
HEALTH & SAFETY POLICY

Company Name: CulturaLinks Community CIC

CEO & Safety Officer: Oksana Logvynenko

Policy Type: Mobile/Event-Based Operations

1. Policy Statement

We prioritise health and safety for all staff, volunteers, and participants, whether working remotely, at hired venues, or during excursions. Compliance with the **Health and Safety at Work Act 1974** is maintained through proactive risk management.

2. Key Adjustments for Remote & Event-Based Work

A. Remote Work Safety

- **Home Workstations:** Employees must ensure their workspace is ergonomic (e.g., chair support, screen at eye level).
- **Electrical Safety:** Personal devices used for work should be in good condition (no exposed wires).

B. Hired Venues

- **Pre-Event Checks:** Oksana Logvynenko will:
 1. Verify the venue has valid fire safety certifications.
 2. Locate fire exits, alarms, and assembly points upon arrival.
 3. Brief all staff/volunteers on emergency procedures at the start of events.

C. Excursions (Higher Risk)

- **Risk Assessments:** Conducted for each trip (template attached).

Examples:

- Transport safety (seatbelts, licensed operators).
 - Child ratios (aligned with safeguarding policy).
 - Weather contingencies.
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3. Roles & Responsibilities

Oksana Logvynenko (CEO & Safety Officer)

- **Fire Marshal:** Leads evacuations at events.
- **First Aider:** Holds a **current First Aid at Work certificate** (must be obtained; [link to training](#)).
Carries a portable first aid kit to events.
- **Incident Reporting:** Logs all near-misses/accidents via [attached form].

All Staff

- Report hazards to Oksana immediately (e.g., broken stairs at a venue).
 - For excursions: Follow safeguarding protocols (e.g., headcounts every 30 mins).
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4. Key Procedures

A. Fire Safety for Hired Venues

1. **On Arrival:** Oksana confirms:
 - Fire exits are unobstructed.
 - Fire alarm tested (ask venue staff).
2. **During Event:** Designate a staff member to monitor exits if crowded.

B. First Aid

- **Remote Staff:** Advised to keep personal first aid kits at home.
- **Events/Excursions:**

Oksana carries:

- Plasters, antiseptic wipes, bandages.
- Emergency contact list (including local hospitals).

C. Accident Reporting

1. Minor incidents: Record in the **Accident Book** (digital version [here]).
 2. Major injuries (e.g., fractures): Report to **RIDDOR** via [HSE's website](https://www.hse.gov.uk/riddor/).
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5. Excursion Protocol

- **Pre-Trip:**
 - Parents sign consent forms (include emergency contacts).
 - Staff ratio: 1:6 for children under 12 (adjust per risk assessment).
 - **During Trip:**
 - No unsupervised access to water (e.g., rivers).
 - Emergency phones charged (Oksana's number shared with all).
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6. Templates Attached

1. **Event/Venue Safety Checklist**
 2. **Excursion Risk Assessment**
 3. **Accident Report Form**
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Website: www.culturalinks.co.uk

Email: hello@culturalinks.co.uk

Phone: 07785 742746

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Final Notes

- **Training:** Oksana will complete **First Aid training** within 3 months (if not already certified).
- **Policy Review:** Updated after any incident or venue change.

ATTACHMENT

INCIDENT REPORT FORM

Company: CulturaLinks Community CIC

CEO: Oksana Logvynenko

Confidential | Must be completed within 24 hours of incident

1. Basic Information

- **Date/Time of Incident:** // ____ @ :
 - **Location:** [☐ Remote work | ☐ Event venue: _____ | ☐ Excursion: _____]
 - **Reported by:** Name _____ | Role _____ | Contact _____
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2. Incident Details

- **Type:**
 - ☐ Accident (injury)
 - ☐ Near-miss (no injury)
 - ☐ Safeguarding concern
 - ☐ Property damage
 - ☐ Other: _____
- **Description:**

[What happened? Who was involved? Witnesses?]

• **Immediate actions taken:**

- ☐ First aid administered (describe: _____)
- ☐ Emergency services called (999/112)

- ☐ Parents/guardians notified (if involving children)
☐ Hazard removed (e.g., broken equipment isolated)

3. Severity Assessment (Tick one)

| Level | Definition |
|-----------------------------------|---|
| <input type="checkbox"/> Minor | First aid only, no time off work |
| <input type="checkbox"/> Moderate | Medical treatment needed (e.g., hospital visit) |
| <input type="checkbox"/> Major | Life-threatening/fatal injury |

4. Follow-Up Actions

- **Root cause:** [What allowed this to happen?]

- **Preventative measures:** [How will we stop recurrence?]

- **Reported to:**
 - ☐ HSE (RIDDOR, if major) | Date reported: _____
 - ☐ Local authority (safeguarding) | Date: _____

5. Signatures

- **Completed by:** _____ Date: _____
- **Reviewed by (CEO):** _____ Date: _____

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