Collingbourne Kingston
Parish Council

Health and Safety Policy

01/02/25-VC-HaSP-07

Index Health and Safety policy

Health & Safety		Page	Health & Safety		Page
1	Introduction	3	Appendix 1	Health and Safety Incident Report	5
2	Aims of the Health and Safety Policy	3			
3	Arrangements and responsibilities for carrying out the Health and Safety Policy	3			
4	Obligations of all employees, councillors, contractors and volunteers	4			

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VC-HaS-07	Adopted 01/02/2025		
This document is next due for review on : 01 Oct 2025			

Note:
This is the controlled version of the Health and Safety Policy document which is intended to be viewed on the Collingbourne Kingston Parish Council website (**www.collingbournekingston.org.uk**).

For further details or information concerning this document please contact the Parish Clerk on clerk@collingbournekingston.org.uk

Health and Safety policy

1. Introduction

i. Collingbourne Kingston Parish Council recognises and accepts its responsibilities as an employer for providing a safe and healthy working environment for all its employees, contractors, voluntary helpers and others who may be affected by the activities of the Council.

ii. The Council will meet its responsibilities under the Health and Safety at Work Act 1974, and will provide, as far as is reasonably practicable, the resources necessary to fulfil this commitment.

iii. The Council will seek, as and when appropriate, expert technical advice on Health and Safety to assist the Clerk in fulfilling the Council's responsibilities for ensuring safe working conditions.

2. Aims of the Health & Safety Policy

To provide as far as is reasonably practicable: -

i. A safe place of work and a safe working environment.

ii. Arrangements for considering, reporting and reviewing matters of Health and Safety at work, including regular risk assessments of working activities.

iii. Systems of work that are safe and without risks to health.

iv. Obtaining specialist technical advice and assistance on matters of Health and Safety when necessary.

v. Sufficient information, instruction and training for employees, contractors and voluntary helpers to carry out their work safely.

vi. Care and attention to the health, safety and welfare of employees, contractors, voluntary helpers and members of the public who may be affected by the council's activities.

3. Arrangements and responsibilities for carrying out the Health and Safety policy

As the Council's Safety Officer, the Clerk will: -

i. Keep informed of relevant health and safety legislation.
ii. Advise the Council on the resources and arrangements necessary to fulfil the Council's responsibilities under the Health and Safety Policy.

iii. Make effective arrangements to implement the Health and Safety Policy.

iv. Ensure that matters of health and safety are regularly discussed at meetings of the Parish Council.

v. Ensure that regular risk assessments are carried out of working practices and facilities, with subsequent consideration and review of any necessary corrective/protective measures. Maintain a file of risk assessments, summarised in the minutes.

vi. Make effective arrangements to ensure those contractors or voluntary helpers working for the Council comply with all reasonable health and safety requirements. All contractors will be required to abide by the terms of the contractors' service level agreement and specified scope of work and will be given a copy of the Council's Health & Safety Policy.

vii. Ensure that work activities by the Council do not unreasonably jeopardise the health and safety of members of the public.

viii. Maintain a central record of notified accidents.

ix. When an accident or hazardous incident occurs, take immediate action to prevent a recurrence or further accident and to complete the necessary accident reporting procedure.

x. Act as the contact and liaison point for the Health and Safety Executive.

4. Obligations of all employees, councillors, contractors and volunteers

All persons will: -

i. Cooperate fully with the aims and requirements of the Council's Service Agreement for Contractors and Health and Safety Policy. Comply with Codes of Practice or work instructions for health and safety.

ii. Take reasonable care for their own health and safety, to use appropriate personal protective clothing and, where appropriate, ensure that appropriate first aid materials are available.

iii. Take reasonable care for the health and safety of other people who may be affected by their activities.

iv. Not intentionally interfere with or remove safety guards, safety devices or other equipment provided for health and safety.

v. Not misuse any plant, equipment tools or materials.

vi. Report any accidents or hazardous incidents to the Clerk via the logging sheet in Appendix 1.

Appendix 1 Health and Safety Incident Report

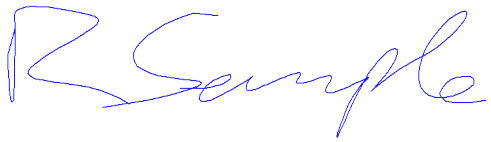
Instructions:

1. Please use this form to report all work-related injuries, accidents, near misses and ill-health.
2. Complete the form immediately after the incident or arrange for someone to do so on your behalf.
3. E-mail the completed form to the Clerk without delay at clerk@collingbournekingston.org.uk
4. A separate report form must be completed for each person who is injured as a result of an accident at work. For further guidance contact the Clerk.

Section 1 – About the incident		
1.1	**What are you reporting?**	
1.2	**When did it happen?**	**Day:** **Date:** **Time:**
1.3	**Where did it happen?**	
1.4	**What happened?** Please describe what happened including events that lead to it, and details about any equipment, substances or materials involved.	
1.5	**What category best describes the incident?**	**Accident / Incident / Near-Miss / Dangerous occurrence / Illness (delete as appropriate)**
1.6	**Witness(es)** Please give the Name(s) and contact details of any witnesses.	
Section 2 – About the Person involved (if applicable)		
2.1	**Who was involved?** Name, role and contact details. Please include the full address for any volunteer or third party injured (e.g. contractor, visitor, volunteer, member of the public)	
If a Near-Miss is being reported, please go to section 3 after completing 2.1 above		
2.2	**What type of injury / illness has been sustained?** Please include which part / side of the body was affected.	
For Injuries only		
2.3	**What treatment was provided?** Please include whether first aid and/or hospital treatment was needed.	
2.4	**Did the injured person return to work immediately? If not, please give the duration of absence if known:**	
Section 3 – Person completing this Form		
3.1	**Details of the person completing this form:**	**Name:** **Role:** **Full Address:**

		E-mail:	**Tel:**
3.2	**Date form completed:**		

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Adopted:  Dated: 12/02/25

Signed by the Chairman

On behalf of the Parish Council