

# Health and Safety Policy

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## 1. Introduction

This policy aims to ensure that clients' and practitioners' health and safety is effectively managed whilst engaged with the therapeutic services for:

### **The KORU Project CIC**

It applies to all freelance therapists, mentors and employees and holds as its principle that the welfare of the child is paramount.

## 2. Scope

This policy applies to all Representatives of The KORU Project CIC (referred to in this policy as KORU Representatives). This includes freelance therapists, mentors, employees, volunteers, trainees, and students.

## 3. Definitions Used in this Policy

The terms below are used throughout this document with the following definitions:

**Child:** *The United Nations Convention on the Rights Child 1989 (UNCRC) defines the child as every person under the age of eighteen unless, under the law applicable to the child, majority is attained earlier. 'Children', therefore, means 'children and young people' throughout this policy.*

**Child in Care:** *A child who is looked after by a local authority by reason of a care order, being accommodated under section 20 of the Children Act 1989.*

**Young People:** *Young people refers to older or more experienced children who are more likely to be able to make these decisions for themselves.*

**Client:** *A person who is accessing intervention from The Koru Project CIC.*

**Responsible Local Authority:** *The local authority that is responsible for a looked after child's care and care planning.*

**Absent:** *'A person is not at a place where they are expected or required to be'.*

## 4. Policy Aims

The Koru Project is an organisation that provides therapy and mentoring interventions for children, young people and families across Dorset, Devon, Somerset and Wiltshire.

The practitioners are freelance therapists and mentors who are contracted for specific work with clients.

The Koru Project's therapists and mentors work in schools and community settings to undertake sessions. Settings are risk assessed and in locations convenient to the client.

The Director and management team of The Koru Project fully recognise their collective responsibility for providing, so far as is reasonably practicable, safe and healthy environments for all employees, freelance workers, clients, parents, carers and visitors.

The highest priority is attached to ensuring all the operations within the environments used by therapists, mentors, teachers and support staff (practitioners), are delivered in an appropriate manner i.e. The Koru Projects aims to:

- Provide and maintain a safe and healthy environment.
- Establish and maintain safe working procedures amongst therapist, mentors, children and young people.
- Have robust procedures in place in case of emergencies.
- Ensure that all premises and equipment are maintained to ensure safety and are regularly inspected.

The Koru Project director and management team are committed to promoting the welfare of all in our community so that the therapeutic work undertaken across all venues can proceed effectively and safely.

The director has oversight of health and safety and delegates the responsibility of operations to the management team.

The Koru Project has adopted following framework for managing health and safety:

## **5. Procedure**

### **5.1 Roles and Responsibility**

- Monthly meetings: Management team review any health and safety incidents on a monthly basis and report to the CEO - covering items such as statistics on accidents to clients, freelance workers, staff and visitors. Policies and procedures are reviewed annually or as deemed necessary.
- Venue risk assessments are carried out by practitioners.(see 5.2).These assessments are reviewed every year and are updated annually or more frequently if deemed necessary.
- Practitioners must also complete contextual risk assessment based upon client's level of need and associated risks. (Such as history of absconding or causing harm to self or others.)
- All Koru employees and freelance workers are responsible for taking reasonable care of their own safety, and that of their clients.
- Members of staff and freelance workers are responsible for co-operating with the director and management team to comply with health and safety duties.

- All workers are responsible for reporting any significant Safeguarding risks or issues using the RecordMy Safeguard software.
- A comprehensive induction process ensures all practitioners have knowledge and understanding of health and safety to reduce risk to themselves and their clients. An induction check list confirms the induction session has been completed with Laura Wilson, induction lead and Michelle Lima, safeguard lead.
- A copy of the policy is given to each member of Koru, and each practitioner must confirm in writing they have read this and will adhere to the health and safety obligations within the document.
- The nominated health and safety leads are;

Louise Grady: [admin.operations@korucic.com](mailto:admin.operations@korucic.com)

Neil Stark: [NeilStark@korucic.com](mailto:NeilStark@korucic.com)

Rob Young: [RobYoung@korucic.com](mailto:RobYoung@korucic.com)

Andrea Micah: [AndreaMicah@korucic.com](mailto:AndreaMicah@korucic.com)

## 5.2 Venues and Risk Assessments

Venues used by therapist and mentors must be risk assessed before use. The risk assessment must be signed off by the Health and Safety lead, uploaded to Sharepoint; Koru Therapist and Mentor file and reviewed annually.

