

Health & Safety Manual

Part 1 – Policy & Procedures

Warning

Contravention of rules specified in this document will be treated as a serious disciplinary offence and will result in action against the offenders, regardless of their position within the society.

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<u>Revision History</u>			
<u>Date</u>	<u>Summary Detail</u>	Sections Affected	<u>Version</u>
13-May-2005	<i>Initial Version</i>	<i>All</i>	<i>1.0</i>
09-May-2006	Split Document into Parts 1 & 2 General Revisions	All	1.0

<u>Modification History</u>	
<u>Section</u>	<u>Detail of Change</u>
<i>All</i>	<i>Initial Version, 1.0 General Revisions</i>



<u>Glossary of Terms and Abbreviations</u>	
<u>Term</u>	<u>Definition</u>
COSHH	Control of Substances Harmful to Health
EHO	Environmental Health Officer
HSE	Health & Safety Executive
HSAW	Health & Safety at Work etc Act 1974
LHE	Living History Encampment
PLI	Public Liability Insurance
PPE	Personal Protective Equipment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
RTT(x)	Recognised Training Thegn (x) = C for General Combat, (x) = A for Archery

<u>Bibliography</u>			
<u>Title</u>	<u>Doc No.</u>	<u>Publisher</u>	<u>ISBN</u>
The Event Safety Guide A guide to health, safety and welfare at music & similar events	HSG195	HSE	0-7176-2453-6
An Introduction to Health & Safety	INDG259(rev1)	HSE	0-7176-2685-7
Managing Health & Safety Five Steps to Success	INDG275	HSE	0-7176-2170-7
Five Steps to Risk Assessment	INDG163(rev1)	HSE	0-7176-1565-0
Working with English Heritage A guide for Historical Societies and other Performers.	Supplied March 2005	English Heritage	
Child Safety & Welfare Policy & Guidelines	Supplied May 2006	English Heritage	
Constitution and Rules	Feb 2001	The Vikings	
Training Officers Handbook	Sixth Ed.	The Vikings	
Hersir Handbook	Third Ed	The Vikings	
The Village Guide	First Ed	The Vikings	



<u>Relevant Legislation</u>	
<u>Title</u>	<u>Reference</u>
Health & Safety at Work etc Act 1974	
Health & Safety (First Aid) Regulations 1981	SI 1981/917
The Health & Safety Information for Employees Regulations 1989	SI 1989/682
Employers Liability (Compulsory Insurance) Regulations 1998	SI 1998/2573
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)	SI 1995/2023
Electricity at Work Regulations 1989	SI 1989/635
Control of Substances Hazardous to Health Regulations 1999 (COSHH)	SI 1999/437
The Health and Safety (Young Persons) Regulations 1997	SI 1997/135

1 Introduction

This document has been prepared in line with the documents listed above, and from advice by NARES, the Winchester City Council Environmental Health Office and others to whom we extend our thanks.

1.1 Purpose of Document

This document sets out how we manage health & safety within our society, and defines who does what, when and how it is done.

1.2 Why we need this Document

“The Vikings” is a company limited by guarantee (Company No. 03099224). A company limited by guarantee is an alternative type of incorporation used primarily for non-profit organisations that require corporate status. A guarantee company does not have a share capital, but has members who are guarantors instead of shareholders. The guarantors give an undertaking to contribute a nominal amount towards the winding up of the company in the event of a shortfall upon cessation of business. It cannot distribute its profits to its members, and is therefore eligible to apply for charitable status. “The Vikings” has taken this step and registered as a charity (Charity No. 1062495).

The main piece of health & safety legislation is the Health and Safety at Work Act 1974 (HSAW). The Act sets out the general duties which employers, the self employed, and people in control of premises have toward their employees and others who could be affected by their activities. It also gives employees the general duty to ensure the safety of themselves and each other.

There are also several sets of regulations made under the HSAW Act which make these general duties more explicit. Some of these regulations apply across the full range of workplaces and work activities, while others apply to more specific situations.

1.3 Our Approach to Health & Safety

At this time, it is unclear if “The Vikings” falls into the category of an employer, and whether its members are classed as employees for the purposes of the HSAW Act.

The Vikings recognises that the HSE consider it good practice for organisations to provide the same level of health & safety protection as they would if they were duty holders under the act.

We have tried to take a pragmatic approach, satisfying the requirements of the legislation without imposing onerous rules which detract from the quality and enjoyment of our events for ourselves, our guests, clients and our audience.

2 Document Control & Distribution

2.1 Document Control

The master copy of this document is held electronically by the Health and Safety Officer.

It is the responsibility of the Health & Safety Officer to review and maintain this document, and to ensure that the distributed copies are up to date and recorded as such on a distribution record.

