

HEALTH & SAFETY POLICY

Purpose

Health and safety is about minimising or removing the risk of accidents and injuries.

Scope

The Health and Safety at Work Act 1974 only applies to paid workers, although volunteers must still be protected from risks. Littlehampton u3a should ensure that reasonable care has been taken to avoid harming others and that participants are aware of the risks.

Policy

Littlehampton u3a aims to provide and maintain safe and healthy conditions and environments for all members including during the meeting of u3a groups, monthly meetings and at events.

Insurance

Littlehampton u3a is covered by the insurance provided by The Third Age Trust. Further details about the insurance cover can be accessed on the u3a website www.u3a.org.uk/advice. If any activities are being considered that Littlehampton u3a is unsure if they are covered, they will contact the u3a Office for further advice. The Third Age Trust provides third party liability insurance however extreme sports and high hazard activities may not be covered. Please check before running an activity.

Risk Assessments

Littlehampton u3a will ensure the Committee, Group Leaders or those responsible for a meeting or event complete a risk assessment(s). These will be used to identify any risks and explore how they could be mitigated. Littlehampton u3a is aware that some venues used for meetings/events may already have their own risk assessment, these should be reviewed and where mitigations identified, ensure they are actioned. E.g. a venue may state that no more than 5 chairs should be stacked together and or nothing placed in the way of fire escapes. Where relevant, clear instructions and guidance should be provided to anyone who requires it. Further information, guidance and templates about risk assessments can be downloaded from the u3a website: www.u3a.org.uk/advice

Responding to accidents/incidents and dealing with emergencies

In the event of an incident/accident the Chair, Vice Chair or Secretary of Littlehampton u3a should be informed as soon as appropriate. Where a u3a member is involved in an accident or incident whilst taking part in a u3a event Littlehampton u3a will ensure those who witnessed the event and were involved complete an incident report. This must be completed and shared with those who need to have access to it, including the Committee Chair and kept on file by the Secretary. It will also need to be shared with the insurers in the event of an insurance claim. (See attached Accident/Incident Reporting form.)

Lone volunteering

There may be occasions where u3a members may be carrying out activities for Littlehampton u3a on their own. For example, opening a venue for a meeting, setting up for a meeting etc. Where this occurs the u3a member should ensure someone else knows where they are and when they should be expected back. The u3a member should also know who to contact in the event of an incident or accident and ensure they have, for example, their mobile phone with them and avoid activities at height e.g. using a ladder.

Manual handling

All u3a members should think about manual handling in advance to avoid injury to themselves and others. Members should not carry out any manual handling tasks if they are not able to manage them and should ask for help from other u3a members.

Venues

Where Littlehampton u3a uses external venues who have their own policies and procedures and risk assessments Littlehampton u3a will ensure these are followed. This will include making sure all u3a members in attendance are aware of what to do in the event of a fire alarm/evacuation. If Littlehampton u3a is hosting an open day this will also include ensuring those who are not u3a members are also informed.

Littlehampton u3a will ensure this policy is kept up to date and reviewed every two years.

Policy adopted: 27th November 2025

Review date: November 2027

ACCIDENT / INCIDENT REPORT FORM

INJURED PARTY:	
Name:	Tel. No:
Address:	email:
DATE AND TIME OF ACCIDENT/INCIDENT:	
LOCATION:	
OTHERS INVOLVED:	
Name:	Tel. No:
Address:	email:
NATURE/CIRCUMSTANCES OF ACCIDENT/INCIDENT:	
DETAILS OF INJURY OR DAMAGE TO PROPERTY:	
PERSON CAUSING INJURY OR DAMAGE (if applicable):	
Name:	Tel. No:
Address:	email:

PLEASE TURN OVER TO THE SECOND PAGE

WITNESS TO ACCIDENT/INCIDENT:	
Name:	Tel. No:
Address:	email:
ACTION TAKEN:	
WAS ANY SPECIALISED ASSISTANCE REQUIRED AT THE SCENE? If so, please give details.	
WAS MEDICAL ADVICE SOUGHT AFTERWARDS? If so, please give details.	

TO BE COMPLETED AFTER THE ACCIDENT/INCIDENT AND SENT IMMEDIATELY TO THE GROUP LEADER

Name of Group & Leader:	
Email:	Telephone number:
Signature of injured party:	Signature of Group Leader:

THE GROUP LEADER SHOULD REPORT THE ACCIDENT/INCIDENT TO THE CHAIR/DEPUTY CHAIR