



somerset
CHRISTIAN CAMPS

HEALTH AND SAFETY POLICY

Reviewed May 2022

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STATEMENT OF INTENT

Every action that we take within Somerset Christian Camps (SCC) is based on our vision and values as set out in our Mission Statement.

The goal of SCC is to provide a safe and fun place for children to encounter Jesus. The health and safety of every child and volunteer is paramount in our considerations.

In order to enable children to thrive at SCC, we believe that they should have the opportunity for a wide range of experiences. Effective risk assessments will be undertaken to ensure that children (and volunteers) are safeguarded without unduly limiting their chances to experience "...life in all its fullness" (John 10 vs10).

SCC, as a voluntary organisation with no employees, is not bound by the health and safety legislation that applies to employers. However, SCC is, of course, subject to the civil law's duty of care, and must therefore take care not to injure themselves or anybody else. SCC will therefore take every reasonable precaution in relation to its actions to ensure the health and safety of all children and volunteers, and will seek to model health and safety practices on the requirements set out for employers by the relevant legislation.

SCC acknowledges and respects the importance of all elements that contribute to the overall health and wellbeing of children and volunteers and their consequent ability to thrive. Equal support is, therefore, provided in respect of the mental and emotional wellbeing of all children and volunteers at SCC.

SCC is committed to the regular review and revision of this policy and to providing appropriate resources to ensure that the objectives of the policy can be achieved. This includes ensuring that all volunteers are provided with appropriate and adequate training and are confident in identifying issues and bringing them to the attention of the co-ordinating committee.

Signed:



Dominic Heath-Coleman
On behalf of the SCC Co-Ordinating Committee

1. LEGAL REQUIREMENTS

- SCC, as a voluntary organisation with no employees, is not bound by the health and safety legislation that applies to employers. However, SCC is, of course, subject to the civil law's duty of care, and must therefore take care not to injure themselves or anybody else. SCC will therefore take every reasonable precaution in relation to its actions to ensure the health and safety of all children and volunteers, and will seek to model health and safety practices on the requirements set out for employers by the relevant legislation.
- Risk assessments will be undertaken and arrangements will be made, where significant risks are identified, the necessary preventative and protective measures will be put into place so far as is reasonably practicable using a sensible risk management approach.
- SCC is committed to the prevention of accidents and ill health.
- SCC will work towards continual health and safety improvement.
- To achieve these objectives SCC will:
 - Conduct all our activities safely and in compliance with legislation and, where possible, in accordance with best practice.
 - Provide safe working conditions and safe equipment
 - Ensure that a systematic approach to identify risks is developed and implemented and sufficient resources are allocated to control them
 - Provide suitable information, instruction, training and supervision
 - Promote a positive health and safety culture that is demonstrated by open communication and a shared commitment to the importance of health, safety and welfare
 - Promote the principles of sensible risk management.
 - Monitor, review and modify this policy and any arrangements as required.
- All SCC volunteers have a responsibility to take reasonable care of themselves and others and to co-operate with their employer to ensure statutory duties and obligations are fulfilled.

2. ORGANISATION – ROLES AND RESPONSABILITIES

2.1 Overall Responsibility

- The SCC Co-Ordinating Committee carry the key responsibilities for assessing, recording and implementing the correct health and safety procedures.

2.2 The SCC Co-Ordinating Committee is responsible for:

- Leading by example on all matters relating to health, safety and welfare,
- Promoting and following this Health and Safety Policy,
- Dedicating budget to the health and safety provision at SCC
- Communicating effectively with volunteers, parents and children
- Monitoring and reviewing health and safety procedures and practice
- A member of the committee will carry out periodic health and safety walk rounds to monitor, review and record safe systems of working on site are met.
- Obtaining professional advice from external advisors as necessary.
- Ensuring that adequate and appropriate risk assessments are carried out and reviewed prior to any activity either on-site or off-site
- Ensuring that the information on health and safety good practice that is available to volunteers is up to date, easily accessible and promoted throughout the Camp.
- Ensuring that all volunteers and children are aware of their health and safety obligations to one another
- Ensuring that regular practice fire drills are undertaken
- Ensuring that adequate information related to health and safety is obtained and passed on to relevant volunteers, contractors, members of the public etc.
- Ensuring that all the relevant checks are done on the equipment and competency of contractors that come on to site
- Liaising with the host organisation (e.g. Perrott Hill School) to ensure that all appropriate health and safety checks have taken place
- Ensuring that all volunteers and children are aware of their health and safety responsibilities, including what to do in case of a fire, emergency, or medical emergency, and that all those taking part in any given activity are given proper training and health and safety briefing

