



Gaelic Games Council of Britain (GGCB)
Health & Safety Policy

INTRODUCTION TO HEALTH AND SAFETY POLICY

HEALTH AND SAFETY POLICY

INTRODUCTION

1. GGCB fully recognises and accepts its responsibility to provide a safe and healthy workplace. As far as is practicable, it will provide a risk-free working environment for all staff and others who may be affected by GGCB's activities.
2. GGCB will take all reasonable, practicable steps to meet this responsibility, paying particular attention to:
 - providing and maintaining safe plant and equipment
 - ensuring the safe handling and use of substances
 - providing information, instruction and supervision to enable all staff to avoid hazards and contribute positively to their own health and safety at work
 - ensuring that work premises are safe and that there are safe ways to get in and out
 - providing and maintaining a working environment that is safe, without risks to health and adequate in respect of arrangements for staff welfare, including dealing with aggressive or difficult clients
 - provide personal protective equipment
 - providing adequate and relevant training for staff.
 - Review and revise this policy regularly
 - consult frequently with staff on matters affecting their health and safety.

STAFF RESPONSIBILITIES FOR HEALTH AND SAFETY

3. The successful implementation of this policy requires the cooperation of **all** staff. Each member of staff is required to take reasonable care for their health and safety, and the safety of others who may be affected by their activities whilst at work. Staff are also expected to co-operate with managers on health and safety matters and not to interfere with anything provided to safeguard their health and safety.
4. A copy of this policy will be made available to all staff. Any subsequent revisions will be brought to everyone's attention. Staff have a responsibility to make themselves fully aware of the contents of the policy and any other guidance notes on health and safety provided by the organisation. Health and safety issues will form part of induction process for staff.

5. Staff should report any health and safety concerns or incidents to their line manager at and/or Human Resources as soon as possible.

ARRANGEMENTS FOR HEALTH AND SAFETY

RISK ASSESSMENTS

6. GGCB will conduct regular reviews of the risks to the health and safety of anyone affected by work activities in the workplace and for home working. Any significant findings will be recorded and action will be initiated to eliminate, avoid or reduce each risk as far as is reasonably practicable.
7. Staff will be required to conduct regular assessment reviews of the risks to the health and safety of anyone affected by their work activities. Any significant findings will be recorded and action will be initiated to eliminate, avoid or reduce each risk as far as is reasonably practicable.
8. Assessments will be reviewed on an annual basis, and whenever a work activity changes.
9. Risk Assessment Templates are included in (Appendix 1)

EQUIPMENT

10. Trained staff will keep a record and ensure checks are carried out for each item of equipment that requires regular upkeep.
11. All staff authorised to make purchases will check that any new equipment meets all relevant health and safety standards before placing an order.

FIRST AID

12. GGCB undertakes to ensure, in so far as it is reasonably practicable, that any member of staff suffering from injury or illness at work will be cared for competently and safely until professional medical assistance is obtained.
13. Suitable equipment and facilities for providing first aid will be available. When necessary, staff will be encouraged on a voluntary basis to train and re-train as first aiders.
14. All accidents at work should be reported to the appropriate line manager and recorded.

FIRE AND EVACUATION

15. GGCB will maintain and regularly review procedures for evacuating work premises in the event of fire or another emergency.

16. Fire alarms are tested quarterly by an outside firm in accordance with legislative requirements and emergency evacuation procedures will be tested at least every three months on a random basis.

SMOKING

17. GGCB has a no-smoking policy. Smoking in the workplace is forbidden under the Health Act 2006. Smoking is prohibited in all GGCB places of work.

18. Failure to observe this will be dealt with as a disciplinary matter under the disciplinary procedures.

19. Assistance and encouragement for staff who wish to give up smoking will be provided where possible.

SAFE HANDLING AND USE OF SUBSTANCES

20. As required by the Control of Substances Hazardous to Health Regulations 2003, the organisation will regularly assess the risk to health and safety of substances that are used such as adhesive, paint, cleaning agents and solvents.

TRAINING

21. All staff must complete health and safety training as part of their induction to the organisation and will receive refresher training throughout their employment.

22. Training will be provided to staff when health and safety risks change or if skills require updating. When required, training will be provided in specific areas such as working with visual display units (VDUs), handling heavy objects, driving, or working with hazardous substances.