See appendix 1 for Venue Risk Assessment template, Client Risk Assessment, Risk Management Form.

## 5.3 Fire

Emergency exits, assembly points, procedure, signage and extinguishers must be listed in the risk assessment. In the event of a fire, the alarm will be raised immediately, the evacuation procedure must then begin resulting in congregation at the designated assembly point outside of the building.

See Appendix 2 for a fire safety checklist.

Reference Business Continuity Plan for roles and responsibilities in the event of a major incident or emergency.

## 5.4 Control of Substances Hazardous to Health (COSHH)

All workers are required to identify and control hazardous substances, which can take form as:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours

- Mists
- Gas
- Germs that causes diseases (such as legionnaires)

Risk assessments for the use of paint, glue and other creative materials must be completed. All workers using hazardous materials must use and store products in accordance with instructions on the product label. They are to be kept in original containers, with clear labelling and product information. Emergency procedures for dealing with spillages must be understood by the worker providing the activity.

Upon inspection and risk assessment of premises hired to carry out work, assessment, location and storage of any cleaning products on site must be established and recorded within the risk assessment.

The child must not be able to reach or access the substances during sessions. The risk assessment must contain information to minimise the risk connected with these substances.

## **5.5 Activities and Equipment**

Comprehensive risk assessments for sporting activities, art therapy activities, music therapy and therapeutic education must be made to highlight the potential risk of activities undertaken during therapeutic sessions.

Staff using equipment must ensure it is maintained in accordance with the manufacturer's instructions. In addition, a maintenance schedule must be drawn up to outline when extra checks should take place.

All staff are responsible for ensuring safe and sensible and handling of electrical equipment. Any child or young person who handles an electrical appliance must do so under the supervision of the member of staff who must direct them appropriately. Where necessary, a portable appliance test (PAT) will be carried out by a competent person.

Children and young people must be taught how to carry and set up sporting equipment. Equipment must be checked by staff to ensure that assembly is safe. Equipment is to be used in the correct manner.

A PARQ must be completed prior to any sport activity.

## **5.6 Display screen equipment**

All staff using computers daily as a significant part of their normal work must have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous spells of an hour or more at a time. See appendix 2

Staff identified as DSE users are entitled to an eyesight test for DSE upon request and at regular intervals thereafter.

Many practitioners sessions are one to one interventions. Practitioners must have a working phone with them and a record of the client contact number with them as well as an emergency contact number for the client and for the practitioner. An itinerary of practitioners' appointments should be left with a trusted person in case of emergency.

The lone worker will ensure they are medically fit to work alone.

Reference Lone working policy for further information.

## **5.8 Manual handling**

It is up to each individual to determine whether they are fit to lift or move equipment and/or furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they must ask for assistance.

All therapists, mentors, children and young people are expected to use the following basic manual handling procedure:

- Plan the task and assess the load, if it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help.
- Take the most direct route, that is clear from obstruction and as flat as possible.
- Ensure any area to offload the load is clear.
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held firmly and close to the body. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable.

## **5.9 Domestic Abuse, Coercive Controlling Relationships and Violence at work**

Some clients have been in abusive relationships or are part of a family where there is /was violence. In this case client risk assessment is paramount to ensure the safety of the practitioners. Personal details e.g. the address of the practitioner should not be divulged. Meetings at the home are discouraged and where deemed appropriate additional workers should support the practitioner in sessions or when attending meetings with family members. Any concerns should be reported to the management team.