2.3 Volunteers take the responsibility of:

- Ensuring that they are familiar and up to date with SCC's health and safety policy and standard procedures
- Keeping the co-ordinating committee informed of any developments or changes that may impact on the health and safety of those undertaking any activity, or any incidents that have already occurred

- Ensuring that all the correct provisions are assessed and in place before the start of any activity
- Making sure that the children taking part in the activity are sure of their own health and safety responsibilities
- Ensuring that any equipment used is properly cared for and in the proper working order. Any defects should be immediately reported to the co-ordinating committee and that piece of equipment should not be used.
- Refrain from doing anything or omitting to do anything that causes danger to themselves or others
- Immediately bring to the attention of the co-ordinating committee any situation or practice of which they are aware, which may lead to injury or ill health
- Ensuring good housekeeping in the area within which they lead
- Report all accidents, incidents and dangerous occurrences to the co-ordinating committee
- Follow the advice given in Health and Safety training in order to control workplace risks
- Take responsibility for their own health and safety.

2.4 Children (Campers and Work Crew)

While SCC volunteers carry the main responsibility for health and safety provision, and the correct implementation of policy and procedure, it is vital that children understand their role and responsibilities when it comes to whole-camp and personal health and safety in order for volunteers to be able to carry out their roles effectively. As members of the Camp community, and allowing for their age and aptitude, children are expected to:

- Take personal responsibility for the health and safety of themselves and others
- Observe standards of dress consistent with safety and/or hygiene
- Observe all the health and safety rules of the Camp and in particular the instructions of staff given in an emergency
- Use and not wilfully misuse, neglect or interfere with things provided for their health and safety
- Behave sensibly around the Camp site and when using any equipment
- Report health and safety concerns or incidents to a volunteer immediately
- Act in line with the Camp's behaviour policy.

3. HEALTH, HYGIENE AND SICKNESS

Somerset Christian Camps promotes a healthy lifestyle and a high standard of hygiene in its day-to-day work with children and volunteers.

3.1 Hygiene

- Volunteers clean premises on a daily basis.
- Dining tables are wiped after each activity, using an anti-bacterial spray.
- All volunteers are aware of good hygiene practice, and up-to-date information is passed to all volunteers.
- All volunteers are aware of the need to wear disposable gloves for first aid etc.
- Hygiene rules related to bodily fluids are followed with particular care, and all volunteers are aware of how infections, including HIV infection, can be transmitted.
- Children are encouraged in personal hygiene habits:
- Children are encouraged to wash their hands after using the toilet, or engaging in messy activities, and before eating.
- Soiled tissues are disposed of in bins provided.
- Children are encouraged to shield their mouths when coughing.

3.2 Cleaning and Clearing

- All spillages of blood, faeces, saliva, vomit, nasal and eye discharges will be cleaned up immediately (always wearing PPE). When spillages occur, cleaning will be carried out using a product that combines both a detergent and a disinfectant. They will be used as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface.
- Mops will never be used for cleaning up blood and body fluid spillages – instead disposable paper towels will be used and clinical waste discarded appropriately.
- Children should have an adequate supply of spare clothing in case of accidents.
- Soiled clothing may be laundered, if there is time, or bagged for return to parents. Soiled linen will be washed separately at the hottest wash the fabric will tolerate. PPE will be worn when handling soiled linen.
- Surfaces are cleaned daily with the appropriate cleaner.

3.3 Meal Times

- Somerset Christian Camps observes current legislation regarding food hygiene, registration and food handling training.
- All snacks provided will be nutritious and pay due attention to children's particular dietary requirements.

- All children will be supervised in washing their hands using soap before every meal.
- In particular, volunteers will:
 - Wash their hands under running water after using the toilet and before handling food.
 - Not be involved in food preparation if suffering from infectious/contagious illness or skin trouble.
 - Never smoke on the premises.
 - Never cough or sneeze over food.
 - Use different cleaning cloths for kitchen and toilet areas.
 - Prepare raw food and cooked food in separate areas.
 - Keep food covered and either refrigerated or piping hot.
 - Ensure that waste is disposed of properly and out of the reach of children.
 - Keep a lid on the dustbin and wash hands after using it.
 - Wash fresh fruit and vegetables thoroughly before use.
 - Keep tea towels scrupulously clean.

