



## **INTRODUCTION**

Cambridge University Polo Club (CUPC) is strongly committed to encouraging our members to take part, but the health, well-being and safety of each individual is always our paramount concern.

To support our Health and Safety policy statement we are committed to the following duties:

- Undertake regular, recorded risk assessment of the club premises and all activities undertaken by the club.
- Create a safe environment by putting health and safety measures in place as identified by the assessment.
- Ensure that all members are given the appropriate level of training and competition by regularly assessing individual ability dependant on age, maturity and development.
- Ensure that all members are aware of, understand and follow the club's health and safety policy.
- Appoint a competent club member to assist with health and safety responsibilities.
- Ensure that normal operating procedures and emergency operating procedures are in place and known by all members.
- Provide access to adequate first aid facilities, telephone and qualified first aider at all times.
- Report any injuries or accidents sustained during any club activity or whilst on the club premises.
- Ensure that the implementation of the policy is reviewed regularly and monitored for effectiveness.

## **AS A CLUB MEMBER YOU HAVE A DUTY TO:**

- Take reasonable care for your own health and safety and that of others who may be affected by what you do or not do.
- Co-operate with the club on health and safety issues.
- Correctly use all equipment provided by the club.
- Not interfere with or misuse anything provided for your health, safety or welfare.

**CLUB HEALTH AND SAFETY OFFICER:**

Erik Rudicky, membership@cupolocclub.com

Please report any safety concerns or accidents to our safety officer.

(We are in the process of securing new service providers. This information will be updated once negotiations have concluded and polo is underway for 2020-21)

**FIRST AID:**

Location of first aid facilities: TBD

Location of telephones: TBD

**QUALIFIED FIRST AIDERS:**

TBD

**APPENDICES:**

- Appendix 1 Risk Assessment Form
- Appendix 2 CUPC Member Terms and Conditions
- Appendix 3 Accident Form



## Appendix 1: Risk Assessment Form



Safety Guidance for University Sports Clubs – Appendix 1

### RISK ASSESSMENT FORM

<b>Centre: Cambridge Polo Club</b>	<b>Date: 14/09/20</b>	<b>Review Date:</b>
<b>Risk Assessment: Cambridge University Polo Club (CUPC)</b>		

<p align="center"><b>Description of the activity, equipment or area under assessment</b></p> <p>Polo lessons, stick and ball sessions, and chukkas played at Cambridge Polo Club for all club members at all ability levels during the COVID-19 pandemic.</p>
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Significant hazards	What could go wrong	Risk level (High, Medium or Low)	Existing control measures	Further actions
Being around horses, animals are unpredictable.	Tread on, kicked, bitten, crushed, rope burns (from leading). Bruising, bone injuries, internal injuries.	Medium	Correct instruction on how to handle horses. Advised to behave appropriately and with caution around them. Wear appropriate clothing and equipment (helmets/boots). Inexperienced members are not left unsupervised.	
Trip/slip hazards from wet surfaces due to rain/snow and items left out.	Trips and slips. Bruising and bone injuries.	Low	Ensure yard is left clear and regularly swept. Advise caution when surfaces are wet or icy.	Grit for yard
Falls	Bruising, bone injuries, severe injuries	Medium	Protective equipment optional (face guards/goggles), helmets always worn, members' ability to ride checked and given suitable horse for ability. Helmets will be required to be kitemarked and certified to PAS 015	First Aider on site
Contact with mallets and/or balls.	Bruising, bone injuries.	Medium - High	Protective equipment advised, helmets always worn. Helmets will be required to be kitemarked and certified to PAS 015. Safety glasses are advised for grass polo to prevent injuries to eyes.	First Aider on site