Reference Safeguarding Policy, Lone Working Policy, Wellbeing Policy for further information.

## **5.10 Infection prevention and control**

We follow guidance and encourage staff and pupils to follow good hygiene practice, outlined below, where applicable.

**Hand washing-** washing hands with liquid soap and warm water, and dry with paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals.

**Coughing and sneezing-** cover mouth and nose with tissue when sneezing. Cough into crook of elbow to prevent contamination of hands. Wash hands regularly and after handling tissues where possible.

**PPE-** Wear disposable gloves and aprons where there is a risk of splashing or contamination with blood/body fluids. Use correct personal protective equipment when handling cleaning chemicals.

Use personal protective equipment to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment.

**Cleaning of blood and body fluid spillages-** clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear PPE.

When spillages occur, clean using a product that combines both a detergent and a disinfectant, and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses, and suitable for use on the affected surface.

Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste in yellow bags, not in domestic waste.

**Infectious disease management-** We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19. Carry out risk assessments, review them regularly and monitor measures to ensure they are working effectively.

We will regularly clean equipment and rooms and surfaces that are frequently touched.

Risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening windows, internal doors and using ventilation.

## **5.11 Accident reporting**

An accident form must be completed as soon as possible after an accident occurs. Form to be completed by the therapist, mentor or first aider who deals with the accident. See Appendix 4 for an accident form template. As much detail as possible must be supplied when reporting an accident, including details of action taken and time.

Information about injuries will also be kept in the child/young persons file.

Reference Safeguarding policy for further information.

**Reporting to the HSE-** The Director of The Koru Project will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as

defined by the RIDDOR 2013 legislation. This will be reported to the HSE as soon possible and in any event within 10 days on the incident.

## **Reportable, injuries, diseases or dangerous occurrences (RIDDOR)**

A RIDDOR report is required only when:

- the accident is work-related
- it results in an injury of a type which is reportable

### **Types of Reportable Injury:**

#### **The death of any person**

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

#### **Specified injuries to workers**

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

#### **Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

#### **Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be sufficient.

### **Non fatal accidents to non-workers (eg members of the public)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

### **Occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on occupational diseases is available.

Specific guidance is also available for:

- occupational cancers
- diseases associated with biological agents

### **Dangerous occurrences**

Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- plant or equipment coming into contact with overhead power lines;
- the accidental release of any substance which could cause injury to any person.

Further guidance on these dangerous occurrences is available. Additional categories of dangerous occurrences apply to mines, quarries, offshore workplaces and relevant transport systems (railways etc).

## **Gas incidents**

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment of an injury arising in connection with that gas. Such incidents should be reported using the Report of a Flammable Gas Incident - online form.

Registered gas engineers (under the Gas Safe Register), must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that they could cause people to die, lose consciousness or require hospital. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the Report of a Dangerous Gas Fitting - online form.

All serious incidents will be investigated in line with the KORU Project CIC Serious Incident Investigation Policy.

## **6.Related Legislation and Guidance**

- o [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- o [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees.
- o [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- o [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- o [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the time frame for this and how long records of such accidents must be kept

- o [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- o [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- o [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- o [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

## **7. Monitoring and Review of Policy**

This policy will be reviewed on an annual basis or following a major incident relating to Health and Safety

Review date: February 2026

## Appendix 1.

Dynamic Risk Assessment: This risk assessment should take place prior to, on arrival, and throughout the KORU session. Things may have changed, or previous users may have left out unsafe items or created unsafe hazards that could harm the clients or practitioner. The DRA is applied in situations that present unpredictable/unforeseen risks or where the risk environment rapidly changes. KORU practitioners to arrive at least 30 minutes before start time to check the space to ensure it is a safe place in which to welcome your clients and co-workers. If safety cannot be assured for both the client and lone worker, the session must be cancelled.