3.4 Medication

- No medication will be given without the parent/carer's consent.
- Parents/carers will be required to give specific written instructions for the administration of any medicine to be taken during Camp, along with details of why it is being taken and what the consequence of a missed dose would be.
- Medication must be clearly labelled with the child's name, dosage and instructions.
- The camp nurse will administer any necessary medicine, and will maintain a log of medication given.
- Medication given will be entered in the accident book, including medication given by whom and dosage.
- Inhalers – children will keep their reliever inhalers with them. They must be clearly labelled.
- Staff medication - this will be kept in the first aid station, out of reach of child/ren and be taken away from the child/ren in a private area.
- All medicines will be kept away from the children and in a locked cabinet.

3.5 Illness

- Sick children will not be accepted on Summer Camp.
- Parents are asked not to bring their children to Camp if they have any infection.
- Parents are asked not to bring into the Camp any child who has been vomiting or had diarrhoea until at least 48 hours has passed since the last attack.
- Cuts or open sores, whether on children or volunteers, will be covered with sticking plaster or other dressing (parents' permission is sought on

child's Health Form). The camp nurse has the right to send home any child who is unwell.

- Parents/carers will have the opportunity to discuss health issues with the camp nurse.
- Camp adopts a 48-hour rule for sickness and diarrhoea. This means that children and volunteers cannot return to Camp until 48 hours after their last bout of sickness or diarrhoea.

- In the event of child/ren becoming ill whilst at Camp, the camp nurse will follow the outlined procedure below:
 - Camp nurse to assess the child/ren and decide on appropriate action required.
 - Make child suitably comfortable. Encourage rest/fluids, whatever is required/appropriate to their illness symptoms.
 - Move child to a more appropriate area of the building.
 - Dress/undress appropriately.
 - Comfort and reassure child/ren.
 - Update and inform parent/carer on collection. If it is not possible to contact the parent, then the emergency contact (as stated on the child's medical form) will be informed. Every effort will be made to ensure the child's comfort.
 - Arrange doctor's appointment / visit to casualty if this is felt necessary.
 - Request the parent/carer phone the camp nurse later/next day/after doctor's appointment to inform of diagnosis.

 - If child does not need to be sent home immediately:
 - Make child comfortable, encourage rest/fluids, whatever is required/appropriate to illness/symptoms, encourage quiet activity.
 - Inform all volunteers of the situation and advise close monitoring if child moves away to play.
 - Dress/undress appropriately.
 - Regularly assess the child/ren.
 - Update and inform parent/carer on collection.
 - Advise doctor's appointment if this is felt necessary.
 - Request the parent/carer phone the camp nurse later/next day/after doctor's appointment to inform of diagnosis.

3.6 Sharps, Injuries and Bites

- If skin is broken as a result of a used needle injury or bite, the wound will be encouraged to bleed/and washed thoroughly using soap and water.
- The GP will be contacted or the person taken/sent to A&E immediately.

3.7 Vulnerable Children

- Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Parents will make SCC aware of such children on the confidential medical form provided. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought.
- Some vulnerable children may need further precautions to be taken, which will be discussed with the parent or carer in conjunction with their medical team and SCC volunteers prior to the start of Camp.

3.8 Female Volunteers – Pregnancy

- If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, the woman will be advised to seek immediate advice from a doctor. However, the greatest risk to pregnant women from such infections comes from their own child/children, rather than SCC.
- Chickenpox can affect the pregnancy if a woman has not already had the infection. Any exposure to the virus should be reported to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), this should be reported to whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female volunteers born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

4. SAFETY, RISK ASSESSMENT & ACCIDENT

The safety of the children is of paramount importance.

4.1 Staffing and Supervision

- Camp works to ratios at least in accordance with national standards.
- Whilst on Camp, each tent group of 7-9 children will be supervised by two volunteers (tent leaders) aged 16 or above. Wherever possible, experienced tent leaders (particularly those who have worked at Camp before) will be paired with less experienced tent leaders. In addition, there will be a senior staff consisting of administrators, 'Commy' (male camp leader and discipline lead) and 'Adgy' (female camp leader and discipline lead), pastoral carers, a camp nurse, and the senior sport and senior craft leaders, including both males and females.
- Only volunteers who have been police checked will have unsupervised access to children.
- Please see our safeguarding policy for more information.