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Contact with horses and/or other people. (Ride-offs)	Bruising, bone injuries.	High	Protective equipment advised (elbow pads), helmets always worn. Helmets will be required to be kitemarked and certified to PAS 015. Correct instruction and guidance for ride-offs, played against played with similar ability.	First Aider (Coach)
Playing chukkas (high speed, competitive and intense playing.)	Falls/contact. Bruising, bone injuries, internal injuries.	High	Correct equipment and clothing required, similar ability teams, qualified referees and officials on site.	First Aider (Coach)
Use of unknown/young/inexperienced horses.	Falls, kicks, bites. Bruising, bone injuries, internal injuries.	Low	Inexperienced students not permitted to ride inexperienced horses. Suitable horses given according to rider ability. New horses checked, vetted and assessed by those with suitable experience and/or qualifications. Coach to advise on pony/rider suitability if required.	
Waterlogged fields/arenas.	Horses slipping/falling. Riders falling. Bruising and bone injuries.	Low	Inspections of fields and arenas before sessions. Not to be played on when deemed unsafe and/or too waterlogged.	
Equipment failure.	Equipment snapping/breaking leading to horse/rider injury. Bruising and bone injuries.	Low - Medium	Ensure all equipment is properly maintained and is up to quality standards. Broken or faulty equipment is not used and disposed of correctly.	Personal equipment checks Encourage students to check and be aware of own equipment
Allergies and medical problems. (Hay/animals/dust, asthma etc)	Breathing difficulties, asthma attacks, skin reaction and rashes.	Low	Advise precaution around stables and animals, club informed of any medical concerns when member joins and signs waiver forms, members can be stopped from riding by coaches should they believe there is too high risk. Advise to keep away from dusty hay and straw.	
Socials – risk to self and others	Alcohol poisoning, drink-related injuries, unusual behavior.	Low	Members informed of expected standard of behavior and the risks of excessive drinking.	

Heavy machinery on yard.	Crashing, impact injuries.	Low	Members not allowed on heavy machinery. Advised to be aware of tractors etc whilst on yard. Large machines rarely used when members are present.	
COVID- 19 Infection from other yard users/ staff		Medium	The Coach is to ensure social distancing is enforced on the yard, sanitization procedures to be followed by staff and members as advised by the HPA.	Members to bring personal satiation equipment e.g hand sanitizer
COVID-19 Infection from other CUPC members		High	Members to be made familiar with HPA Covid-19 rule variances and guidelines to reduce transmission during play. Members supply all equipment with the exception of sticks, and CUPC will request that members sanitize these after they train. Members are to make their own way to trainings and will be advised to avoid public transport. Cambridge Polo Club is within cycling distance of central Cambridge. Only 5 members to attend each training making a group of 6 including the Coach. Members displaying COVID-19 symptoms to be asked not to attend training.	Encourage members to minimise contact between hands and face. No mixing of personal belongings such as kit bag, water bottle.

#### HEALTH SURVEILLANCE

Is Special Monitoring required? (e.g. hearing test, eye test, health surveillance).

Enter details.

**Initial and continued assessment of riding ability.**

#### EMERGENCY PROCEDURES

Action to be taken in case of reasonably foreseeable emergencies (e.g. overheating, loss of electricity, flooding): -

**Assembly point in car park. Grooms to know to give proper directions and instructions to emergency services.**

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Any special First Aid Measures required? <b>No.</b>
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**ASSESSOR**

Name of assessor:	Signature:	Date	Name of Supervisor:	Signature:	Date

**REVIEW DATES**

Reviewed by (name)	Signature	Date	Indicate changes here

## Appendix 2: CUPC Member Terms and Conditions

### **Competence and Knowledge Declaration:**

I understand that horse riding and polo and other equestrian activities are potentially dangerous activities and I confirm that CUPC has given me ample information as regards those risks.

I agree and understand that horses can be unpredictable in their behavior and actions and responses whether rider controlled or otherwise. I accept that I participate in horse riding and polo and other equestrian activities at my own risk and that CUPC is not responsible for any accidents or injuries occurring as a result of these activities. I further agree to indemnify and hold harmless the CUPC and each of its officers from any claim for loss or damage or injury to me arising from or in connection with my participation in CUPC.

I confirm that I am fully aware of the personal skills and ability required of a horse rider and that prior to my participation in any horse riding or polo or activity at CUPC I have assessed for and on my own behalf the level of personal skill and ability required of me so as to safely participate.

I am confident that I can safely ride and control a horse at walk, trot and canter and confirm that I shall only participate in horse riding and polo or any other activity at such a level as is within my own level of competence and experience.

**I will provide all of my own personal equipment including a helmet (suitably certified as to safety standard (kitemarked and certified to PAS 015) and in good condition) and suitable boots and clothing (polo mallets are provided), if I do not wear suitable clothing and equipment a groom or a teacher has the right to stop me from playing in the lesson/chukka/stick and ball session in the interest of my personal safety and the safety of others and ponies.**

### **Medical Assistance and Fitness to Ride:**

I understand there may be no immediate medical help available at matches and practice sessions. I agree to tell CUPC if I have any medical condition that could affect my ability to undertake any physical activity and I accept full responsibility if I choose to challenge my capabilities or health conditions. I take responsibility for having appropriate skills, equipment and insurance for these activities.