Address of Venue:

Booking Details: *Including frequency of use, days, times.*

Name of Assessor:

Date of Risk Assessment:

Contextual Safeguarding: Although this space is booked out for KORU work only, please be aware of visitors and members of the public accessing the outside space and ensure clients are monitored at all times. Young people and Adults at Risk are at risk of extra familial harm. When working with more than 1 client (or group work) make sure KORU Practitioners allocate oversight of specific client/s knowing whereabouts at all times as part of planning.

Likelihood	Matrix							
Very likely, occurs frequently	5							17-25 High 10-16 Medium
Likely, has before will again	4							
Feasible, possible but not common	3							
Slight, rarely occurs	2							
Very unlikely, hasn't occurred before	1							

							5-9 Low
							1-4 Very Low
			1	2	3	4	5
			Minor injury treated on site	Minor injury treated offsite	Serious Injury (7 day recovery)	Major injury	Potentially fatal
Consequence							

Add/ delete identified risks as needed:

Room	Risks	Description	Likelihood of occurrence	Consequence	Level of risk (LXC)	Existing measures Mitigation strategy/ Additional Action	Contingency plan
Building Outside space	Identified						
Main Space	Electrocution	Shock from appliances	<i>Insert here</i>	<i>Insert here</i>	<i>Insert here</i>	<p>Check All equipment has been PAT tested.</p> <p>Any electrical equipment to be handled by KORU Representatives only.</p> <p>Children and young people to be supervised at all times when in this venue.</p>	No outside electrical equipment to be brought in unless testing has taken place.
Whole Venue	Medical Emergency	Minor – major injury.				KORU Representative is the designated first aider (if	For all major injuries 999 should

					<p>working 2:1 assign first aider), trained in basic first aid and equipped with first aid kit.</p> <p>KORU Representatives are aware of the nearest A&amp;E hospital (<i>insert here</i>)</p> <p>Children and young people are not permitted to use the kitchen space <i>if applicable</i>.</p> <p>All sports activities/ games to be explained prior to handing out sport equipment e.g bats, tennis rackets.</p>	<p>be called for emergency medical assistance.</p> <p>In cases where a child/ young person may need to be treated offsite, KORU Representative will accompany the young person.</p> <p>KORU Safeguarding Lead to be made aware should any staff/ young people suffer a medical emergency.</p>
Indoor space	Fire	Awareness of a fire/ reaction to fire alarm.			<p>Upon hearing the fire alarm, KORU Representatives to support children and young people to immediately evacuate the building and gather at the designated fire assembly point (<i>insert fire assemble point here</i>).</p>	<p>KORU Representatives to check operation of the fire safety doors and suitability of fire evacuation point upon entering the venue.</p>

					<p>All personal belongings should be left when evacuating the building.</p> <p>When evacuating the building all persons to use the nearest safe exit- use of fire doors.</p> <p>Upon rendezvous at the fire assembly point, KORU lead practitioner to take register for all young people and KORU Representatives on site.</p> <p>KORU Representative to contact 999 fire department and venue manager to inform them of fire alarm.</p> <p>In the event of discovering a fire, the KORU Representative should activate the fire alarm to initiate the above process.</p> <p>If able and assessed safe to do so, said KORU Representative can use fire safety equipment e.g fire extinguisher to attempt to</p>	<p>All KORU Representatives working with the client at this venue to have access to this risk assessment.</p> <p>At point of booking venue, KORU Representative to ask for venue fire safety plan/ risk assessment.</p>
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					<p>put out the fire. The above process must also be followed.</p> <p>If a child/ young person/staff member is not accounted for and their location unknown, KORU Representative to immediately contact 999 fire department. Do not to re-entre the building.</p>	
Whole Venue	Unauthorised access / intruders/ security of site				<p>KORU Representatives will arrive early to familiarise themselves with the space and aware of emergency/ secondary exits and fire escapes.</p> <p>KORU Representatives to consider if it is safe and appropriate to lock the premises when inside.</p> <p>Signs to be used outside, if applicable, indicating the space is private and not for public access.</p> <p>Lockdown space to be identified (at point of arrival)</p>	<p>PPE- KORU Representatives to ensure fully charged mobiles with good reception to call for aid if required. Pre book KORU walkie talkies make sure fully charged.</p> <p>KORU Representatives to report any incidents of space security to KORU DSL and upload onto Record My.</p>