Any modifications to the document will result in an up-issuing of the revision number, and the details logged in the revision history section.

2.2 Notification of Changes

From time to time, minor modifications to the manual may be issued. These will be issued as safety notices via the society communications officer.

This may be in the form of a notice in the society "Runestaff" magazine, on the Vikings website or a separate broadsheet to recipients listed in section 2.3 below.

More serious modifications will require a re-issue of the complete document or sections affected.

All modifications will be as a minimum published in the society "Runestaff" magazine which is distributed to all members.

2.3 Distribution

This document will be freely made available on request to all members of the society, clients or any other persons who may have a legitimate reason for viewing it.

As a minimum, a controlled paper copy will be held by the following persons;

1. "The Vikings" society appointed Health & Safety Officer.
2. All persons identified in section 4 below.
3. All society events co-ordinators.
4. All group leaders.
5. Provincials Jarl.

Copies which are not listed on the document distribution record are deemed to be uncontrolled and will not be maintained.



3 Health and Safety Policy Statement

The Vikings Society intends to conduct itself in such a way that there is no unacceptable risk to the health and safety of members or others who may be affected. In particular:

- To provide adequate control of the health and safety risks arising from our activities.
- To consult with our members on matters affecting their health and safety.
- To consult with our clients on matters affecting health and safety at events.
- To ensure that equipment used at society events is safe and maintained.
- To ensure the safe handling and use of substances.
- To provide information, instruction and supervision of participants at society events.
- To ensure that all participants at society events are competent to carry out their tasks, and to assist in the provision of adequate training.
- To prevent accidents at society events.
- To maintain safe and healthy conditions at society events.
- To review and revise this policy as circumstances dictate and at regular intervals.

Members of the Society realise that their acts or omissions could affect the health and safety of other people and other members of the Society. They will therefore comply with the Society's own rules and regulations.

Signed: _____ Date: _____
Tony Sayer - Konungr of the Vikings

Signed: _____ Date: _____
Dave Hall – Health & Safety Officer

4 Responsibilities

4.1 Roles at Events

It is important that the roles of the various parties involved in the organisation and running of the event are clearly defined.

The “Owner” of the premises at which the event is to be held must ensure that the venue is safe and without risk to anyone who hires the premises and has responsibilities under the Occupiers Liability Act 1957.

4.2 Responsible Officers

To ensure health and safety standards are maintained and improved, the following individuals have specific responsibility in the following areas;

<u>Name</u>	<u>Position</u>	<u>Specific Area of Responsibility (Health and Safety)</u>
Tony Sayer	Konungr (Society Leader)	Overall and final responsibility for health & safety.
Dave Hall	Health & Safety Officer	Day-to-Day responsibility for ensuring this policy is maintained and put into practice.
Gareth Evans	2IC Health & Safety Officer	Assists and deputises for society Health & Safety Officer.
	Missiles Officer	Training and testing of competence of missile users. Control of missile display and combat elements at society events.
Roger Barry	Society 2IC Special Events Co-Coordinator	Liaison with clients for special events.
Gordon Monks	Show Organisation Officer	Marshalling of society events.
Paul Murphy	Armed Combat Officer	Training and testing of competence of hand to hand combatants. Control of hand to hand combat display elements at society events.
Frania Juchnowicz	Battle Captain	Overall control of combat display elements at society events.
Steve Lines	Living History Co-ordinator	Training and testing of competence of living history participants. Control of living history elements at society events.
Bob Clegg	Communication Officer	Ensuring that information is efficiently disseminated to all members of the society.
Jim Gillbanks	Armourer	Specification of weapons and armour for use in society combat displays.
Emmalyne Downing	Mistress of Horse	Training and testing of competence of equestrian participants (both human and equine). Control of equine elements at society events.
Tracey Farrant	Fostris Officer	Control and conduct of 'Fostris' at society events.



All society members, guests and clients have a responsibility to:

- Co-operate with society officers on health & safety matters.
- Comply with society health & safety rules.
- Take reasonable care of their health, safety and welfare.
- Report all health & safety concerns to an appropriate person.

4.3 Responsibility at Specific Events

At any event, the responsibility for the implementation of the health & safety policy falls to the society health & safety officer.

If this officer is not present or incapacitated for any reason, it falls to the 2IC Health & Safety Officer or the most senior member of the society present as identified above.

If none of the above is present at an event, responsibility falls to the ranking person, who is usually the event organiser.

5 Insurance

5.1 Public Liability Insurance

It is the responsibility of the Society Treasurer to ensure that the society maintains appropriate Public Liability Insurance cover.

5.2 Employers Liability Insurance

It is the responsibility of the Society Treasurer to ensure that the society maintains appropriate Employers Liability Insurance cover required under the HSAW Act.

