**Introduction**

This document outlines the approach to the Health & Safety issues that are related to the activities that Shropshire Woodcarvers undertake in pursuance of our Constitution.

We are mindful of our obligation to protect ourselves, our fellow members, our visitors and the general public from harm or injury whilst in our presence and what is set out herein is guidance which we expect individuals to exercise proactively as could reasonably be expected of responsible members of the Shropshire Woodcarvers’ group.

The approach of Shropshire Woodcarvers to Health and Safety matters is an important issue and, whilst the vast majority of members work very safely and follow their own safe practice instincts, it is important that, as a Group, we have a written policy which sets out our minimum standards of behaviour. This is particularly true for public shows or demonstrations when the unsuspecting public is likely to be in close proximity and could reasonably expect to rely on the protection that our duty of care should offer them.

Please, therefore, treat this Policy as a guide to our minimum standards of behaviour (Appendix 1).

We do carry out our activities in potentially hazardous circumstances, using extremely sharp tools and creating potentially hazardous dust and vapours: we should not do so without being constantly and consistently vigilant about mitigating the inherent risks associated with our activities.

Consequently, we, Shropshire Woodcarvers, undertake to

* advise all members of this Policy through Induction and regular review
* re-induct members annually and maintain records thereof (Appendix 3)
* advise all visitors of the risks that are inherent in our activities and the presence of hazards such as sharp tools, dust and the like and ensure that they are constantly accompanied by a member of our Group
* carry out and record risk assessments for all activities, paying particular attention to external activities (Appendix 5). Generic risk assessments relative to the regular meetings of members are attached hereto (Appendix 4) and will be reviewed not less frequently than annually at the AGM
* ensure that all electrical and mechanical equipment is regularly checked, maintained, tested and actions recorded
* ensure that appropriate PPE ( gloves, masks, ear defenders, eye protection etc.) is available in good condition and used appropriately
* maintain a suitable First Aid Kit in a visible location and to include a Accident Record (Appendix 6) which must be completed by or on behalf of the injured person and acknowledged by a Group member for every incident regardless of severity
* ensure that a competent First Aider (Appendix 2) is present at all gatherings of six or more active carving members
* review near misses, review and publish guidance on future avoidance
* present an annual report at the Annual General Meeting and to invite representation and recommendations from members about ongoing development and/or improvement of this Policy.

**Appendix 1: A Guide to our Minimum Standards of Behaviour**

* Always wear clothing/shoes that will protect you from falling chisels and the like
* Always have appropriate Personal Protective Equipment available
* Make sure that the wood that you are carving is securely fixed by appropriate vice, clamp or non-slip mat
* If “hand-holding” your carving, you are advised to wear cut resistant glove(s)
* Make sure that you have adequate space to carry out your carving activity without putting your neighbours at risk or impeding their activities
* Always carve away from your body/ arms
* Keep both hands behind the cutting edge
* If you drop a gouge, do NOT attempt to catch it
* Keep tools sharp: blunt tools need more pressure and increase the risk of slipping
* Do NOT hold chisels whist carrying out another activity; e.g., tightening a vice, discussing politics or describing your holiday!
* Keep chisels that are not in use tidily in your workplace and safe from public access
* Clear chippings/dust frequently to avoid inhalation, slipping hazards and the like and always consider the comfort and safety of those persons nearby

**Appendix 2: Nominated First Aiders or Competent Persons acting as First Aiders**

Name Qualification Contact details

Arthur Turner Patient First 01743 290792

Meriel Brown Midwife 01743 861159

Jan Latham Midwife 01743359088

Ann Lewis Nurse 01939 291119

Steve Worrall EMT 01743 821896

**Appendix 3: Record of H & S Inductions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Safety**  **Induction**  **Completed** | **Member**  **Initials** | **Inductor**  **initials** | **Comments** |
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**Appendix 4: Safety Check for Regular Group Meetings at Mary Webb School**

(To be carried out and recorded at the beginning of each term)

Reviewed by………………………………….… Date……………………

|  |  |  |  |
| --- | --- | --- | --- |
| CHECK |  | Action required | Action taken |
| **General** |  |  |  |
| First Aid Kit available and fully replenished |  |  |  |
| First Aiders available on site |  |  |  |
| Lighting adequate |  |  |  |
| Adequate space per carver |  |  |  |
| Adequate circulation space available and clear of tripping hazards |  |  |  |
| Members are familiar with the written procedures that are to be followed in the event of fire or other emergency evacuation (They are posted by the fire alarms and entrance/exits to the Teaching Block) |  |  |  |
| Fire extinguishers available and charged |  |  |  |
| Evacuation routes identified and clear |  |  |  |
| WC facilities clean and in good working order |  |  |  |
|  |  |  |  |
| **Electrical & Mechanical Equipment** |  |  |  |
| Adequate and appropriate space available |  |  |  |
| Sharpening wheel and cables in good working order |  |  |  |
| PAT test renewal date: |  |  |  |
| Kettle and cables clean and in good working order |  |  |  |
| PAT test renewal date: |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Club Handtools** |  |  |  |
| Sharpened, stored and secured appropriately |  |  |  |
| Clamps etc. maintained and in good working order |  |  |  |
| Brushes, dust trays and wipes available |  |  |  |
| **General observations/comments** | | | |

**HEALTH & SAFETY POLICY**

**Appendix 5: Safety Check for External Demonstrations/Exhibitions and the like**

**Event:...................................................... Date(s) …………………………………………….**

**Event “Responsible Person”…………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| CHECK |  | Action required | Action taken |
| **Site Appraisal** |  |  |  |
| Security |  |  |  |
| Weather protection |  |  |  |
| Ground/floor condition |  |  |  |
| Lighting |  |  |  |
| Public segregation |  |  |  |
| Adequate space allocated |  |  |  |
| Adequate circulation space available |  |  |  |
| Evacuation routes identified and clear |  |  |  |
| SW representatives to be clearly identified (Club shirts etc.) |  |  |  |
|  |  |  |  |
| **H & S and Welfare Facilities** |  |  |  |
| Club First Aid Kit available |  |  |  |
| Event First Aid Post location |  |  |  |
| WC/Handwash facilities available |  |  |  |
| First Aiders available on site |  |  |  |
| Fire extinguishers available and charged |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **General observations/comments** | | | |

**Appendix 6: Accident Record**

Report No…………………… Date………………………… Venue…………………………… Report by………………………

**About the person who had the Accident**

Name……………………………………………….

Address…………………………………………………………………………………………………………………..Postcode………………

Contact details: landline…………………………… mobile……………………….. e-mail……………………………………..

**About the person filling in this Record**

Name………………………………………………………………………. Member / Visitor / Public

Address………………………………………………………………………………………………………………….Postcode………………

Contact details: landline………………………….. mobile……………………….. e-mail……………………………………….

**About the Accident**

When did the accident happen? Date………………………………….. Time………………………..

Where (exactly) did the accident happen? ………………………………………………………………………………..

How did the accident happen?

Give details of the cause of the accident (as much detail as possible)

If the person who had the accident suffered injury, give details

**About the action that was taken immediately after the accident**

What treatment did the injured person receive on site and by whom was it administered?

Were the emergency services called? Yes/No

If **Yes**, what time were they called? …………………. What time did they arrive? .....................

What treatment/action did they administer?

If **No**, what follow up treatment was recommended?

**About prevention in the future**

Recommendations for Policy/Practice changes

Action taken

Signature of Reporter……………………………………………… Date………………………………………