					<p>in case of intruder who is considered a threat.</p> <p>If multiple KORU Representatives are on site, the KORU lead practitioner is the designated person to call 999 for emergency support in the instance that an intruder is discovered. If designated person is compromised or if unsure if contact has been made, all KORU Representatives have mobiles to contact 999.</p>	<p>KORU Representatives to arrive to the venue 30 minutes beforehand to ensure the space is safe/ accessible and take time to complete safeguarding measures noted in this risk assessment.</p>
Whole Venue	Child/ young person absconds from the venue.				<p>KORU Representatives to implement actions stated in the KORU Absconding Policy, Child Protection and Safeguarding Policy and adult Safeguarding Policy.</p> <p>KORU Representative to consider if it is safe and appropriate to lock the premises when inside.</p> <p>KORU Representatives on site are STAIR trained,</p>	<p>If any young people attending are known to be at a high risk of absconding, KORU Representatives to complete ' My Whereabouts' form and liaise with DSL to consider additional KORU staffing.</p> <p>KORU Representatives to have access to full</p>

Whole Venue	Potential for violence and aggression				<p><i>delete if you have not completed training.</i></p> <p>KORU Representatives to adhere to Child Protection and Safeguarding Policy.</p> <p>KORU Representatives on site are STAIR trained, <i>delete if training has not been completed.</i></p> <p>KORU Representatives to be mindful about clothes and items on their person e.g no loose jewellery.</p> <p>KORU Representatives to account for items in the venue, ensuring hazardous items are locked away where practicable.</p>	<p>address of the venue in order to supply to police if needed.</p> <p>PPE- KORU Representatives to ensure fully charged mobiles with good reception to call for aid if required.</p> <p>KORU Representatives to search for client on Record My and review Client Risk Assessment to assess suitability of the venue prior to booking the venue.</p>
	Transport issues/				<p>KORU Representatives to inform young person and parents/ carers if</p>	



**Risk Assessment: Individual Client**

<b>Name of Client:</b>	<b>Date of Birth:</b>
<b>Venue for intervention:</b>	<b>Name of Assessor:</b>
<b>Intervention:</b>	<b>Date of assessment:</b>

**This risk assessment must be completed in collaboration with the young person’s parents/ carers, school and allocated social worker (if open to Children’s Social Care).**

<p><b>Risk to Self:</b>  <i>Consider previous/ current engagement with self-harming behaviours (frequency, method, identified support, superficial or serious in nature)</i>  <i>History/ current suicidal ideation (frequency, identified support, plans, historic attempts).</i></p> <p>Support in place to minimise risk:</p>
<p><b>Risk to Others:</b>  <i>Consider current/ historic fighting, abuse, prejudice behaviours.</i></p> <p>Support in place to minimise risk:</p>
<p><b>Risk from Others:</b>  <i>Consider current/ historic support from Children’s social Care/ vulnerability to influence from others e.g County Lines.</i></p>

Support in place to minimise risk:

**If no**

**Risk to Physical Health:**

*Any known physical disabilities or disorders/ allergies/ identified eating challenges or disorders (consider energy levels) / smoking/ drug use.*

Support in place to minimise risk:

**Risk to Long Term Development:**

*Consider engagement with education / social isolation and support in place to minimise risk.*

Support in place to minimise risk:

**Identified Triggers for Risk Taking Behaviours:**

*Sensory needs: eg: Sensitivity to sounds, closed doors, loud sounds light and smells.*