6 Health & Safety Risk Assessments

The HSAW Act requires assessments of the risks to re-enactors, workers and other people from their activities, omissions and environment, and to co-operate and exchange information with other employers and self-employed people on site.

6.1 Risk Assessments

Risk assessments will be undertaken by the Health and Safety Officer or their nominated delegates.

The findings of the risk assessments will be reported to the Health and Safety Officer. These findings will be held on record by the Health & Safety Officer for a period of not less than 5 years.

Actions required to control the risks will be approved by the Health and Safety Officer and the society officers under whose jurisdiction this falls.

The Health and Safety Officer and appropriate society officers will be responsible for ensuring and checking that the action required is implemented.

Assessments will be reviewed annually or sooner when circumstances dictate.

It is the responsibility of the Society Health & Safety Officer to ensure that notification of any actions arising is brought to the attention of the society membership via the communications officer.

6.2 When a Risk Assessment is required

A risk assessment is required for each and every event in which the society participates.

A copy of the risk assessment will be issued to clients and controls agreed prior to an event. A copy of the risk assessment will be held on record by the Health & Safety Officer for a period of not less than 5 years from the date of the event.

A generic risk assessment is available from the Health and Safety Officer which covers many of the activities that are carried out at society events. This is to be used as the basis for the risk assessment, and should be reviewed and expanded to cover particular hazards associated with the event.

6.3 Carrying Out a Risk Assessment

A risk assessment is nothing more than a careful examination of what in the course of our activities, could cause harm to people, so that we can determine whether we have taken enough precautions, or actions we must take, to prevent this.

The law states that we must do everything reasonably practicable to make our events safe.

The important thing we have to determine is whether a hazard is significant, and ensure that there are sufficient controls in place to eliminate or minimise the risk.

There are five basic steps to carrying out a risk assessment detailed below;



6.3.1 Step 1: Identify the Hazards

Look for things that could potentially cause people harm.

Example: If an event is taking place in a field which is pockmarked by numerous rabbit burrows, these are a **hazard**.

6.3.2 Step 2: Nature of Harm

For each of the Hazards, decide who may be harmed, and the severity of any potential injury.

Severity may be categorised on a scale as follows;

<u>Category</u>	<u>Definition</u>
1.	<u>Minor Injury</u>
2.	<u>3 Day Injury</u> Injury which prevents the injured person from carrying out their normal work for a period of up to 3 days.
3.	<u>Reportable Injury</u> Injury which prevents the injured person from carrying out their normal work for a period in excess of 3 calendar days, not including the day of the injury itself.
4.	<u>Major Injury</u> <ol style="list-style-type: none"> a. Any fracture, other than to the fingers, thumbs or toes. b. Any amputation. c. Dislocation of the shoulder, hip, knee or spine. d. Loss of sight (either temporary or permanent). e. A chemical or hot metal burn to the eye or any penetrating injury to the eye. f. Any injury which leads to hypothermia, heat-induced illness or to unconsciousness. g. Any injury requiring resuscitation. h. Any injury requiring admittance to hospital for more than 24 hours. i. Loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent. j. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or toxins or infected material.
5.	<u>Fatality</u>

Example: Everybody who enters the field is at **Risk** of tripping over a hole and sustaining a major injury (i.e. fracturing a limb); this gives the hazard a category 4 rating.

6.3.3 Step 3: Evaluate Risks

For each hazard, the frequency/duration/likelihood of exposure and the likelihood of an injury being sustained should be evaluated. Again, this can be given a category;

Category	Definition
1.	Little or No Exposure / Very Unlikely
2.	Occasional Exposure / Unlikely
3.	Regular Exposure / Likely
4.	Prolonged Exposure / Very Likely
5.	Continuous Exposure / Certain

Example: As our field has numerous holes, and the show site is occupied for three days, the exposure is Regular, and it is Likely that someone will trip and fall, possibly resulting in a major injury; Category 3.

Each hazard is given a cumulative risk rating on a scale of 1 to 25 by multiplying the severity by the likelihood. The rating will then determine which band the hazard falls into.

<u>Risk Rating</u>	<u>Band</u>
01 – 05	Low
06 – 09	Medium
10 – 25	High

Example: Our Severity is category 4, Exposure is category 3; this gives a cumulative Risk Rating of 12 which translates to a “High” Risk banding.

The object is to make all risks small, that is, in the “Low” band. This is achieved by putting controls in place. Typical controls are;

- Remove the Hazard completely (the ideal).
- Prevent access to the Hazard.
- Organise activities to reduce the exposure to the Hazard.
- Use of Personal Protective Equipment (PPE).
- Provision of welfare facilities (wash facilities, first aid etc)

Each Hazard should be re-evaluated with the controls in place, and a residual risk banding established. Ideally, all Hazards should fall into the Low band when controlled.