I agree that I shall not participate in any CUPC event riding or other activity whilst under the influence of alcohol, drugs, or be suffering from other illness or ailment such as to impair or limit my fitness to safely ride and participate.

### **Liability Waiver and Indemnity Agreement:**

1. I hereby waive/release and indemnify CUPC and its officers from all claims and rights of action which I may have or which may arise for all and any damage losses and injuries sustained by me while participating in horse riding and polo and other associated activities (including but not limited to, lessons, chukka, stick and ball sessions) organized or arranged by CUPC howsoever and wheresoever arising.

Responsibility to and from others and indemnity;

2. I hereby agree to indemnify CUPC and its officers from all and any loss damage or liability (to property and or person) caused to others (third parties) arising from and or in consequence of my own act, default, omission whether negligent or otherwise

3. I agree and confirm that I have been informed by CUPC that I should take out and maintain a



policy of insurance covering these risks to third parties arising from my own participation in horse riding, polo or the associated activities of CUPC, (including player/player third party liability) and for my own person injury. My failure to hold such a policy for personal/third party insurance is a matter entirely of my own choosing and responsibility.

4. I agree to indemnify and not hold liable CUPC and its officers from all and any loss damage and injury caused or sustained by me arising from any act omission or default of any third party other rider or participant.

Organiser: I accept that CUPC may terminate the activity or exclude a participant if they believe an individual's health or safety to be at risk.

I agree to abide by all club policies including the constitution, code of conduct, safety policy and welfare policy.

## Appendix 3: Accident Form

Safety Office Ref No. -----

Please give Departmental Reference No.-----

### UNIVERSITY OF CAMBRIDGE ACCIDENT, DANGEROUS OCCURRENCE AND INCIDENT REPORT FORM

**This form is in 3 parts** (see Guidance note 1)  
**Complete form in block capitals. Illegible forms will be returned.**  
**See the following websites for further information**

Guidance: <http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/forms.html>

FAQs: <http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/faq.html>

Accident/Incident Leaflets: <http://www.admin.cam.ac.uk/cam-only/offices/safety/accidents/guidance.shtml>

#### **PART A** Person initiating report. Please fully complete sections 1-3 of Part A

##### **1a. Place, date and time of Incident** (see Guidance notes 1 and 2)

Reporting department .....

Address.....

.....Post code.....

##### **1b. Time/date of incident:**

Day of week	Date	Month	Year	Time

##### **1e. Type of room and exact location and incident occurred, eg**

- CL2 laboratory (Rm 101)
- Teaching lab (Rm 203)
- Secretary's office, Level 3, Scott building
- Fieldwork, location of accident, Grid Ref

If this area is constantly changing please provide a sketch plan in the space provided on Page 2

##### **1c. Name of Senior Staff responsible for the area:**

.....

##### **1f. State usual place of work of IP if different from above:**

##### **1d. Reporter's name if not covered below:**

.....

##### **2. Injured Person or person directly involved with incident** (see Guidance note 2)

Full Name..... Age  Gender M ☐ F ☐

Home Address.....

.....Post Code.....Tel. No.....

##### **Occupation** (Please tick appropriate boxes)

- |                                     |                                                    |                                                                          |                          |
|-------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|--------------------------|
| Academic/Academically related ..... | <input type="checkbox"/> Farm workers .....        | <input type="checkbox"/> Catering .....                                  | <input type="checkbox"/> |
| Technical - Laboratory ....         | <input type="checkbox"/> Cleaning/domestic .....   | <input type="checkbox"/> Security (specify type) .....                   | <input type="checkbox"/> |
| Technical - Workshops ....          | <input type="checkbox"/> Portering .....           | <input type="checkbox"/> Visitor (specify type).....                     | <input type="checkbox"/> |
| Secretarial/Clerical .....          | <input type="checkbox"/> Undergraduate .....       | <input type="checkbox"/> Outside contractor (provide company name below) | <input type="checkbox"/> |
| Grounds/gardening .....             | <input type="checkbox"/> Post Graduate - PhD.....  | <input type="checkbox"/> Work experience (specify type) .....            | <input type="checkbox"/> |
|                                     | <input type="checkbox"/> Post Graduate - Post Doc. | <input type="checkbox"/> Other (specify below).....                      | <input type="checkbox"/> |

Supervisor/Manager.....

Further details of IP.....

