



# Health and Safety Policy Statement

## Part 1: Statement of intent

This is the health and safety policy statement of **Divine Buzz**

The procedures outlined in this policy are based on the principles and practice guidance contained in the following:

- **Health and Safety at Work etc Act 1974**
- **Management of Health and Safety at Work Regulations 1999**
- **Workplace (Health, Safety and Welfare) Regulations 1992**
- **The Health and Safety (Display Screen Equipment) Regulations 1992**
- **The Manual Handling Operations Regulations 1992, amended 2002**
- **The Regulatory Reform (Fire Safety) Order 2005**
- **The Furniture and Furnishings (Fire Safety) Regulations 1988 (As Amended 1989)**

## INTRODUCTION

The promotion of Health and Safety at work is regarded as an important objective for Divine Buzz. We will ensure, as far as possible, the health and safety at work of all our staff/contractors/volunteers. We also recognise our duty to participants to provide quality and low-risk activities and environments. We recognise that the creation of a safe and healthy environment and the development of consistent good practise depend on the involvement, vigilance, and awareness of all those working/volunteering in Divine Case.

This policy should be read in conjunction with:

- Fire Safety Policy
- Accidents and Incidents Policy
- Risk Assessment Policy
- Lone Working Policy
- Environmental and Sustainability Policy
- First Aid Policy

Our health and safety policy is to:

- prevent accidents and cases of work-related ill health
- manage health and safety risks in our workplace
- provide clear instructions and information, and adequate training, to ensure employees are competent to do their work
- provide personal protective equipment
- consult with our employees on matters affecting their health and safety
- provide and maintain safe plant and equipment
- ensure safe handling and use of substances
- maintain safe and healthy working conditions
- implement emergency procedures, including evacuation in case of fire or other significant incident
- review and revise this policy regularly



## **Fire precautions Management**

### **Fire Plans**

Managers will ensure that all services maintain an up-to-date Fire Plan detailing how the evacuation will take place and the specific roles of staff in managing the incident. The plan must address the following points:

- the procedure to be followed in the event of a fire, including identifying the means of escape and assembly points;
- fire drills and inspections;
- servicing arrangements for equipment, including who is responsible and the frequency of inspections;
- fire safety procedures should be displayed on notice boards and the nearest landmarks;

The Manager must brief staff at least twice per year during our staff meeting on the content of the Fire plan. A record of Briefings must be kept in the staff meeting notes.

The Manager must hold the Fire Record in the Divine Buzz central folder.

All fire alarm control panel tests must be recorded in the Divine Buzz Fire Record.

Fire Drills must be completed at least twice a year. This will be organised by the Manager. All participants must be informed of the importance of participating in a drill. A record of fire drills must be kept in the Divine Buzz Fire Record.

### **Fire Prevention and Procedures**

All fire exits and escape routes must be clearly marked. Corridors and exits should be well-lit, and bulbs should be checked regularly and replaced immediately if they are not working.

Emergency lighting, where provided, should be maintained and inspected on a six-monthly basis. This must be recorded in the Home Fire Record.

The designated means of escape should never be used for the storage of any item, regardless of convenience or duration.

Electrical faults and faulty appliances are major causes of fire. Sockets should never be overloaded. Faulty appliances, blackened sockets, frayed wires, and broken plugs should be made inoperable as soon as they are identified, repaired as quickly as possible, or disposed of. Smoking, too, is a major cause of the fire, and all participants/visitors/parents and managers/staff/contractors/volunteer members should be aware of the dangers of smoking: Smoking is not permitted on premises.



The Furniture and Furnishings (Fire Safety) Regulations 1988 (As amended) These regulations set levels of fire resistance for domestic upholstered furniture, furnishings, and other products containing upholstery.

## Incidents and Precautions

The Accident and Incident Reporting Policy deals with incidents and near misses, defined as incidents that include all instances of dangerous or violent behaviour, any serious incident of aggressive behaviour or harassment, and any other instances of behaviour associated with severe vulnerability.

The Manager must consider a review of the following as a result of an Incident Report being logged.

- Fire Record
- Health & Safety
- Risk Assessments

The Home/Team Manager must ensure that statutory reporting requirements are satisfied following an incident. Guidance on reporting incidents under RIDDOR and other statutory instruments is set out in the Accident and Incident Policy.

## First Aid

Advice is provided in the First Aid Policy

## Infectious Diseases

The escalation of infectious disease outbreaks is a significant problem. Our managers, staff, contractors, volunteers, and participants are all informed that the spread of such diseases can be significantly reduced by following good practise, such as washing one's hands and using hand sanitizers, as well as the guidelines set forth by the government.

Specific advice on reducing the risk of spreading infectious diseases and obligations regarding notification is discussed in the team meetings.

## Part 2: Responsibilities for health and safety

- 1 Overall and final responsibility for health and safety: **Ellen Otchere**
- 2 Day-to-day responsibility for ensuring this policy is put into practice:



## **Managers/Staff/contractors and volunteers**

- 3 To ensure health and safety standards are maintained/improved, the following people have responsibility in the following areas:

**Ellen Otchere, staff, contractors, and volunteers** – safety, risk assessments, consulting employees, accidents, first aid, and work-related ill health.

