

# Hucknall and District U3A Risk Management Policy

Hucknall and District U3A (hereafter 'the U3A') considers Risk Management to be part of its internal control and governance arrangements and acknowledges that efficient and effective management is important in achieving its charitable objectives.

The U3A reviews potential risks and has systems and procedures in place to mitigate these and minimise the potential impact should any of them materialise.

## **PERSONAL SAFETY**

Members must accept personal responsibility and are required to act in a manner which does not place at risk the health or safety of themselves or others.

Some group activities are inherently more dangerous than others and Group Leaders are encouraged to do Risk Assessments which are appropriate to their group. Template Risk Assessments are appended to this policy which may offer some guidance in this regard.

Members who have concerns regarding personal safety should raise the issue with the business secretary as soon as possible.

## **ACCIDENT REPORTING**

In the event of an accident during a U3A activity it is important that the circumstances are recorded as soon as possible and reported to the Business Secretary using the form appended to this policy.

## **GOVERNANCE**

Where appropriate, the U3A follows guidance from the Charity Commission and the Third Age Trust as regards best practice in terms of financial, legal and regulatory matters.

Insurance policies are secured as recommended by National U3A.

Licences and permits are obtained where required.

## **AVAILABILITY AND CHANGES TO THIS POLICY**

This policy is available on the website. This policy may change from time to time. Any material changes will be notified to members through the website, the newsletter, or the monthly members' meetings.

## **CONTACT**

If you have any queries about this policy, need it in an alternative format, or have any comments about the policy, please contact the Business Secretary by following the email link to the business secretary on our website.

Last policy reviewed date: 4<sup>th</sup> January 2023

Next policy review date 31<sup>st</sup> May 2024

# Hucknall & District U3A

## Venue Checklist (Day of Use)

Interest Group	
Date	Location/Postcode
Description of Activity	

Check		Yes (ü)
1	Emergency Exits unobstructed	
2	Emergency Exits unlocked	
3	Fire Extinguishers in place	
4	Toilet facilities open, clean, paper available etc	
5	Walkways free from trip hazards	
6	Kitchen facilities accessible & clean	
7	Kettle leads in good condition, free from wear and fraying, plug securely attached	
8	Refreshment items available	
9	First Aid equipment accessible	
10	Safety Briefing given <ul style="list-style-type: none"> <li>a. Emergency exits</li> <li>b. Assembly point</li> <li>c. What to do if fire discovered</li> <li>d. What to do if the alarm sounds</li> <li>e. Accident / injury reporting</li> <li>f. Toilet and washing facility location</li> </ul>	
11	Other (specify)	
12	Other (specify)	

### NOTES

Signed

Dated

## Hucknall &amp; District U3A

## Walk Leader Risk Assessment Checklist

Date	Walk Name
Distance	Terrain Type

	Yes (✓)
<b>Before the walk</b>	Provision of information to prospective walkers:
	a) Location
	b) Distance
	c) Timing
	d) Linear / Circular Route
	e) Terrain
	f) Height and climbs involved
	g) Level of fitness required
	h) Appropriate footwear & clothing
	i) Toilet / refreshment facilities en route
	j) What to bring – food / drink / compass / map / mobile phone
	k) Dogs permitted?
	l) Meeting point
	m) Public transport options
	n) Car parking facilities
	o) Need for walkers to bring emergency telephone numbers for next of kin and relevant
<b>On the day</b>	Check first aid kit & emergency blanket
	Briefing before starting out:
	a) Route
	b) Duration
	c) Terrain
	d) Known Hazards
	e) Emergency Arrangements
	f) Be prepared to advise inadequately equipped walkers not to go but they must decide
<b>During the walk</b>	Appoint a back-marker
	Stay at the front but make sure you can always see the back-marker
	Set an appropriate pace for the level of walk
	Check the route frequently
	Periodically count the number in the group
	Other(specify)

## FURTHER NOTES

Signed

Dated

# Hucknall & District U3A

## Accident Reporting Form

Description of Accident	
Date of Accident	Time of Accident
Location	
Name of Member(s)	
Name and Address of non-Member(s) if applicable	
Witnessed by Address(es)  Telephone Number(s):	
Injury Details	
Action Taken	
Outcome	

Completed by .....

Telephone No:.....

Dated.....

**Please notify U3A Business Secretary as soon as possible.**