



Health and Safety Policy

This is the statement of general policy and arrangements for SCARF.

Overall responsibility for health and safety policy and practices within SCARF is the responsibility of the Management Committee.

Day to day responsibility lies with Mark Thomsett, Health and Safety Officer.

HEALTH AND SAFETY POLICY STATEMENT

SCARF is strongly committed to providing a safe environment for its employees, volunteers, members and participants.

SCARF aims to give its members the opportunity to participate in a range of sporting, leisure and social activities, in a supportive and safe environment. It recognises that to do this safely it will give close attention to all health and safety risks for its vulnerable members who have a range of physical, sensory and/or learning disabilities.

For the majority of SCARF activities, parents are required to be on site with their children and are responsible for keeping them safe at all times, ensuring that they are supervised and supported and they can access the activities appropriately and safely. Parents are also responsible for their child's behaviour as outlined in the Child Safeguarding Policy.

HEALTH AND SAFETY POLICY:

To support our Health and Safety policy statement we are committed to the following duties:

- I. A Health and Safety Officer, appointed by the Committee will oversee control of Health and Safety issues.
 - The HSO is responsible for the implementation of this policy.

- All accidents and injuries sustained during SCARF activities will be recorded in an accident book and completed pages sent to the HSO who will be responsible for filing them or further action. He will make the necessary reports as outlined under legislation. Events organised by other Providers will abide by their own H&S Policy.
 - The HSO is responsible for ensuring training and maintaining qualification of First Aiders. A record of staff training including First Aid training will be retained by HSO and SCARF Admin Officer.
 - The HSO is responsible for recommending the necessary training for staff and volunteers. The HSO will liaise with Programme Coordinators and Leaders to discuss risk assessments and planning of events as necessary.
 - The HSO is responsible for working with members to ensure they adhere to the policy.
2. Regular Clubs (Youth Club, Multi-sports, Early Years Playscheme, SIBS) run by SCARF staff, where parents are not present.
- The Leader/Coordinator of the Club will undertake regular, recorded risk assessments of their premises and activities and familiarise themselves with evacuation procedures.
 - The Leader/Coordinator of the club will send a copy of any risk assessment to the HSO.
 - The Leader will liaise with parents/carers of participants to ensure that he/she has the necessary medical information and permissions to ensure that children can safely access the activities on offer. These will be recorded on SCARF forms (see attached) and shared with other leaders as appropriate and with permission.
 - The leader will create a safe environment by putting health and safety measures in place as identified by the assessment.
 - The Leader will ensure that all members/users of the club are aware of, understand and follow the club's health and safety policy.
 - The SCARF Committee will ensure that all staff and volunteers are given the appropriate level of training to run and support the activities offered.
 - SCARF will provide access to adequate first aid facilities, telephone and qualified first aider as appropriate.

- If a child is not collected at the end of a session, he or she will remain with the Leader and one other member of staff for up to 30 minutes until the child is collected by the parent, carer or named emergency contact person. If after 30 minutes the child has not been collected the police and social services will be informed.

3. Specific Activities – where SCARF organises events and parents or carers are on site.

- The Programme Organiser or Health and Safety Officer will undertake a recorded risk assessment of any activity or liaise with the activity provider to ensure that an appropriate risk assessment for the activity is in place and the activity provider is aware of the nature of the SCARF group attending their facility (eg when using existing facilities such as Calshot Activities Centre, Lymington Health and Leisure etc).
- SCARF will ensure that adequate first aid facilities, telephone and qualified first aiders are available and that an emergency pack of useful relevant phone numbers and information is on site.
- Parents will be reminded in their membership forms and booking information that they are responsible for their children's safety at all times and that they should also have consideration for the safety of others.

4. The SCARF Chair and Committee will regularly review all activities and meet with staff and volunteers to ensure that it addresses all health and safety concerns and provides advice and supervision to ensure the safety of members within the environment and the health and safety of employees and volunteers.

5. The SCARF Committee will ensure that all members are aware of their responsibilities to ensure their child's safety and the limitations of SCARF's capacity and responsibilities during events. It will also ensure that emergency procedures are in place during activities and are known by all activity leaders.

6. Monitoring

- The SCARF Committee will ensure that the implementation of the policy is reviewed

annually and monitored for effectiveness.

AS A SCARF MEMBER YOU HAVE A DUTY TO:

- Take good care for your own health and safety and those for whom you are responsible
- Have consideration for the health and safety of other members at all times
- Report any incidents or issues to the Health and Safety Officer or Child Safeguarding Officer as appropriate
- Co-operate with SCARF on health and safety issues

Reviewed and Agreed by SCARF Committee July 2014

Appendices: Example Risk Assessment, Membership Form, Medical Consent Form

SCARF HEALTH & SAFETY OFFICER:

Name Mark Thomsett

Address 264 Burley Road, Bransgore BH23 8DR

Phone No 01425 674712

Appendix I

SCARF RISK ASSESSMENT FORM

Appendix

Title of activity:		Date /Time of activity:					
Number of people taking part:		Parents/Staff taking part in activity:					
Male:		First aid staff:					
Female:							
Risk assessment completed by:							
Date assessment completed:							
Hazard/Risks	Who Could Be Affected?	Control Measures in Place	Additional Control Measures Required	Person/s Responsible for Actions Required	Date/s Actions Required	Actions Completed	
<i>What are the hazards and associated risks?</i>	<i>Who might be harmed by hazards?</i>	<i>What are you already doing?</i>	<i>What further action is necessary?</i>			<i>Initial and date when actions are completed</i>	
Signature of Assessor		Date of Assessment:		Review Date:			
Signature of Assessor							
<i>Please Note: Providing the control measures identified are complied with then the assessor considers the risk/s to be acceptable</i>							



www.scarfnewforest.org

Supporting Special Children and Their Relatives and Friends

OFFICE USE ONLY
Cheque/Cash Gift Aid
Amount
Received
Membership No

MEMBERSHIP FORM 2014

Parent/Carer Names.....

