stated under Section 7 of the Health and Safety at Work Act 1974, to do everything practicable to prevent an accident or injury to themselves and to fellow learners and/or personnel.

### **Objectives**

Hampshire Cricket Board Ltd aims to promote health and safety, so far as reasonably practicable, by:

- providing and maintaining safe equipment and environment, including a means of access in a condition that is safe and without risk to health
- preventing accidents and cases of work-related ill health and safety hazards arising from work activities via effective risk identification, assessment and implementation of control measures
- implementing regular emergency and evacuation procedures in case of a significant incident
- protecting the health and safety and welfare of individuals and vulnerable learners via systematic risk management
- engaging with learners, personnel and any related third parties, to provide providing relevant information, instruction, training and supervision, as is necessary to ensure health and safety
- providing adequate training and allocating appropriately qualified members of personnel to identify and control potentially hazardous situations/environments
- complying with statutory regulation on health and safety and welfare of learners, personnel and any related third parties

This list is not exhaustive and represents general principles followed by Hampshire Cricket Board Ltd in respect of health and safety.

## Risk Assessment Procedures

Hampshire Cricket Board Ltd ensure that suitable and sufficient control measures are in place to reduce identified risks in the delivery of all courses/programmes.

All personnel required to conduct risk assessments will be given the appropriate training and/or will be made aware of what is expected of them in advance. All recorded risk assessments are made available to all relevant staff who must ensure that all control and/or recovery measures plans are complied with and related actions recorded.

Where tutors/assessors identify additional risks which were not previously identified, or where a current risk assessment is not in place risk assessment must be conducted.

### Current Example

|                                                                                          |                                                                                                                                                     |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Venue:</b> Warblington School (ECB Foundation Event)                                  | <b>Risk Rating</b><br><br><b>Likelihood</b><br>1 = Unlikely<br>2 = Possible<br>3 = Quite likely<br>4 = Almost certain<br><br><b>Severity/impact</b> |
| <b>Address:</b> Warblington School, Southleigh Road, Havant<br><b>Date:</b> 2/9 Feb 2025 |                                                                                                                                                     |
| <b>Date of Assessment:</b> 31/1/25                                                       |                                                                                                                                                     |
| <b>Assessor :</b> John Cook                                                              |                                                                                                                                                     |

| <b>Other Related Documents:</b><br><br>Event Risk Assessment – Complete 18/2/24 |                       | <div>1 = Minimal (minor injury or low impact on event)</div> <div>2 = Moderate (moderate injury that may require hospital treatment or moderate impact on event)</div> <div>5 = Serious (more serious injury requiring hospital admittance or serious impact on event)</div> <div>9 = Critical (Fatality or number of persons seriously injured or major impact on event or ECB)</div> <div><b>Total risk rating</b></div> <div>1-5 = Low priority (minimal or no action required)</div> <div>6-10 = Medium priority (additional control measures or change of arrangements may be required.</div> <div>11-36 = High priority (stop activity until actions to restrict/ reduce risk have been completed.)</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |
|---------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| No.                                                                             | Area/ Operation       | Hazard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Control Measure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Risk Rating (total) |
| 1.                                                                              | Venue considerations. | Venue unsuitable for event.<br><br>Venue does not comply with ECB/ health & safety regulations.<br><br>Unknown security measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No activity should be undertaken that would be prohibited by the ECB Insurers, ECB Policy, or that may compromise corporate ECB business. Has the venue got appropriate public liability insurance?<br><br>Are all staff appropriately insured?<br><br>Ensure venue has a current Health and Safety policy and meets minimum Health and Safety requirements where appropriate.<br><br>Sufficient prior notice of the proposed activity should be given to enable a pre visit if appropriate to the venue/location by ECB staff /organisers as appropriate.<br><br>Consider security visit in advance of proposed operation. Complete all relevant paperwork during, and post visit to ensure, proportionate internal and external security measures are in place or can be implemented for the duration of the visit. | 1/1                 |