Example: We could simply fill in the rabbit holes, which would remove the risk entirely, but if it’s a big field, this is impractical.



The solution is to limit access using fences and marshalling, and fill in the holes in the areas into which people are allowed. As rabbits tend to re-dig their holes, regular inspection is also required.

This does not reduce the severity of the injury which may be sustained, but it limits the exposure to the risk to category 1.

The residual risk is there for Severity 3 x Exposure 1 = Cumulative factor of 3 i.e. Low.

6.3.4 Step 4: Recording Findings

Significant risks and their controls should be logged on a risk assessment form, and all members must be made aware of the findings.

A risk assessment must be “suitable and sufficient”. We must be able to show that;

- A proper check was made.
- We evaluated who may be affected.
- We have dealt with the obvious significant hazards, taking into account the number of people who could be involved.
- The controls are reasonable and the residual risk is Low.

The written records will be supplied to and kept by the Health & Safety Officer for future reference or use; they can help us if we are asked what precautions we have taken, or, if we become involved in any action for civil liability.

Risk Assessments for particular events will be kept on record for a period of 5 years from the date of the event.

It is not necessary to restate information contained in other society documents (e.g. the combat rules specify PPE for combatants), but a reference to that document must be included.

6.3.5 Step 5: Review

Risk Assessments are living documents, and each hazard should be re-evaluated on a regular basis, or, when a change in circumstances dictates.

7 Consultation

7.1 With Members of the Society

Any member of the society may raise an issue of Health & Safety at any time.

It is expected that any member of the society that identifies a potential hazard reports it to the duty health & safety representative at the earliest opportunity so that it may be evaluated and necessary controls put in place.

Any proposed controls are to be prepared in consultation with the society officers responsible for the area affected.

7.2 With Clients

The HSAW Act places a duty on those who have control, to any extent of non-domestic premises to ensure as far as is reasonably practicable that the premises are safe and without risks to the health of those who work there.

The primary responsibility for the management of risks will usually fall to the event organiser, the manager, the owner of the venue, licensee and/or promoter, depending upon the contractual arrangements under which the event is to be run.

The control of the venue may be shared between several parties and if this is the case, there should be liaison arrangements to ensure that responsibilities are adequately identified and assigned.

Organisations and individuals, who have control, to any extent, should consider what measures they can take to ensure that the venue is safe.

Prior to, and during an event, the society's representative must liaise with the client on health and safety matters.

A copy of this document and the risk assessment is to be provided to the client prior to the event.

8 Safe Equipment

The Health and Safety Officer and appropriate society officers will be responsible for ensuring that all equipment in use at society events is of suitable construction and is fit for purpose.

All equipment must be thoroughly inspected prior to each use. In the case of weapons and PPE, this means before taking the field for each and every display.

Any item found to be unsafe, or is likely to become unsafe during a display, is to be removed from use immediately.

All equipment used at society events is to be of the minimum specifications laid down in the society technical specifications (see “The Vikings” Constitution and Rules). This particularly applies to weapons and combat PPE which is subject to the approval of the society armourer prior to first use.

The society armourer may delegate weapons and PPE inspections to local RTT's.



9 Safe Handling and Use of Substances

Substances which are subject to the Control of Substances Hazardous to Health (COSHH) regulations are only to be stored and used in accordance with manufacturers instructions found on the container or COSHH data sheet.

These substances are not to be decanted for storage into a different container.

Under no circumstances are hazardous substances to be stored in bulk at society events.

10 Information, Instruction & Supervision

10.1 Information

Health & Safety information is available from the Health & Safety Officer.

10.2 Advice

Health and Safety advice is available from the Health & Safety Officer.

10.3 “Fostris” & Young Persons

Under the Children at Work Act, no child under the age of 16 should be asked to do more than their maturity will allow.

Children must at all times be under the supervision of a Parent, Guardian, Teacher, responsible adult or Chaperone.

General supervision of young persons is the responsibility of their parents. Young persons, who are attending an event without their parents, are the responsibility of the chaperone arranged by the parents.

A written consent form is to be completed by the parents/legal guardian prior to the event, and this must be countersigned by the chaperone accepting responsibility and the chaperone’s group leader/provincials Jarl as appropriate.

This responsibility defers to the most senior representative of their group if the nominated guardian becomes incapacitated.

Under no circumstances are young persons to attend an event without the prearrangement of their care by a responsible adult.

Supervision of “Fostris” whilst taking part in activities at society events will be the responsibility of the “Fostris” officer.

Supervision of young persons taking part in a particular activity is the responsibility of the person hosting the activity. E.g. Kiddie-Vike, Fostris Training.

10.4 Site Specific Health & Safety

It is the responsibility of the person accepting an event booking to ensure that relevant site specific health & safety information is requested from the client, and a risk assessment is carried out.