##### **3. Incident details**

##### **3a. Nature of injury/harm** (Please tick appropriate boxes)

- |                          |                                             |                                                       |                          |
|--------------------------|---------------------------------------------|-------------------------------------------------------|--------------------------|
| Cut .....                | <input type="checkbox"/> Strain .....       | <input type="checkbox"/> None.....                    | <input type="checkbox"/> |
| Bruise .....             | <input type="checkbox"/> Scratch .....      | <input type="checkbox"/> Sting .....                  | <input type="checkbox"/> |
| Fracture .....           | <input type="checkbox"/> Needle stick ..... | <input type="checkbox"/> Electric shock.....          | <input type="checkbox"/> |
| Sprain .....             | <input type="checkbox"/> Foreign body ..... | <input type="checkbox"/> Health condition* .....      | <input type="checkbox"/> |
| Allergic reaction.....   | <input type="checkbox"/> Burn .....         | <input type="checkbox"/> Illness (work-related).....  | <input type="checkbox"/> |
| Infectious material..... | <input type="checkbox"/> Bite.....          | <input type="checkbox"/> Radioactive contamination... | <input type="checkbox"/> |
|                          |                                             | <input type="checkbox"/> Other .....                  | <input type="checkbox"/> |

Further information on incident .....

\*Illness or injury not attributable to work or conditions

**PART A** Section 3 CONTINUED

**3b. Area of body affected** *(Please tick appropriate boxes)*

L/R		L/R		L/R	
Head.....	<input type="checkbox"/> <input type="checkbox"/>	Arm .....	<input type="checkbox"/> <input type="checkbox"/>	Leg.....	<input type="checkbox"/> <input type="checkbox"/>
Ear .....	<input type="checkbox"/> <input type="checkbox"/>	Wrist .....	<input type="checkbox"/> <input type="checkbox"/>	Ankle.....	<input type="checkbox"/> <input type="checkbox"/>
Eye .....	<input type="checkbox"/> <input type="checkbox"/>	Hand .....	<input type="checkbox"/> <input type="checkbox"/>	Foot.....	<input type="checkbox"/> <input type="checkbox"/>
Trunk .....	<input type="checkbox"/> <input type="checkbox"/>	Finger .....	<input type="checkbox"/> <input type="checkbox"/>	Toe.....	<input type="checkbox"/> <input type="checkbox"/>
				Other.....	<input type="checkbox"/> <input type="checkbox"/>

Further details.....

**3c. Treatment**

Treatment given/action taken.....

.....

First aider attended [Name.....] ☐ IP sent to Hospital ..... ☐

First aider not called..... ☐ IP advised to see GP ..... ☐

First aider not available..... ☐ **No injury incident**..... ☐

[illegible]

**3e. Name (and contact details) of any witnesses**

.....

.....

.....

**PART A IS NOW COMPLETE. If PART A is completed by an individual involved or first aider please pass form on to DSO or supervisor/manager as per departmental system to complete PART B.**

**PART B** Part B is for the Departmental Supervisor/Manager/Administrator/DSO to complete.

**4. More details about incident** (see Guidance notes 1 and 3)

**Confirmation of cause**

Slip, trip, fall on same level .....	<input type="checkbox"/>	Poisoning/infection ....	<input type="checkbox"/>	Hand tools .....	<input type="checkbox"/>
Falls on stairs .....	<input type="checkbox"/>	Animals.....	<input type="checkbox"/>	Hot/cold contact .....	<input type="checkbox"/>
Fall from height .....	<input type="checkbox"/>	Electricity .....	<input type="checkbox"/>	Sports.....	<input type="checkbox"/>
Machinery (moving parts) .....	<input type="checkbox"/>	Explosions .....	<input type="checkbox"/>	Traffic .....	<input type="checkbox"/>
Striking against object .....	<input type="checkbox"/>	Fire .....	<input type="checkbox"/>	Illness (work-related).....	<input type="checkbox"/>
Struck by object .....	<input type="checkbox"/>	Handling .....	<input type="checkbox"/>	No injury incident .....	<input type="checkbox"/>
Spillages/releases .....	<input type="checkbox"/>	Glass/sharps .....	<input type="checkbox"/>	Other (please specify below).....	<input type="checkbox"/>

Additional details .....

**Protective measures in use**

Not applicable.....☐

Fume cupboard.....	<input type="checkbox"/>	Guarding.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Protective eyewear (state type)	<input type="checkbox"/>	Lab.Coat (state type) .....	<input type="checkbox"/>	Gloves (state type).....	<input type="checkbox"/>

Further details .....