|    |                                             |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|----|---------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    |                                             |                                                                                                        | <p>Obtain venue layout plans.</p> <p>Ensure any concerns regarding venue reported to venue staff immediately.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| 2. | Arrival, entry to and departure from venue. | <p>Insecure arrival points.</p> <p>Security.</p> <p>Parking.</p> <p>Public.</p>                        | <p>Ensure arrival / departure and entry /exit points are in good repair, clear of trip, slip, and fall hazards.</p> <p>Identify appropriate parking / unloading / loading location at point of entry / departure.</p> <p>Ensure arrival / departure time is not compromised by other known visits, arrivals, deliveries etc.</p>                                                                                                                                                                                                                            | 1/1 |
| 3. | Internal use of venue                       | <p>Unknown venue and internal Security staff, or members of public.</p> <p>Areas of public access.</p> | <p>Ensure all staff and volunteers are vetted to a satisfactory standard.</p> <p>Consider method of identification (uniform, name badges, accreditation etc.).</p> <p>Ensure there are appropriate numbers of staff at the venue to ensure the safety and security of the participants, support staff, kit and equipment.</p> <p>Appropriate, proportionate security in place in all areas.</p> <p>Briefing to cover all matters of concern regarding the visit.</p> <p>All areas clear of obstructions, all fixtures / fittings appropriately secured.</p> | 1/1 |
| 4. | Major incidents.                            | General Security                                                                                       | <p>Establish and develop contact with venue Security Manager or equivalent – (Adrian is the member of staff that makes himself known to our staff as they need to sign in to the venue, accept T's and C's)</p> <p>All issues / occurrences relating to security of staff and/or participants are appropriately and timely recorded and brought to</p>                                                                                                                                                                                                      |     |

|    |               |                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    |               |                                                                                                                                                                                             | <p>the attention of the Venue Manager and event organiser..</p> <p>Means of transport to nearest hospital will be via ambulance, if required.</p> <p>Emergency contacts for all attendees held on site. Parent/carer emergency contact details checked at registration.</p> <p>Roads onto site kept clear of parked cars for emergency vehicle access.</p> <p>Permission for emergency medical treatment obtained in advance by parents/carers.</p>                                                                                                                   | 1/1 |
| 5. | Fire          | <p>Public unable to evacuate building safely, in an emergency.</p> <p>Public unsure what to do in case of fire / fire alarm sounding</p> <p>Potential risk of burns and danger to life.</p> | <p>Ensure venue complies with all required Fire Regulations.</p> <p>Ensure venue has appropriate fire-fighting equipment, including fire alarm systems, smoke detectors, fire extinguishers situated around the venue.</p> <p>As part of the venue check ensure fire escape routes are clear and unobstructed</p> <p>Fire evacuation process to be briefed at start of events.</p> <p>Any planned fire alarm tests during event to be advised.</p> <p>Contingency for evacuation including identifying a remote holding location if full evacuation is necessary.</p> | 1/1 |
| 7. | Missing Child | <p>Child leaves / taken from venue.</p> <p>Lost Child harmed or injured</p>                                                                                                                 | <p>HCB Ltd to provide missing children policy.</p> <p>HCB to have procedure in place for missing child including reporting process.</p> <p>Staff &amp; volunteers clearly identifiable – Staff wear</p>                                                                                                                                                                                                                                                                                                                                                               | 1/1 |

|    |                   |                                                                                                  |                                                                                                                                                                                                                                                        |     |
|----|-------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    |                   |                                                                                                  | ECB Coach Developer Uniforms                                                                                                                                                                                                                           |     |
| 8. | Medical           | Injury due to accidents or illness.                                                              | <p>Designated venue staff to hold first aid qualification.</p> <p>Grounds / nets and equipment checked for general safety and wear and tear before use</p> <p>Information available on nearest A&amp;E department</p>                                  | 1/1 |
| 9. | Additional needs. | Visitors with additional needs not being fully supported or not having full access to the venue. | <p>Visitors to notify venue of any support needs in writing prior to the event.</p> <p>Ongoing risk assessment throughout, assessing if any adaptations need to be made.</p> <p>Extra support to be available to ensure inclusion where necessary.</p> | 1/1 |