A copy of the resulting risk assessment is to be provided to the society Health & Safety Officer.

11 Competency for Tasks and Training

11.1 Induction Training

Induction Training will be provided for new and guest members by the society RTT's and/or group leaders.

11.2 Specific Training

Specific training (such as the use of weapons) and assessments of competency will be identified and provided by the society RTT's.

Details of this may be found in "The Vikings" Training Officers Handbook.

11.3 Tasks Requiring Special Training

The following tasks require training and the satisfactory completion of an assessment before they may be carried out at society events;

- Any display involving use of weapons. (see Society Combat Rules for details)
- Displays involving animals (i.e. Horses, Dogs, Birds of Prey)

11.4 External Qualification

The society recognises that some skills which are relevant to our events may be acquired and assessed for competency externally.

Prior to these skills being exercised, the appropriate society officers should be satisfied that the certification is suitable and bona-fide. In particular (but not limited to) those relating to First Aid and Basic Food Hygiene.

This does not of course preclude the use of First Aid skills in the event of an emergency.

11.5 Training Records

A record of safety assessments relating to combat activities is held with the membership records by the society treasurer, and listed on individual's membership cards.

First Aid certification records are held by the Health & Safety Officer.

11.6 Identification, Arrangement and Monitoring

At local group level, identification, arrangement and monitoring of training is to be carried out by group leaders and training officers.

At national and provincial level, this is to be carried out by the responsible society officers.

12 Guest Members

The following rules must be followed before a Guest member may take part in an event organised by “The Vikings”;

Guests are the responsibility of their Sponsor throughout the event, including their behaviour outside of show hours.

Breach of these rules will result in the Guest being evicted from the event.

12.1 Application to take Part

All guest members wishing to take part in the event must be invited by a member (sponsor) and approved in advance.

For major events, the sponsor should contact;

a. Tony Sayer (Konungr)

If the Konungr is not available, contact should be made with;

b. Roger Barry (2IC)

c. Sandra Orchard (Membership Officer)

For medium or minor shows, the organising group leader should be contacted. This contact should be made far enough in advance for consultation with HQ if required.

Applications to take part in an event must be for named individuals; X members from group Y is insufficient detail.

“The Vikings” reserve the right to refuse any guest application without giving a reason.

12.2 Payment of Guest Membership

Prior to taking any part in the event, and in order to be covered by our Public Liability insurance, the guest must pay the event membership fee.

A receipt will be given for this fee which will double as the Guests Event Pass.

12.3 Authenticity

At all times while the event is open to the public, it is the responsibility of the guests sponsor to ensure that their equipment complies with the basic requirements of “The Vikings”.

12.4 Participation in Combat Displays

In order to ensure the safety of all participants in combat displays, Guest’s must be able to prove that they are competent to take the field. This competency will be shown by the appropriate signatures on their Event pass.

This pass must be presented to any officer of the society upon request for verification. Any Guest unable to produce this pass will be prevented from taking part in any display until such time their competence has been verified.

12.4.1 Pre-Participation Combat Assessment (Infantry)

All guests must be passed as being of a suitable standard, and being possessed of the appropriate PPE by an RTT(C) before being allowed to take part in any combat display.

If the guest is a member of a society whose standards are recognised by “The Vikings” (e.g. Regia-Angolorum), and they can produce documentary evidence that they are qualified to take part in combat at those societies events, testing by an RTT(C) is not required.

If there is any doubt as to the guests’ level of competence, a safety assessment must be carried out by an RTT(C).

Once the RTT(C) is satisfied that the Guest can take part in combat displays, a signature to that effect must be applied to their Event Pass.

12.4.2 Pre-Participation Combat Assessment (Missiles)

Any guest wishing to take part in combat displays must be assessed by an RTT(A) prior to being allowed to take part.

If the archer intends to use any other weapons in the display, the rules in section 12.4.1 above also apply.

Once the RTT(A) is satisfied that the Guest can take part in combat displays as an archer, a signature to that effect must be applied to their Event Pass.

12.4.3 Permitted Weapons Classes for Guests

Guests are normally restricted to the most basic weapon classes;

- Sword and Shield
- Hand Axe and Shield
- Single Handed Spear and Shield

More advanced weapons classes may be used on the specific authorisation of the Society Armed Combat Officer;

- Two Handed Spear
- Two Handed Axe
- Mace
- Two Weapon (Florentine) Style

A signature to this effect must be applied to the Guest’s event pass.

12.4.4 Weapons and PPE

All weapons and PPE that a guest is intending to use on the battlefield is to conform to the relevant specifications of “The Vikings”.

12.4.5 Combat Rules

Guests are to abide by the combat rules of “The Vikings”.