**5. Follow up (for departmental monitoring) (USE ADDITIONAL SHEETS AS NECESSARY)**

- Is there a risk assessment for the activity involved? Y ☐ N ☐ N/A ☐ Copy sent to SO ☐
- Has training been given for the activity concerned? Y ☐ N ☐ N/A ☐
- Has an investigation been conducted (including risk assessment review)? .....Y ☐ N ☐
- Has a copy of investigation report been sent to the SO? .....Y ☐ N ☐ To follow ☐  
(DO NOT DELAY reporting to SO if investigation will be protracted)
- What action has been taken to prevent recurrence/make safe? If none, state reason (see Guidance note 3)  
.....  
.....
- Supervisor/ Manager comments on incident follow-up. If none, state reason here: (see Guidance note 3)  
.....  
.....

**Factors**

Faulty/substandard equipment .....	<input type="checkbox"/>	Failure to observe procedures....	<input type="checkbox"/>	Environmental factors...	<input type="checkbox"/>
Faulty/substandard/unsafe conditions..	<input type="checkbox"/>	Personal or job factors .....	<input type="checkbox"/>		

**Likelihood of repeat**

Frequent ☐ Occasional ☐ Rare ☐

**Injury follow up**

Ambulance/Paramedic called .....	<input type="checkbox"/>
First Aid only .....	<input type="checkbox"/>
GP Visit .....	<input type="checkbox"/>
Occupational Health .....	<input type="checkbox"/>
Hospital in-patient .....	<input type="checkbox"/>
Hospital out-patient.....	<input type="checkbox"/>
College Nurse .....	<input type="checkbox"/>
None/not applicable .....	<input type="checkbox"/>

\*\* Number of days IP absent or unable to do their normal work

**\*\*The day of the accident is not counted, but weekends and bank holidays are included (see Guidance note 3, Q5 for details).**  
If weekends or holidays are involved, an estimation as to whether if it had been a work day, the person would have been able to do their normal work is required.

**PART B CONTINUED****6. Sign off by designated person** (see Guidance notes 1 and 3)

Departmental Safety Officer (DSO)..... Email..... Tel No.....  
(or designated person)

DSO Signature: ..... Date .....  
(or designated person)

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.

**Please check that:**

- The form is complete and legible ☐
- The investigation report/risk assessment attached ☐
- Duration of absence/inability to work noted ☐
- Helpdesk Incident number is provided here if reported to Estate Management
- The date entered in the departmental Accident Book (only if personal injury)

**Send COPY of completed form to:**  
University Safety Office  
16 Mill Lane, Cambridge CB2 1SB

**The ORIGINAL must be securely kept in the department for at least 3 years [in some cases 7 or 40 years]**

**PART C****For University Safety Office Use Only**

Is Accident or Occurrence reportable under RIDDOR Yes ☐ No ☐

If 'Yes' indicate category:

- Over 7 day injury ..... ☐
- Fatality..... ☐
- Major injury..... ☐
- Public/Student to hospital ..... ☐
- Dangerous occurrence ..... ☐
- 24 hour hospital admittance ..... ☐

Over 3 day injury..... Yes ☐ No ☐

F2508 Report sent to HSE (+IO +OH +Dept + Sch SO)..... ☐

University Insurance Office..... ☐

Occupational Health..... ☐

Estate Management: ..... ☐

- Environmental/Waste..... ☐ Bicycle/transport accident ☐
- Security..... ☐
- Sites/Facilities management ..... ☐
- Maintenance (buildings/fire/electrical/mechanical)..... ☐
- Catering..... ☐
- Major buildings projects..... ☐
- Other (Specify)..... ☐

Biological Safety Sub-committee ..... ☐

Chemical Safety Sub-committee ..... ☐

Physical Safety Sub-committee ..... ☐

IR & Non IR Radiations Sub-committee ..... ☐

Biological Sciences School Safety Officer ..... ☐

Clinical School Safety Officer..... ☐

Copy for any other relevant colleague (specify)..... ☐

Request for further details; report asked for; actions taken, visits made etc.

Ask if there was any absence or inability to perform normal duties? ....☐

Asked for copy of risk assessment? .....☐

Incomplete/illegible forms to be returned to sender. Track.....☐

CAT 16 - no-injury incident.....☐

NWR – non-work related.....☐