**Ellen Otchere** – monitoring, accident, and ill-health investigation, emergency procedures, fire and evacuation

**Ellen Otchere, staff, contractors and volunteers** – maintaining equipment, information, instruction, supervision, and training

- 4 All staff, contractors, and volunteers should:

- Cooperate with supervisors and managers on health and safety matters;
- Take reasonable care of their health and safety; and
- Report all health and safety concerns to an appropriate person (as detailed above).
- If a child needs to go to the toilet, two contractors/volunteers should accompany that child together

## **Part 3: Arrangements for health and safety**

### *Risk assessment*

- We will complete relevant risk assessments and take action.
- We will review risk assessments when working habits or conditions change.

### *Training*

- We will give staff, contractors, and volunteers health and safety induction and provide appropriate training.
- We will provide personal protective equipment.
- We will ensure suitable arrangements are in place for staff, contractors, and volunteers who work remotely.

### *Consultation*

- We will routinely consult staff, contractors, and volunteers on health and safety matters as they arise and formally when we review health and safety.

### *Covid*

- Staff, contractors, and volunteers are to maintain a safe distance between each other at all times.
- Staff, contractors, and volunteers must wash their hands before and after each task.
- Staff, contractors, and volunteers must adhere to the ongoing government PPE regulations.
- Staff, contractors, and volunteers must inform their manager if they are feeling unwell. The Manager reserves the right to turn away any staff, contractors, volunteers, or participants that are believed to be unwell enough to participate in the activities. A COVID test should then be taken, and the results sent to Ellen Otchere.



- Staff, contractors, and volunteers must immediately report positive COVID test results to Ellen Otchere.
- Staff, contractors, and volunteers must adhere to the government's COVID isolation procedures.

#### *Evacuation*

- We will make sure escape routes are well-signed and kept clear at all times.
- Evacuation plans are tested from time to time and updated if necessary.

**Signed:**

**Date: 30/01/2025**

**Print name: ELLEN OTCHERE**

**Review date: 30/0/2026**

### ACCIDENT / INCIDENT / ILL-HEALTH OR NEAR MISS REPORT

Please complete form in BLOCK CAPITALS in black ink

Section miss 1	Person injured / ill / involved in the incident or near
<div>Address: _____ Tel: _____</div> <div>_____ Status: Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Participant <input type="checkbox"/> Visitor <input type="checkbox"/></div> <div>Name: Job Title: _____ Date of _____</div> <div>Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/></div>	
Section miss 2	Details of accident / incident / ill-health or near



Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am/pm Date of Report: \_\_\_\_\_

\_\_\_\_\_ Incident Type: Violence ☐ Accident ☐ Work related Ill-health

☐ Near Miss ☐ Location of Incident (Include Establishment name and Location on premises): \_\_\_\_\_

Details of Incident or work-related ill-health (Include activity at time, full details of what happened and name of assailant if applicable)

Were they undertaking their normal employment duties/participating in activities Yes ☐ No ☐ (if No state why)

Section Details of Injury (if applicable) 3

Description of injury  
(Include part of body and nature of injury): \_\_\_\_\_

Name of First-Aider: \_\_\_\_\_

Treatment Given:

(Tick all appropriate boxes) Is the injured party expected to be absent from work for more than 7 days due to the incident ☐

Was the injured person: Able to continue work/participate ☐ Sent home ☐ Sent to GP/Dentist ☐ Taken to Hospital ☐

Section Details of Person Completing Section 1-3 of this Form 4

Name: Job \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Signature: Date: \_\_\_\_\_

Signature of person involved in the accident / incident/ ill health or near miss: \_\_\_\_\_

Where possible the signature of the person involved in the accident/incident should be obtained to confirm that they have read the completed section of this form and agree that the details above are correct.

Data Protection Act 2018

The information you have provided will be held by Divine Buzz on computerised and manual files within the organisation. The information will be used for record purposes. The form will also be passed to the Health and Safety function in order that they can ensure the matter has been properly investigated and reported to enforcement agencies (if required). The data may be disclosed to other organisations, but only in order to ensure compliance with relevant legislation or to prevent fraud or a crime.

Section 5 Investigation



### a) Causes

Was the scene of the incident visited? Yes ☐ No ☐

Have photographs been taken? Yes ☐ No ☐ (if Yes please attach)

Has any physical evidence been retained? Yes ☐ No ☐

Has the direct/indirect cause of the incident been identified? Yes ☐ No ☐

(Please detail below the causes of the accident, incident or work-related ill-health and any previous relevant incidents)

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Continue on a separate sheet as required

### b) Names & Status of Witnesses (if any):

(See guidance form for key process to be followed during the investigation. Please attach any statements, addresses and other relevant information.)

\_\_\_\_\_ 1)Employee ☐ Contractor ☐ Participant ☐ Visitor ☐

\_\_\_\_\_ 2)Employee ☐ Contractor ☐ Participant ☐

\_\_\_\_\_ Visitor ☐ 3)Employee ☐ Contractor ☐

Participant ☐ Visitor ☐

### c) Action taken to prevent recurrence/reduce risk

Action (Detail practical and managerial actions planned or taken)	Person Responsible	Target Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continue on a separate sheet as required

Section 6      Signatures



Print Name:

Signature:

Date:

Person Investigating Incident \_\_\_\_\_

Reviewed by  
(Review actions)

It is the responsibility of the line manager to ensure the incident is fully investigated and details recorded on this form before it is submitted to the relevant Healthy & Safety function.

THIS FORM ON COMPLETION SHOULD BE RETURNED TO THE RELEVANT HEALTH & SAFETY FUNCTION AS SOON AS POSSIBLE

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