12.5 Equestrian Guests

At this time, "The Vikings" do not allow guest equestrian participation at events.

12.6 Special Events

In special cases, entire groups may be invited to attend.

Provided they can supply their own public liability insurance (PLI), these groups will be allowed to self regulate, as long as they don't clash too much with the rules of "The Vikings".

The group should present its insurance certificate prior to the event to the society membership officer. If this certificate is not produced, the group will be assumed to be reliant on "The Vikings" PLI or the event organisers PLI.

It must be agreed with the organiser prior to the event, under whose PLI these guests will be covered.

Any group reliant on "The Vikings" PLI or the event organisers PLI, will be required to act according to the rules for normal guests.

In combat matters, Guest groups will still abide the combat rules laid down by "The Vikings".

13 Accidents, First Aid & Ill Health

13.1 First Aid Kits

The society itself maintains four first aid kits; three general use kits are held by the Society Health & Safety Officer, the 2IC Health & Safety Officer, and the Show Organisation Officer; the other is a special kit containing equipment that may be used by specially trained persons ONLY.

Each Herred must have a first aid kit. It is the responsibility of the Herred's First Aid/Health & Safety Officer to ensure that the kit and its contents are up to date.

The first aid kit must be available at each and every event that the Herred hosts, and at all major society events. It is good practice for the kit to be present at all society events, including training.

13.1.1 Location of First Aid Kits

A first aid kit will be located at a convenient location at the event. This will typically be in a central location in the LHE.

At larger events, where there is a separate campsite, a second first aid kit will be located at a central location on the campsite. Typically this will be the same location as the society notice boards.

The duty first aiders are to be aware of the location of both kits.

Marshal's who hold appropriate certification may also carry personal first aid kits.

13.1.2 Content of First Aid Kits

The basic contents of all first aid kits will be as listed in Appendix A.

13.2 First Aiders

The Vikings will only normally provide first aid for its members and their guests, except in emergencies.

At every event, duty first aiders are to be appointed and made known to all participants via an announcement or the society notice boards. The duty first aiders are to familiarise themselves with the location of first aid equipment, access and egress points for ambulances, and have to hand all of the necessary information required in the event of the emergency services having to be called upon.

No event will have less than two first aiders present.

First aid may only be administered by qualified first aiders whose credentials are up to date, and are registered with the Society Health & Safety Officer.

Credentials must as a minimum meet the requirements of the Health and Safety (First Aid) 1981 Regulations.

Under no circumstances should anyone attempt to administer first aid for which they have not been trained.

All treatment given must be recorded on an accident report form (see appendix B).

13.3 Tablets & Medication

Medication of any type should not be stored in a general first aid kit. If specific medication is required by an individual for example 'Epipens' for adrenaline, insulin or inhalers, these should be kept in an appropriate location, and be clearly marked with the members full name, any nickname by which they are generally known, and the name of their group.

To clarify the HSE's position on this matter, below is an extract from HSE FAQ Webpage.

"HSE guidance states that first aid at work does not include giving tablets or medications to treat illness and such items should not be kept in the first aid box. However, strictly speaking, there is no legal bar to employers making such items available to employees, if the assessment of first aid needs indicates they should be provided. HSE has no objection to paracetamol or aspirin being made available in the workplace. First aiders issuing these tablets should have a reasonable understanding of what is involved.

Some workers carry their own medications such as inhalers for asthma or 'Epipens' which contain inject able adrenaline for the treatment of severe allergic (anaphylactic) reactions, for example to peanuts. These medications are prescribed by a doctor. If an individual needs to take their own prescribed medication, the first aider's role is limited to helping them do so and contacting the emergency services as appropriate.

Medicines legislation restricts the administration of inject able medicines. Unless self administered, they may only be administered by, or in accordance with the instructions of a doctor (eg by a nurse). However, in the case of adrenaline there is an exemption to this restriction which means in an emergency, a suitably trained lay person is permitted to administer it by injection for the purpose of saving life. The use of an Epipen to treat anaphylactic shock falls into this category. Therefore, first aider's may administer an Epipen if they are dealing with a life threatening emergency in a casualty who has been prescribed and is in possession of an Epipen and where the first aider is trained to use it."

13.4 Controlled Substances

Any person at a society event (whether a member or not) found to be in possession of controlled substances will be immediately removed from site and subject to disciplinary action.

13.5 Ill Health

13.5.1 Existing Medical Conditions

If a member has any medical condition which may impair their performance and/or put others at risk, or, be aggravated by participation in any activity, they should inform the society prior to taking part.

Any information provided to the society will be treated in the utmost confidence on a strictly need to know basis. Any records provided will be destroyed/ returned at the request the individual.

