



# Old Friends – Health and Safety Policy

## 1. Policy Statement

Old Friends is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all Service Providers, clients and others who may be affected by our activities.

Although Old Friends does not provide personal or medical care, we recognise that many of our clients are elderly and may be more vulnerable to hazards. We therefore place great importance on maintaining safe environments, safe systems of work, and appropriate supervision for all services we provide.

This policy is prepared in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, and other relevant UK legislation and guidance.

## 2. Scope

This policy applies to:

- All premises and client visits conducted in connection with Old Friends.
- All activities and services provided to clients.

## 3. Responsibilities

### **Management:**

- Ensure Service Providers are fully vetted and hold appropriate insurance, information and certification.
- Review this policy at least annually.

### **Service Providers:**

- Take reasonable care for their own health and safety and that of others.
- Co-operate with management, where applicable, to ensure compliance with safety obligations and up to date practices.
- Follow safe working practices at all times.
- Ensure compliance with all relevant health and safety legislation.
- Provide and maintain safe working environments and systems of work.
- Keep records of accidents, incidents.

#### **4. Risk Assessment**

The Service Provider will be responsible for carrying out risk assessments for all work activities, including:

- Home and community visits.
- Transporting or accompanying clients.
- Use of equipment, materials, or vehicles.

#### **5. Training and Supervision**

All Service Providers are responsible for safety in regards to:

- Lone working and personal safety.
- Manual handling (as appropriate).
- Infection prevention and hygiene standards if required.

#### **6. Accident and Incident Reporting**

In accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, all accidents, near misses, or dangerous occurrences must be reported and recorded in the Old Friends Accident Book.

Serious incidents will be reported to the Health and Safety Executive (HSE) where required by law. Management will investigate all incidents and take steps to prevent recurrence.

#### **7. Lone Working**

Service Providers conducting home or community visits are responsible for:

- Following guidelines on Lone Working Procedures.
- Informing a manager or colleague of their itinerary and expected return time.
- Keeping a charged mobile phone available at all times.
- Withdrawing from any situation where they feel unsafe and reporting it immediately.

## **8. Infection Control and Hygiene**

To reduce risk of infection and maintain good hygiene standards, Old Friends expects the Service Providers:

- Hold relevant Certification if required.
- Avoid attending work when unwell or displaying symptoms of infectious illness.
- Follow public health guidance as issued by the UK Health Security Agency (UKHSA).

## **9. Fire Safety and Emergency Procedures**

All Service Providers must familiarise themselves with local emergency procedures and assist clients safely in the event of an evacuation.

## **10. First Aid**

Old Friends will maintain suitable first aid arrangements in line with the Health and Safety (First-Aid) Regulations 1981, ensuring that:

- Service Providers are responsible for their own awareness and competencies of what to do in case of emergency whilst attending a clients house.
- All first aid incidents are recorded and reviewed.

## **11. Policy Review**

This policy will be reviewed annually, or sooner if there are significant changes to legislation, operations, or following an incident.

Updates will be communicated to all Service Providers.

## **12. Signatures**

Signed on behalf of Old Friends:

Name: .....

Position: .....

Date: ...../.../.....

Next review date: ...../.../.....

## Incident / Accident Report Form

## Incident / Accident Report Form

Location: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Immediate Action Taken: \_\_\_\_\_

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Witnesses (if any): \_\_\_\_\_

Reported By: \_\_\_\_\_

Reported To: \_\_\_\_\_

Follow-Up Action / Investigation Findings: \_\_\_\_\_

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