4.2 Training of Personnel

- At each main 'off site' activity there will be at least one qualified first aider.
- There are at least two qualified first aiders at each week of Camp. Volunteers wishing to take a First Aid qualification will be given every encouragement.
- Training in particular areas is given each year before camp.
- Outside courses of specific interest and relevance will be used where appropriate.
- There will be a fully qualified lifeguard in attendance whenever the onsite pool is used.

4.3 Security

- A register of both adults and children is completed as people arrive on site, so that a complete record of those present is available in any emergency.
- Commy and Adgy will always carry with them a full register of people on camp in case of a fire alarm.
- In the camp office area there will always be kept a register of people who are visiting the site, which will be updated as people enter or leave the site. This is to give an accurate record in case of accident or fire.
- All non-staff visitors are required to wear a visitor's badge which will be issued by one of the administrators.
- All staff are asked to challenge any people they do not recognise on camp.

- The nurse will hold confidential medical information on each child and volunteer. This will include information about who has or has not access to the child.
- The nurse will give necessary information about their children to tent leaders [if they suffer from asthma, are likely to wet the bed etc.] This information is strictly confidential and should only be known by the tent leader[s] concerned.
- At the end of Camp, on departure a parent or guardian must sign each individual child out to confirm that they are then responsible for them. Each tent leader will be provided with a signing-out form as they leave the church following the final 'Big Church'. All parents/carers state who can collect their child on the child's medical form. If there is any change to this during Camp, the parent may telephone, giving personal information to confirm identity.
- No child is allowed off the clearly-defined boundary of the site without supervision.
- Walks – the 'crocodile' method is used. Children walk in the tent groups under the supervision of their tent leaders. Staff are placed at the front and the end and in the middle.
- No children are allowed in the kitchen.
- A mobile telephone is always available for emergency calls; one of the administrators will hold it.

4.4 Night-time Procedures

- By its very nature, Camp is a residential experience and children will stay overnight for four nights in ex-army tents with other children. The following safeguarding practices are in place to minimize the risk of any potential safeguarding issue:
- Children are assigned a tent group of up to nine children, with two tent leaders (over the age of 15) responsible for their care. Where possible, one of these leaders will be an adult over the age of 18. If this is not the case, then the tent group will be overseen by a member of the leadership team on Camp.
- The children will sleep in ex-army tents, with room for up to ten children.
- Tent leaders on Camp will sleep in similar, but separate, tents (or their own tents) within hearing of the children.
- Leaders under 18 years of age will not share a tent with leaders 18 or over. Male leaders will not share a tent with female leaders.
- Work crew (young people aged 13 - 15 will sleep in a tent, whilst their leaders (aged over 18) will sleep in a different nearby tent.
- When children go to bed, after a carefully planned bedtime routine, 'Lights Out!' will be called and all children expected to be quiet and go to sleep (around 9.15 - 9.30pm) until 'Rise and Shine' in the morning at around 7.30am.
- For around an hour following 'Lights Out!', leaders will have a period of free time, whilst the children are supervised by at least two male and two

female volunteers. These supervising volunteers will have a walkie-talkie and the means to contact a first aider or member of the leadership team.

- Children will be allowed to visit the toilet ('portaloos' provided in close proximity to the tents for sleeping) should they request it. Children should visit the toilet by themselves or with another child, overseen at a distance by the workers.
- To ensure safety overnight, a team of DBS-cleared night patrol volunteers will attend and be awake all night, between the hours of 10.30 and 6.30am. There will be at least two adults on night patrol at all times and they will have the means to communicate with the Nurse (qualified first aider) or other leadership team members if necessary.

4.5 Staff Shortage Contingency Plan

- In the event of unavoidable staff absence, a suitable replacement will be found where possible. All suitable senior staff will have experience in the tent leader role, and can fill in where necessary.
- Where possible, the co-ordinating team will appoint a spare tent leader.
- If there are over-whelming staff shortages that challenge the safety of the children, then parents will be contacted for collection.