Address..... Home Tel No

..... Mobile No

Postcode..... E-mail address (Please update us if the above details change)

Please tell us where you heard about SCARF

Children's Names	Date of Birth	School Attended	Special Needs/ Disabilities and allergies (if any)	Gateway Number

I/We understand that I am/we are responsible for my/our children/s behaviour and safety whilst attending SCARF activities.

I/We agree/disagree that SCARF may use photographs of my/our family taken at SCARF events for publicity in the local press and on the website (www.scarfnewforest.org).

I/We enclose our family membership fee of £15.00.

Cheques should be made payable to SCARF.

(Membership is renewable every January).

Signed.....

Date.....

Please return to: Jo Williams, 57 Oakwood Avenue. New Milton. Hants. BH25 5DZ



Good Practice Guidelines

When parents and/or carers are in attendance they are responsible for their child/ren's safety and behaviour.

Parents, carers, volunteers and staff should always:

- Respect everyone as an individual
- Provide a good example of acceptable behaviour
- Respect everyone's right to personal privacy
- Be available as a listening ear and, if necessary, refer for more appropriate help
- Be sensitive to other people's likes and dislikes
- Try to ensure that actions cannot be misunderstood or cause offence and are acceptable within a relationship of trust
- Show understanding when dealing with sensitive issues
- Uphold SCARF's Child Protection Policies and Procedures

Parents, carers, volunteers and staff should never:

- Engage in rough, physical or sexually provocative games
- Allow or engage in inappropriate touching of any form
- Allow children to use inappropriate language unchallenged, or use such language when with children
- Make sexually suggestive comments to a child, even in fun
- Fail to respond to an allegation made by a child; they should always act
- Do things of a personal nature that children can do for themselves.

Appendix 3



SCARF Medical Questionnaire and Consent Form

The information on this form will be held for information purposes, to help us to ensure that we are meeting the needs of your child/young person. The information will be retained securely and only shared with Scarf employees or committee members working with your child. This form should be completed annually, but please notify us if there are any changes regarding your child as soon as possible.

Name of Child/Young Person:			
Name child/young person prefers to be called:		Sex (please circle): Male Female	
Home Address:	Postcode:		
Date of Birth:	Age Range (Please circle) Under 5 6-11 12-16 17-19		
Does your child have any additional needs/disabilities? (please circle) YES/NO			
If Yes, please provide details (further space is provided later):			
School/College that the child attends:			
Parent or Carers Name/s			
Home phone Number:		Mobile phone number/s	
Work phone number:		Contact email:	
Name and address of Doctor:			
Doctor's telephone number:			

Further Information about your Child/Young Person

Does your child have any particular likes/interests?	
Does your child have any particular dislikes (eg. loud noises)?	
Does your child have any challenging or unpredictable behaviour, and if so how would you manage this?	
What level of staff support do you feel your child/young person requires? (eg. does he/she normally have one-to-one support in other settings)?	
Is your child/young person a wheelchair user?	YES/NO
If yes, please provide details:	
Please use the space below to tell us of any other particular requirements and/or information which will help us to assist your child/young person to enjoy Scarf's activities:	

Medical Information

Has your child/young person had any of the following?			
Asthma or bronchitis	YES/NO	Allergies to any known medication	YES/NO
Heart condition	YES/NO	Any other allergies, eg. material, food, bee stings, plasters	YES/NO
Fits, fainting or blackouts	YES/NO	Other illness or disabilities	YES/NO
Severe headaches	YES/NO	Travel Sickness	YES/NO
Diabetes	YES/NO	Any condition that could be affected by physical activity?	YES/NO
If the answer to any of these questions is YES please give details...			
Does your child/young person take any regular medication, and if yes please give details?			
Has your child/young person been receiving medical or surgical treatment of any kind from either their family doctor or hospital? If YES please give details.			
Has your child been given specific medical advice to follow in emergencies? If YES please give details, including name and dosage of any medicines/tablets.			
If it is considered necessary, do you agree to mild painkillers (eg. paracetamol) being administered? YES/NO			
Has your child been vaccinated against Tetanus in the last 10 years? YES/NO			
Does your child have any special dietary requirements? If YES please give details:			

Parent/Carer's Consent

I confirm that I have parental responsibility for (child's name):	
He/she is in good health and I consider him/her capable of taking part in the Scarf activities set out. I consent to him/her taking part in the activities. In the event of illness or accident, I consent to any necessary medical treatment which might include the use of anaesthetics.	
Signed:	Date:
Please print name here:	