It is at the discretion of the appropriate society officers to determine if an individual is fit to take part in a particular activity/ event without putting themselves or others at risk.

If a member has a contagious illness, they should avoid attending events and risk infecting others.

13.5.2 Illness During or Immediately after an Event

In the event of a serious illness becoming apparent during or immediately after attendance at a society event, it should be reported to the Society Health and Safety Officer; especially if it is contagious (your doctor will tell you if it should be reported).

In line with the RIDDOR legislation, illnesses which should always be reported include but are not limited to;

German Measles (Rubella), Typhoid, Food Poisoning, Severe Diarrhoea, Hepatitis, Meningitis, Polio, Impetigo (or other serious skin condition), Scabies, Ringworm, Tuberculosis, Glanders (from horses), Leptospirosis (from the faeces of rats, mice etc).

A list of persons with whom the infected person has been in contact should also be provided so that they may be contacted and informed of potential infection.

In the case of food poisoning, the afflicted person should try and determine the source, and report this information also.

See section 14.2 below for more information on reporting.

14 Reporting procedures

In order to monitor & improve the effectiveness of this policy, it is necessary for formal reporting to take place.

14.1 Accidents & Incidents - Definitions

An **accident** is defined as “An unplanned event causing injury or damage.”

A **near-miss, incident** or **dangerous occurrence** is defined as an event which under slightly different circumstances would have resulted in injury or damage.

14.2 Statutory Reporting

Under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) legislation, we are required to report certain accidents, diseases and dangerous occurrences.

Copies of any reports made to the HSE must be provided to the Society Health and Safety Officer.

14.2.1 Reporting Accidents

All accidents which result in death, major injury or, an injury which prevents the injured party from carrying out their normal work for a period in excess of 3 calendar days not including the day of the injury itself must be reported to the HSE enforcing authority under RIDDOR legislation.

In the first instance, an immediate verbal report should be made to the Society Health and Safety Officer, who will immediately contact the HSE if;

- A society member or guest is killed or suffers a major injury.
- A member of the public is killed or taken to hospital.

Within 10 days this must be followed up by a completed accident report form (HSE F2508).

Less serious reportable injuries must be reported on an accident form (HSE F2508) within 10 days of occurrence.

Copies of HSE F2508 are located at the end of this document.

14.2.2 Reporting Disease

If a doctor notifies a society member that they are suffering from a reportable disease the HSE enforcing authority must be notified on a completed disease report form (HSE F2508A) within 10 days under RIDDOR legislation.

14.2.3 Reporting Dangerous Occurrences

Society activities do not fall into this category.

14.3 Internal Reporting

Any accidents or incidents at society events should be reported to the Society Health and Safety Officer, and an accident report form completed (see Appendix B -).

Accidents or incidents will be immediately investigated by the responsible society officers and any necessary measures required put in place to prevent re-occurrence.

These will be recorded for review.

15 Monitoring

All incidents and accidents should be recorded as described in section 14 above and regular reviews held.

Should it be found that a particular type of recurrent accident/incident is taking place, an investigation is to be instigated by the Society Health and Safety Officer, and appropriate corrective action implemented.

16 Emergency Procedures

16.1 Registration at Events

It is the responsibility of all members to ensure that they register their attendance at society events. At major shows, this will be on the show registers held in the LHE and Modern camp.

At medium and minor events, it is the duty of the event organiser or ranking society officer to take a register.

In the event of an emergency, these registers are to be used to account for all persons present.

16.2 Fire & Emergency Signal

In the event of a fire or other emergency, three short blasts on an air horn will be given. On hearing this signal, everyone is to evacuate to a nominated assembly area.

If the horn is unavailable, the shout of "Fire, Fire, Fire" is to be given.

The all clear is signalled by a single long blast on an air horn or the shout of "All Clear" from the Society Health and Safety Officer or ranking Society Officer present.

16.3 Evacuation

On hearing the evacuation signal, those not directly involved in fighting the fire/ attending the incident is to immediately withdraw to a safe distance in an orderly manner, collecting any members of the public and other persons as they go.

Nobody is to return to the evacuated area until the all clear is given.

16.4 Fighting Fires

In the event of a fire, three short blasts on an air horn, or, the shout of "Fire! Fire! Fire!" will be used to attract attention.

On hearing the shout of "Fire! Fire! Fire!" those able to will convene with buckets of water to provide assistance.

Those not directly involved in fighting the fire are to immediately evacuate to a safe distance in an orderly manner, collecting any members of the public and other persons as they go.

If it is possible, without incurring additional risk, structures immediately adjacent to the site of the fire are to be moved away to provide an additional fire break.

If the fire is of such a scale that there is significant risk of personal injury involved in tackling it, all personnel are to withdraw and the emergency services contacted.