4.6 Welcoming Procedure

- When children and their parents arrive at camp, they will be greeted by at least three members of senior staff, including the nurse. At this point, the nurse will take responsibility for any children's medication.
- One tent leader will be at the waiting point to greet the children, and escort them and their parents to the tent. The second tent leader will await the arrival of the children in the tent, ready to help the child settle in. This also enables the parent to see where their child will be sleeping, and provides them with an opportunity to ask any questions or voice concerns.

4.7 Treatment and Recording of Accidents

- Incidents occurring at SCC are not reportable under RIDDOR as there is no employer and no work activity.
- First aid will only ever be administered by a recognised qualified first aider, and will generally be administered by the camp nurse.
- The camp nurse holds the first aid kit and accident book. All accidents, however minor, will be entered in the accident book. At the end of the camp, parents are required to sign the recorded form to acknowledge that they have been informed of the accident. The following details will be recorded for each incident:
 - Date and time of the incident.
 - Location of the incident.

- Name of the injured party.
- Description of what happened.
- Details of injuries sustained.
- Actions taken following the incident, including details of first aid provided, head bump protocols followed, etc.
- Outcome of investigations or learning points (see section below, on investigating accidents).
- Name and signature of the staff member involved.
- If there is a serious accident, the nurse will decide the best course of action i.e. call an ambulance, take the child to hospital etc. The nurse will also need to decide the appropriate time at which to contact the parents, and to take advice as to whether or not an injured child should remain at camp [if they wish to do so]. Someone [same sex as child] will always accompany the child to hospital and stay with them in loco parentis. It is not generally wise for this to be the nurse, whose services may be required on site.
- In cases where there is possible back or neck injury, or serious damage is obvious, the child will not be moved, but expert advice will be sought.
- A follow up telephone call or visit to the family will take place.
- Blood and vomit will be disposed of down the toilet along with any disposable tissue.
- Accident investigation:
 - All incidents will be investigated. However, the level of investigation will be commensurate with the scale of the incident and injuries sustained.
 - Young people have three years after their eighteenth birthday to make a civil claim against SCC. Therefore, the details of any investigations will be recorded immediately.
 - Examples of an investigation arising from a trivial incident:

Incident – Child trips on the tennis court and grazes their knee.

Investigation – Ask what happened and where? Were they allowed to be where they were? Is there anything that the child might have tripped or slipped on? Is the condition of the premises to blame? Was footwear appropriate? If there were no contributing factors, it should be recorded on the accident form/book by writing 'There were no contributing factors'.

Incident – A child is injured during a sporting fixture.

Investigation – What was the condition of the premises, pitch and equipment? Was the game organised and executed properly? Was suitable instruction given and adequate supervision in place? If there were no contributing factors, then the investigation can conclude

that the injury was due to 'normal participation of the sport.'

- For more serious matters the following will be considered:
 - Taking a written statement from the injured party and witnesses
 - Taking photographs of the scene of the incident to ensure a record is made before any remedial actions are taken
 - Which risk assessments should be reviewed and then reviewing them
 - The wider implications. For example, if an incident occurred that involved a drain cover, should other drain covers be checked?
 - Are there any training or supervision needs?
 - Advising our insurer if it is suspected that a civil claim is going to be made.

4.8 General Health and Safety

- All volunteers will be alert to danger.
- All volunteers will make sure that tables, chairs etc, do not obstruct exits and passageways.
- All volunteers will ensure there are no trailing wires causing a hazard on site.
- Children will not be allowed in the kitchen, and will only be in the washing up area when they are doing a specific job.
- Children will not be allowed to throw equipment around.
- If it is necessary to send a child out from an activity, a volunteer will accompany them. If they need to use the toilet during Big Church, mealtimes etc, they will be watched by a volunteers as they cross the field/site and return.
- Children will always be watched as they walk to the toilet ('portaloo' adjacent to the tents) and as they return at night time.
- A book is available at each week of camp for the reporting of any accident/incident.
- Regular safety monitoring will include checking of the accident and incident record.
- The layout and space ratios allow children and volunteers to move safely and freely between activities.
- All dangerous materials, including medicines and cleaning materials, are stored out of reach of children.
- Camp operates a 'No Smoking – No Alcohol' policy.
- A correctly stocked first aid box is available at all times, with a named person who is responsible for the first aid box.
- Whenever children are on the premises at least two DBS checked leaders are present.