**identified risks at the time of assessment, please note this in each section.**

<p style="text-align: center;"><b>PREDISPOSING RISKS</b></p> <p>Pre-existing factors that may have contributed? Includes environmental, family history, developmental history etc...</p>
<p style="text-align: center;"><b>PRECIPITATING RISKS</b></p> <p>What factors may have contributed to the onset of the current problems? Why now? Includes life events such as loss, exams, sexuality, mental/physical illness in the family, bullying etc...</p>
<p style="text-align: center;"><b>PRESENTING RISKS</b></p> <p>Details about the current problem. What are the symptoms? When did it start? What's the duration? Any additional needs/co-morbidities ? e.g. (high blood pressure, diabetes, anaemia)</p>
<p style="text-align: center;"><b>PERPETUATING RISKS</b></p> <p>What are keeping the challenges going? Any beliefs, interactions or actions contributing to the maintenance of the difficulties?</p>
<p style="text-align: center;"><b>PROTECTIVE FACTORS</b></p> <p>What strengths/resources are already available? Which actions, relationships, beliefs or activities need to be strengthened further.</p>

Childs name:

DOB:

<b>Current difficulties, risks and triggers</b>
<b>Support plan in place for young person</b>
<b>Any Medication</b>
<b>Support plan in place for family engagement</b>
<b>Plan to engage young person and encourage autonomy over their care</b>

<b>Plan for adverse changes in mental state/ physical state</b>
<b>Out of Hours Plan</b>
<b>Indicators of the need for increased support</b>
<b>Indicators of the need to reduce risk management plan</b>

**Signature of young person:**

**Signature of Parent/ Carer:**

**Signature of KORU Clinician:** \_\_\_\_\_

**Date Completed:**

**Date of Review:**

## DSE fact sheet



### Display screen

Raise the screen so that your eyes are level with the top of it



Position the screen an arm's length away



Adjust the screen by tilting, raising or lowering it



### Mouse

The mouse must fit comfortably in your hand with your fingers relaxed



### Keyboard

The G, H and B keys must be in line with the centre of your body



Your elbows should be bent at or near 90°



### Chair

Your feet must be placed flat on the floor



Bend your knees at roughly 90°. There should be a gap of an inch between your thighs at the end of the chair

### Taking breaks



- Get up from your desk at least once every hour to take a short break. Walk around to stretch your legs while also resting your eyes and preventing fatigue.
- Do some stretching exercises. These can be done at your desk or away from it, depending on what part of the body you are targeting.
- Where possible, break up your work activities so that you aren't sat at your DSE for long periods.

## Appendix 3.

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

**Appendix 4**

**ACCIDENT / INCIDENT FORM**

**Name of supervisor:**

**(in attendance when accident occurred)**

**Name of accident / incident reporter:**

Job title:

Job title:

Contact number:

Email address:

<input type="checkbox"/> Section 2: Person Affected by the Accident / Incident			
Full name:		Home address:	
Date of birth:			
Position of person: (e.g. employee, external visitor, student)		Contact number:	
<input type="checkbox"/> Section 2a: Parent / Carer of the Person Affected by the Accident / Incident *			

Parent / carer name:		Address of parent / carer:	
Contact number:			
Parent or carer notified?			

\* Complete only if the Person Affected by the Accident is under 18 years old

<b>Section 3: Accident / Incident Details</b>					
Date of accident/incident :		Time of accident/incident:			
Location of accident/ incident:					
Describe the accident/incident: (e.g. what happened? why do you think it happened? was any equipment involved? were other people involved?)					
Full name and address(es) of accident witness(es):					
Name:		Name:		Name:	
Address:		Address:		Address:	

<b>Section 4: Injury and Treatment Details</b>			
Description of injuries sustained:			
Was any first aid administered on the premises?		If Yes - What treatment did they receive and who administered it?	

Did the casualty have to go to hospital immediately?		If Yes - What treatment did they receive?	
Did the casualty have to go to their GP or hospital as a follow up?		If applicable, how long did the casualty have to spend in hospital?	
Does the accident need reporting under RIDDOR?		Any further action required?	