**AT NO TIME SHOULD ANYONE BE PUT AT RISK TO SAFEGURD PROPERTY;
THINGS CAN BE REPLACED, PEOPLE CAN'T!**



Appendix A - First Aid Kit Contents List

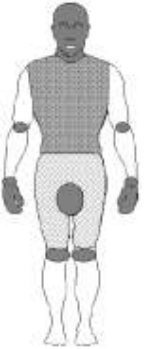
The following is a list of the minimum contents of the first aid kit to be held by each group;

Item	Quantity
First Aid Box	1
First Aid Guidance Leaflet	1
Contents Sheet	1
Assorted Hypoallergenic Plasters – Normal	40
Assorted Hypoallergenic Plasters – Blue	20
Safety Pins	6
Individually Wrapped Antiseptic Wipes	30
Disposable Examination Gloves (Pair)	10
Triangular Bandage (Sterile)	4
Eye Pad with Bandage	3
Sterile Dressing – Medium	6
Sterile Dressing – Large	2
Disposable Emergency Blanket	1
Clinical Waste bag – Small	5
Conforming Bandage/Crepe 7.5cm x 4m	4
Zinc Oxide Tape	2
Tuff-kut scissors	1
Tweezers/Splinter Remover	1
Resuscitation Aid	1
Sterile Non-Adherent Dressing – 5cm	10
Sterile Non-Adherent Dressing – 10cm	5
Dressing Retention Sheet	1
Burn Dressing	1
Instant Cold Compress	2
Hypo-Allergenic Tape	1
Steri-Strips	5
Disposable Thermometer Strips	3
25ml Sterile Eye Wash Phials	5
Anti-histamine Cream	1
Blister Plasters	5



Appendix B - Accident Reporting Form

The following form should be completed and passed to the Society Health & Safety Officer for any accident that requires the attention of a first aider. An electronic copy is available in the members area of the society website.

Injured Party's Details;			
Full Name:			
Home Address:			
		Post Code:	
Home Tel:		Sex:	
D.O.B.:		Age:	
Status:	<i>Member / Guest / Other</i>	Group:	
About the Incident;			
Event Name:			
Date:		Time:	
Where on site did the incident occur? <i>(LHE, Arena etc)</i>			
About the Injury;			
Type of Injury? <i>(Fracture, Laceration etc)</i>			
What part of the body was injured?	Circle areas affected on drawing opposite.		
Class of Injury? <i>(minor, 3 day, reportable, major, fatality)</i>			
First Aider in Attendance:			
Treatment Given:			
Description of Incident; <i>(Describe what happened in as much detail as possible, including details of anyone else involved. Continue Overleaf if required.)</i>			
Signature:		Date:	



Appendix C - Parental Consent Form

The following form should be completed and held whenever a child attends an event unaccompanied by a parent/legal guardian. An electronic copy is available in the members area of the society website.

I hereby give my consent for my child; <i>(Enter Details of child)</i>			
Full Name:			
Address:			
Home Tel:		Gender:	
D.O.B.:			
<p>to attend and participate in events hosted by "The Vikings" society.</p> <p>I fully understand that re-enactment is a hazardous activity, and while "The Vikings" take every care to ensure that all participants are trained and are equipped with adequate safety protection, it is still possible that participants may be injured. The level of injury sustained may range from minor cuts and bruises, to permanent disability or death in extreme circumstances.</p> <p>I acknowledge the need for the aforementioned child to behave responsibly and follow the directions of society officers and the nominated person at all times.</p> <p>I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>I authorise the person named below to act on my behalf and take full responsibility in all matters relating to my child at society events in the absence of a parent or legal guardian; <i>(Enter details of Parent/Legal Guardian)</i></p>			
Name:		Relationship:	
Tel. No:		Work No:	
Mobile No:		Other No:	
Signature:		Date:	
<p>I, the undersigned, hereby agree to take full responsibility for the above named child attending society events in the absence of a parent or legal guardian; <i>(Enter details of nominated person)</i></p>			
Name:		Group:	
Address:			
Signature:		Date:	
Full Name:			
Alternative contact in the event of an emergency:			



Name:		Relationship:	
Tel. No:		Work No:	
Mobile No:		Other No:	
Address:			
Childs Doctors Details <i>(Enter Details of Child's Doctor)</i>			
Name:		Practice:	
Address:			
Tel. No:		Other No:	
Childs Medical Details			
Does the child have any condition requiring medical treatment, including medication? If Yes, Please provide details below;			Yes / No
Does the child have any allergies? If Yes, Please provide details below;			Yes / No
Does the child have any condition requiring medical treatment, including medication? If Yes, Please provide details below;			Yes / No
Please identify the type of pain/flu relief medication your child may be given if necessary.			
I will inform the society as soon as possible of any changes to any of the above information.			