- Equipment offered to children is developmentally appropriate, recognising that materials suitable for an older child may pose a risk to younger/less mature children.
- The premises are checked before locking up at the end of the day.
- The host school is responsible for complying with the Workplace (Health, Safety and Welfare) Regulations 1992 and the Approved Code of Practice L24 as it relates to glass and glazing. SCC volunteers will report any damage or defects relating to glass or glazing to the school, and ensure that children and volunteers do not have access to any affected areas until the damage/defect has been made safe.

4.9 Off-Site Activities

- It is recognised that these are very difficult times for tent leaders!
- Children are never allowed off site without staff supervision.
- If for some reason a tent leader has a group which includes children other than from their tent group, they will be especially careful to keep track of them.
- Children will be reminded before trips of the boundaries and expectations.
- Commy and Adgy will carry out a roll call on each occasion that the group is leaving each location.
- It will be ensured that children who suffer from asthma always have the appropriate inhaler with them on trips.

4.10 Fire Safety

- Fire extinguishers and emergency lights are the responsibility of the host school, and are checked at least annually.
- The fire procedure is included in the tent leaders' handbook and explained on arrival with volunteers and children.
- A fire drill will be carried out at the beginning of each week of camp. In the event of a fire or fire drill, the alarm will ring or the fog horn will be sounded continuously.
- Tent leaders will be responsible for collecting all their children and making an orderly line at the collection point (at the front of the house) where a full role call will be carried out by Commy or Adgy.
- The Camp administrators will be responsible for checking with the signing in board (if it is safe to collect it) that any visitors on Camp are present at the role call.
- The administrators will, as far as safety permits, ascertain whether the alarm is genuine and liaise with the fire brigade on arrival.
- Children and volunteers will not re-enter the building until the fire brigade or Camp administrators have given permission to do so.
- The Senior Staff routinely wear whistles in case of emergencies.
- Fire exits are kept clear and are clearly marked.

4.11 Equipment

- All equipment is checked before the start of camp, and visually before use.
- Defective equipment will be isolated and labelled as defective by volunteers to prevent use until replaced or repaired. Where premises defects are identified a dynamic assessment is carried out to decide whether an area should be isolated or cordoned off whilst awaiting repair.
- All defective equipment/premises defects will be reported to a member of the SCC co-ordinating committee. If the defect is with school equipment/premises, the defect will be reported to the school.

4.12 Outside Play

- All children are asked to provide adequate protection from the sun, in terms of a hat and sun screen.
- Parents/carers are responsible for providing a suitable sun screen for their child/ren. This requirement is in the kit list provided to all parents before Camp.
- Volunteers encourage the children to wear hats and use sun screen when it has been provided.
- Care is taken in hot weather to seek shaded area for activities. Water is available and children actively encouraged to drink.
- If a small group goes out, there will be sufficient leaders to maintain appropriate ratios for staff and children remaining on the premises.

4.13 Risk Assessment

- Before the start of Camp, an administrator with risk assessment training will carry out a full inspection of the site. Any necessary precautions will then be enforced.
- Risk assessment records will be kept on file.

4.14 General Condition of Premises

- The premises will be cleaned regularly by school staff and Camp volunteers.
- All bins will be emptied daily, and waste removed to external waste storage area.

4.15 Toilets

- The toilets are cleaned regularly by school staff and/or Camp volunteers.
- No cleaning equipment will be kept in the toilet area.

4.16 Kitchen

- Children are not allowed in the kitchen at any time.
- The kitchen area will be kept clean by kitchen staff.
- The kitchen bins will be emptied regularly.

4.17 Spillages

- All spillages will be cleaned up straight away.

4.18 Hot Drinks

- Children will not be given hot drinks.
- When children are present, all volunteers will only drink hot drinks from lidded cups.

4.19 Stacked Equipment

- Equipment is not generally stacked. If it becomes necessary, volunteers will check it to ensure safety.

4.20 Insurance

- Somerset Christian Camps has public liability insurance to cover claims up to £2m, which covers incidents where negligence of the volunteers is shown.

4.21 COSHH

- SCC will only use hazardous substances provided by the host school, and will comply with the school's COSHH procedures.
- SCC volunteers will use appropriate PPE as detailed within the COSHH risk assessment provided by the school for any substance used.
- Children will not have access to any hazardous substances, all of which will be kept in locked cupboards or rooms to which the children do not have access.