23. Records will be kept to show that staff have received training and for monitoring purposes, so that refresher training can be given when required.

HEALTH AND SAFETY CONTACT

24.

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HEALTH AND SAFETY RISK ASSESSMENTS AND CHECKLIST

A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

Staff are responsible for seeing that the assessment is carried out properly.

STEP 1:

LIST THE SIGNIFICANT HAZARDS

When thinking about your risk assessment, remember:

- a **hazard** is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc;
- the **risk** is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be.

Look only for hazards which you could reasonably expect to result in significant harm under the conditions in your workplace. Use the following examples as a guide:

- slipping/tripping hazards (e.g. poorly maintained floors or stairs)
- fire (e.g. from flammable materials)
- moving parts of machinery (e.g. blades)
- work at height (e.g. from mezzanine floors)
- ejection of material (e.g. from plastic moulding)
- pressure systems (e.g. steam boilers)
- vehicles (e.g. fork lift trucks)
- electricity (e.g. poor wiring)
- dust (e.g. from grinding)
- fumes (e.g. welding)
- manual handling
- noise
- poor lighting
- low temperature
- asbestos
- stress
- display screen equipment.

STEP 2:

LIST GROUPS OF PEOPLE WHO ARE AT RISK FROM EACH SIGNIFICANT HAZARD IDENTIFIED

For each hazard you need to be clear about who might be harmed; it will help you identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people, for example:

- office staff
- maintenance workers etc, who may not be in the workplace all the time

- contractors
- people sharing your workplace
- operators
- cleaners
- new or expectant mothers
- members of the public, if they could be hurt by your activities

In each case, identify how they might be harmed, i.e., what type of injury or ill-health might occur. For example, 'shelf stackers may suffer back injury from repeated lifting of boxes.

Pay particular attention to staff who may be more vulnerable than others:

- staff with disabilities
- visitors
- new and young staff
- inexperienced staff
- lone workers
- new or expectant mothers

STEP 3:

LIST EXISTING CONTROLS OR NOTE WHERE THE INFORMATION MAY BE FOUND. LIST RISKS WHICH ARE NOT ADEQUATELY CONTROLLED AND THE ACTION NEEDED

For the hazards listed, do the precautions already taken:

- meet the standards set by a legal requirement
- comply with a recognised industry standard
- represent good practice and
- reduce risk as far as reasonably practicable?
- Have you provided:
- adequate information, instruction or training and
- adequate systems or procedures?

If so, then the risks are adequately controlled, but you need to indicate the precautions you have in place. You may refer to procedures, company rules, etc. Where the risk is not adequately controlled, indicate on an action list what more you need to do.

STEP 4:

RECORD YOUR FINDINGS AND IMPLEMENT THEM

Use the risk assessment template to record your findings.

STEP 5:

SET A DATE FOR REVIEW OF THE ASSESSMENT

At the review, check that the precautions for each hazard still adequately control the risk. If not, indicate the action needed. Note the outcome. If necessary, complete a new page for your risk assessment.

*Source: 'Five Steps to Risk Assessment', published by the Health and Safety Executive.
(www.hse.gov.uk)*

OFFICE H&S RISK CHECKLIST

DATE:

Description	Checked	Actions need to be taken?	What Action by whom?	Done (date)	Comment
Electrical					
Damaged Cables					
Damaged Equipment					
Lighting - all bulbs working					
Visual Inspections carried out?					
PAT Testing - in date?					
Access					
Exits clear of materials?					
Housekeeping around building					
Fire and Emergency					
Fire Alarm		Is annual test in date?			
Fire Extinguishers		Are tests in date?			
Fire Exits Clear					
Emergency Lighting		Is annual test in date?			
First Aid Kit & Contents					
Housekeeping					

Entrance Mats					
Storage of Materials tidy?					
General Conditions					
Welfare Facilities					
Toilets					
Hot and Cold Water					
Kitchen Facilities					
Bins					
Soap & Towels					
Cleaning Agents					
Notices					
Insurance Details					
H&S Policy Statement					
Fire & Emergency Plan					
Emergency Contact Details					
Signage (Fire & First Aid)					