## First Aid Procedure

|                                          |
|------------------------------------------|
| The nominated/appointed members of staff |
| First-aiders                             |
| Allocated tutors delivering the course   |

All confirmed nominees are appropriately qualified first-aiders, holding current first-aid certificates. Therefore, one of the first-aiders listed above must be contacted in the event of an incident occurring, to administer any first aid required. It is important that all issues where a first-aider has been involved are recorded in the necessary incident logbook(s) which accompany the first-aid box(es).

Whenever learners are present, to attend for a component of a course/programme, their tutor/assessor is responsible for making them aware of whom their nominated First-aiders are and where they can be found (they are required to be on site at the time of a course/programme taking place).

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| The first aid box(es) are located:                                                              |
| Nominated first aiders Have appropriate first aid equipment                                     |
| Venues may also have first aid equipment available but HCB staff will have access to their own. |

## Accident Reporting

During a course the Tutor, Assessor, individual(s) in charge of the event (possible via delegation) involved in the accident/incident is responsible for ensuring that an investigation takes place and that an accident/incident/near miss report is completed.

In the case of an injury, following appropriate care for the injured individual, the Tutor/ Assessor/individual(s) in charge of the event must inform the nominated person John Cook at Hampshire Cricket Board Ltd.

The Accident Report Form should be forwarded immediately via the quickest route to enable details to be recorded and any actions noted.

Please note that delivery/assessment sites might also have their own recording procedures which will also need to be followed.

## Accident Report

| Date, time, location and event details where the incident took place |  |      |  |
|----------------------------------------------------------------------|--|------|--|
| Date                                                                 |  | Time |  |
| Location (Venue)                                                     |  |      |  |
| Event details<br>(eg Qualification title and course number)          |  |      |  |

| Injured persons details |  |          |  |
|-------------------------|--|----------|--|
| Name:                   |  |          |  |
| Occupation:             |  |          |  |
| Date of birth:          |  |          |  |
| Address:                |  | Postcode |  |
| Tel:                    |  |          |  |
| Email:                  |  |          |  |

| Details of all persons involved – insert details of all individuals actually involved in near miss, incident or accident |      |                |
|--------------------------------------------------------------------------------------------------------------------------|------|----------------|
|                                                                                                                          | Name | Contact number |
| 1                                                                                                                        |      |                |
| 2                                                                                                                        |      |                |
| 3                                                                                                                        |      |                |
| 4                                                                                                                        |      |                |
| 5                                                                                                                        |      |                |

| Details of all witnesses –insert details of all individuals who witnessed the near miss, incident or accident |      |                |
|---------------------------------------------------------------------------------------------------------------|------|----------------|
|                                                                                                               | Name | Contact number |
| 1                                                                                                             |      |                |
| 2                                                                                                             |      |                |
| 3                                                                                                             |      |                |
| 4                                                                                                             |      |                |
| 5                                                                                                             |      |                |

| Incident details                      |        |                                       |        |
|---------------------------------------|--------|---------------------------------------|--------|
| Time of injury                        |        | Date of injury                        |        |
| Description of the incident           |        |                                       |        |
| Treatment applied                     |        |                                       |        |
| Name of person giving treatment       |        |                                       |        |
| Role of person giving treatment       |        |                                       |        |
| Loss of consciousness:                | Yes/No | Ambulance called:                     | Yes/No |
| Person sent to Hospital:              | Yes/No | If Yes, which Hospital:               |        |
| Name of person completing this report |        |                                       |        |
| Date of report                        |        | Office use only: date report received |        |