4.22 First Aid Provision

- SCC will ensure:
 - The number of first aiders and appointed persons meets recommendations and adequate cover is available to cover for unexpected absences.
 - All first aiders and appointed persons hold a valid certificate of competence, SCC maintains a register of all qualified volunteers and will arrange re-training as necessary.
 - First aid notices are clearly displayed around the SCC site.
 - Sufficient levels of first aid equipment is available and restocked prior to each year of Camp.
 - A suitable area is available for the provision of first aid.
 - Volunteers are regularly informed of first aid arrangements at SCC
 - Where first aid has been administered this is recorded in the first aid treatment book.
 - Information, instruction and training is provided to volunteers on any specific medical conditions of children and the procedures to follow in case of an emergency.
 - Children with medical conditions will be cared for appropriately.
 - Medication will be kept securely at all times.

4.23 Clinical waste

- Domestic and clinical waste will always be segregated, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings will be stored in correct clinical waste bags in foot-operated bins.
- All clinical waste will be removed by a registered waste contractor. All clinical waste bags will be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.
- Sharps, e.g. needles, will be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins will be kept off the floor (preferably wall-mounted) and out of reach of children.

4.24 Lone Working

- There will be no lone working at SCC

4.25 Asbestos Management

- The management of asbestos is the responsibility of the host school
- At least one member of the SCC Co-Ordinating Committee will have completed an asbestos awareness course prior to Camp, and will ensure that any potential disturbance of an asbestos containing material (ACM) is

reported immediately to the host school. In addition, they will ensure appropriate immediate steps are taken if any such event occurs.

4.26 Moving and Handling

- At SCC there are a variety of moving and handling tasks that may be necessary; this could range from moving equipment to assisting an individual with mobility issues. SCC manages the risk associated with moving and handling tasks by ensuring that:
 - Moving and handling is avoided whenever possible.
 - If it cannot be avoided, moving and handling is properly planned, is carried out by competent volunteers and carried out in a manner which is, so far as is reasonably practicable, safe.
 - Those undertaking specific moving and handling tasks have received appropriate training.
 - Any equipment provided to assist with moving and handling tasks is maintained and serviced in accordance with statutory requirements.
 - Any defective equipment is taken out of use until repaired or is replaced.
 - Any accidents resulting from manual handling operations will be investigated to identify root causes and implement additional controls as required.

5. PROCEDURE FOR TRIPS

The safety of the children/work crew is of paramount importance at all times, and special care will be taken when engaging in off-site activities.

5.1 When Undertaking Off-Site Activities

- Venues for trips are carefully chosen with a view to safety and suitability. Venues will have been visited before Camp by members of the co-ordinating team, and a risk assessment will have been completed.
- Somerset Christian Camps will only transport children using commercial transport, fitted with seat belts and/or minibuses borrowed or hired from local organisations/businesses. If the latter, SCC will ensure that appropriate insurance is in place prior to use, and that the vehicle is in full serviceable condition.
- Prior to any transportation of any children, the SCC Co-Ordinating Committee will ensure:
 - The vehicle is safe. This means that it holds a valid MOT certificate, where relevant, that the driver certifies it has been serviced in line with the manufacturer's schedule, and that the driver carries out any pre-use checks specified by the manufacturer.
 - The driver is suitable. This means that they hold a valid licence for the type of vehicle and have been subject to appropriate DBS checks.
 - There is a valid insurance policy covering the driver and the vehicle for the intended use. This may require that the driver has 'business use' cover. Volunteers transporting children will always require 'business use' cover.
- The only exception to the above is in the event of the need to take a child to hospital, the doctor or home in the case of accident, sickness or emergency, when a volunteer's car may be used. In the event of this happening, two members of staff (but not nurse) will accompany the child.

5.2 Before Leaving the Site

- The co-ordinating team and tent leaders will check that all children are present.
- Travel-sickness pills will only be given on written request from the parent/carer, given on the medical form.
- Name badges will not be worn by children when off-site; each child will be given a green t-shirt for ease of identification.