Section 5a: Sign-Off			
Name of casualty:		Name of person completing the accident form:	
Job title:		Job title:	
Signature:		Signature:	

Section 5b: Sign-Off			
Name of child person effected (or casualty):		Name of person completing the accident / incident form:	
Name of child / person effected (or casualty's) parent / carer:		Job title:	
Parent / carer signature:		Signature:	

## Appendix 5

### Useful Contact Information

#### KORU Contacts:

The KORU Project CIC CEO: Andrea Micah 07917 797528- [andreamicah@korucic.com](mailto:andreamicah@korucic.com)

**KORU Chair of the Board of Directors: Rob Whiteman**

The KORU Project CIC DSL: Michelle Lima 07860142729 – [michellelima@korucic.com](mailto:michellelima@korucic.com)

The KORU Project CIC DDSL-

*Please ensure all safeguarding emails are also sent to [safeguarding@korucic.com](mailto:safeguarding@korucic.com)*

#### Dorset contacts:

Dorset Children's Advice & Duty Service Helpline (CHAD): 01305 228558

BCP Children's First Response Hub: 8.30 - 17.30 Mon-Fri: 01202 735046

BCP Children's First Response Hub: Out of Hours: 01202 738256



Dorchester Locality - 01305 224220 - [dorchesterlocality@dorsetcouncil.gov.uk](mailto:dorchesterlocality@dorsetcouncil.gov.uk)

East Locality - 01202 868224- [eastlocality@dorsetcouncil.gov.uk](mailto:eastlocality@dorsetcouncil.gov.uk)

North Locality - 01258 474036- [northlocality@dorsetcouncil.gov.uk](mailto:northlocality@dorsetcouncil.gov.uk)

Purbeck Locality - 01929 557000 - [purbecklocality@dorsetcouncil.gov.uk](mailto:purbecklocality@dorsetcouncil.gov.uk)

West Locality - 01308 425241 - [westlocality@dorsetcouncil.gov.uk](mailto:westlocality@dorsetcouncil.gov.uk)

Email: [SafeguardingAndStandardsAdvisors@dorsetcouncil.gov.uk](mailto:SafeguardingAndStandardsAdvisors@dorsetcouncil.gov.uk)

### **Dorset Safeguarding Children Board**

Dorset Phone:01305 221196

Website: <https://pdscp.co.uk/>

Dorset Email:[pan-dorsetscp@dorsetcouncil.gov.uk](mailto:pan-dorsetscp@dorsetcouncil.gov.uk)

BCP Email:

<https://pdscp.co.uk/contact/pandorsetsafeguardingchildrenpartnership@bcpcouncil.gov.uk>

BCP Phone: 01202 458873

### **Dorset Safeguarding Adults Board**



Phone: 01305 221016

Website: <https://www.dorsetcouncil.gov.uk/care-and-support-for-adults/dorset-safeguarding-adults-board/dorset-safeguarding-adults-board>

Email: [DSAB@dorsetcouncil.gov.uk](mailto:DSAB@dorsetcouncil.gov.uk)

### **Wiltshire Contacts (DOFA Details)**

Email: [dofaservice@wiltshire.gov.uk](mailto:dofaservice@wiltshire.gov.uk)

Telephone: 0300 456 0108 (select option 3 then option 4#)

### **National Contacts**

<https://proceduresonline.com/resources/national-contacts/>

#### **NSPCC Help line**

0808 800 5000

Text: 88858

Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Website: [www.nspcc.org.uk/](http://www.nspcc.org.uk/)

#### **Samaritans**

116 123

Email: [jo@samaritans.org](mailto:jo@samaritans.org)

Website: [www.samaritans.org](http://www.samaritans.org)

**If a child is at risk of immediate harm, KORU Representatives must not delay to call 999 for emergency assistance.**