Completed by:		Date:	
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Date Assessment to be reviewed:		
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Remote and Homeworking Risk Assessment / Checklist

Employee Name:		Home Address:	
Role:			
Assessor Name:		Manager Name:	
Date:		Date of next review:	

GENERAL WORK ENVIRONMENT	Yes	No	N/A	Comment/follow up action	Done
1 - Lighting					
Does the employee need additional task lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Do lighting or windows cause glare on their monitor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
If windows cause glare, are there curtains or blinds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Does the employee find the heating and ventilation acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2- Electrical					
Is the fixed electrical system in good condition (e.g., no damaged sockets or wiring)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Are there enough sockets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the area around the workstation kept clear of trailing cables and trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is portable electrical equipment provided by the employer checked regularly and is unsafe equipment taken out of use (<i>check for frayed wires, signs of burning or melting</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3- Fire					
Homeowner checks firefighting and detection equipment regularly and emergency plan is in place in case of fire (Fire detection and firefighting equipment is the responsibility of the homeowner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

If at a remote workplace or regional GAA office, is the employee aware of the building fire emergency and evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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General working environment (cont'd)	Yes	No	N/A	Comment / Follow up action	Done
4 – Workspace and storage					
Is there enough space for the employee to work comfortably?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Does the work area provide enough privacy and freedom from disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Does the employee have enough storage space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is there adequate segregation from non-workers (e.g., children, pets?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Are there any slip or trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
5 – Health					
Are eye and eyesight tests provided as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the employee required to carry out manual handling (if the employee has to carry out manual handling activities make sure that employee has training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Has the employee been advised to report any musculoskeletal discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Has the employee been advised to change posture frequently and to stand/move at least every 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Has the employee been advised to avoid back-to-back video calls/online meetings so that they do not sit for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Computer work	Yes	No	N/A	Comment / Follow up action	Done
6 – Workstation and computer use					
The workstation has adequate space for equipment including mouse, keyboard, laptop, laptop stand, monitor and allows the employee to find a comfortable position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is there a dedicated work space that can be set up in the home that is safe, suitable and free from distraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is there enough knee clearance underneath the workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is there enough space to allow the employee to change position and vary movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the area clutter free so that the employee can focus easily on the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7 – Chair					
Is the chair provided stable, adjustable in height, allows freedom of movement and provides lower back support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the chair set up so that the forearms are level with the desk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The chair has a back rest which is adjustable in height and the employee has been advised to sit back in their seat in order to get good lumbar support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the chair provided adjustable to allow feet to rest flat on the floor or is a footrest supplied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is a footrest required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Computer/laptop work	Yes	No	N/A	Comment / Follow up action	Done
8 – Screen					
Is the screen positioned to avoid glare and reflection (for example sit at 90 degrees to a window to avoid glare?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Can the screen swivel and tilt easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the screen positioned so that the top of the screen is at eye level or slightly below and avoids sustained bending of the neck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the screen free of reflective glare and are reflection liable to cause discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the screen set up at a comfortable distance (for example arm length away)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is the image on the screen stable with no flickering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9- Keyboard / Mouse					
Is the laptop/pc connected to an external keyboard and mouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Is a neutral wrist posture maintained when typing (for example no bending of the wrist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Slope angle of the keyboard can be adjusted so as to allow the employee to find a comfortable position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Are wrist rests required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Equipment/resource required		
<input type="checkbox"/> Dedicated Room	<input type="checkbox"/> Keyboard	<input type="checkbox"/> Wrist Rest
<input type="checkbox"/> Workstation	<input type="checkbox"/> Mouse	<input type="checkbox"/> Broadband
<input type="checkbox"/> Chair	<input type="checkbox"/> Task Lighting	<input type="checkbox"/> Mobile Phone
<input type="checkbox"/> Laptop	<input type="checkbox"/> Docking Station	<input type="checkbox"/> Printer

GENERAL RISK ASSESSMENT FORM

DATE OF ASSESSMENT:

EVENT / PROGRAMME:

ASSESSMENT CARRIED OUT BY:

Activity or Area, what are the hazards	Who might be harmed and how?	Controls put in place to control the risk	Additional Information or further action to be taken	Who needs to carry out the action?	Date actioned

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