- The co-ordinating team will ensure that children are put on a coach with their tent leaders, and that each coach has an equal distribution of male and female co-ordinators, including qualified first aiders on each coach.
- Once on the coach, a member of the senior staff will check that all children have fastened their seat belts. Children and volunteers are expected to remain seated whilst the coach is moving, and to behave in a reasonable fashion.
- Children and volunteers are expected to show courtesy and respect to the coach drivers at all times.
- The nurse will carry essential medical information, and a reduced first aid kit. All coaches will have equipment to deal with travel sickness.
- Work Crew trips will use minibuses rather than coaches, but will otherwise be treated in exactly the same respect as above.

5.3 On Arrival at Venues

- Children may disperse in tent groups with their tent leaders. Children are expected to stay with their tent leaders at all times. Tent leaders may decide to split into two groups, each with a tent leader.
- Before dispersal, instructions will be given on where and when to re-group, and what to do in the event of a problem, and where first aid stations are.
- The senior staff will go with groups with specific additional needs, and are also available at a central agreed place in case of need.
- Volunteers are encouraged to carry their mobile phones, so that contact can be made in the event of a problem.
- Provision will be made for those with special dietary needs in the picnic lunches.

5.4 Before Departure from Each Site

- Tent leaders will first ensure that they have all their children present. Once on the coaches, a full register is called by members of the co-ordinating team.

5.5 Equipment to Be Taken

- Nurse is responsible for taking a First Aid kit and any medication that is required.
- Tent leaders are responsible for encouraging their children to take appropriate clothing and sun protection.
- Each tent leader is provided with a list of contacts in case of an emergency.

6. PROCEDURE FOR A MISSING CHILD

Children are registered on arrival at Somerset Christian Camps. Commy and Adgy will carry out a roll call on each occasion that the group is leaving a location when out on trips. Headcounts are carried out by tent leaders on a regular basis.

6.1 If a Child is Missing from the Camp Site

- The relevant tent group will be grouped together with the tent leaders and, initially, 2 co-ordinators.
- The entire premises will be checked, including cupboards and rooms not in use.
- If the child is not found, the police will be called.
- Notes will be kept on the incident.
- Police will advise about informing parents/carers of the child.

6.2 If a Child is Missing Whilst on a Trip

- The children will be grouped together in one large group.
- A headcount will be carried out and register checked.
- If at a venue, venue staff will be asked to help search.
- If the child is not found, the police will be called.
- Notes will be kept on the incident.
- Police will advise about informing parents/carers of the child.

6.3 Afterwards

- The incident will be discussed with the whole group of children, and the group reminded of camp rules.
- A note will be made in the incident book.
- The incident will be discussed with parents if necessary.
- A review will be carried out of how the situation arose, and necessary steps taken to prevent a reoccurrence in the future.
- The review will be discussed at a co-ordinator meeting.

7. UNCOLLECTED CHILDREN

Somerset Christian Camps has the highest regard for the safety of the children in our care – from the moment they arrive to the moment they leave.

At the end of Camp we will ensure that all children are collected by a parent, carer or designated adult. If for some reason a child is not collected at the end of camp, the following procedures will be activated.

- If a parent, carer or designated adult is more than 15 minutes late in collecting their child, the administrators will be informed. The administrators will call the parent, carer or designated adult, and use any other emergency contact details available in order to try to ascertain the cause for the delay, and how long it is likely to last. Messages will always be left on any answerphone requesting a prompt reply.
- While waiting to be collected, the child will be supervised by at least two members of staff (usually one of their tent leaders and a member of the co-ordinating team) who will offer them as much support and reassurance as is necessary.
- If, after repeated attempts, no contact is made with the parent, carer or designated adult, and a further period of 30 minutes has elapsed, one of the administrators will call the local social services department for advice.
- In the event of the social services being called and responsibility for the child being passed to a child protection agency, the administrators will attempt to leave a further telephone message with the parent/carers or designated adults' answerphone. Furthermore, a note will be left on the door of the premises informing the parent, carer or designated adult of what has happened. The note will reassure them of their child's safety and instruct them to contact the local social services department.
- Under no circumstances will a child be taken to the home of a member of staff, or away from the Camp premises unless absolutely necessary, in the course of waiting for them to be collected at the end of a session.
- The child will remain in the care of the Camp until they are collected by the parent, carer or designated adult, or alternatively placed in the care of social services.
- Incidents of late collection will be recorded by the administrators and discussed with parents/carers at the earliest opportunity. Parents and carers will be informed that persistent late collection may result in the loss of their child's place at Camp in future years.