



POLICY TITLE: First Aid

Persons with Responsibility:

Ruth Jakeman (Business Manager)

Tracy Jones (Admin Assistant)

Documents consulted:

This policy and procedure has been produced based on recommendations from Oxfordshire County Council.

Policy History:

Issue No.	Date	Author	Summary of Changes	Next Review Date
2	January 2020	AR and RJ	No changes made	January 2022
1	January 2018	RJ and TJ		January 2020

This policy sets out the provision of First Aid to adults and pupils at Dashwood Banbury Academy, and is in line with the DfE Guidance on first Aid for Schools and the Health and Safety Procedures published by Oxfordshire County Council as stated below.

Health and Safety Procedures "*First Aid at Work*" dated September 2016 published by: Health & Safety Team, Human Resources, Children, Young People & Families (*Appendix 1*) and relating to the following Government Regulations:

Health & Safety (First Aid) Regulations 1981
Health & Safety (Safety Signs & Signals) Regulations 1996
Management of Health & Safety at Work Regulations 1999
Health & Safety (Miscellaneous Amendments) Regulations 2002

Health and Safety Procedures "*Accidents in Establishments*" dated May 2014 published by Health & Safety Team, Human Resources, Children, Young People & families (*Appendix 2*) and relating to the following Government Regulations:

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Health and Safety Procedures "*Hygiene in Educational Establishments; Body Fluids – Safe Cleaning and Disposal*" dated June 2013 published by Health & Safety Team, Human Resources, Children, Young People & Families (*Appendix 3*)

Health and Safety Procedures "*Lone Working Safely*" dated July 2015, Issue 2 published by Health & Safety Team, Human Resources, Children, Young People & Families (*Appendix 4*) This policy will also have regard to the following statutory and non-statutory guidance: First Aid for schools (August 2000), Advice on standards for School Premises (May 2013), Incident reporting in schools (accidents, diseases and dangerous occurrences) (October 2013).

Risk assessment

The Principal will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the academy.

Where a minimum number of trained first-aiders is set, this will be monitored to ensure that the needs identified in the risk assessment are met.

Facilities

First aid will be administered in a room that meets the requirements of the DfE guidance. Specifically to:

- Be large enough to hold the necessary equipment
- Have washable surfaces and adequate heating, ventilation and lighting
- Be kept clean and tidy at all times
- Be positioned as near as possible to a point of access for transport to hospital
- Display a notice on the door advising of the names of first aiders
- Have a sink with hot and cold water, if possible
- Have drinking water and disposable cups
- Have soap and paper towels
- Have a suitable container with disposable waste bags

Training required for First Aiders

Paediatric First Aiders at Dashwood Banbury Academy have attended either a two-day training course or 1 day emergency paediatric course and successfully completed an examination, provided by a Health and Safety Executive approved training agency. This is valid for 3 years or 2 years for some paediatric courses.

Appointed First Aiders complete a 6 hour training course valid for 3 years.

Procedures and Practices at Dashwood Banbury Academy

The Principal or a member of the Senior Leadership Team has a primary duty of care to the injured person and is required to summon competent medical help (paramedic/doctor) as soon as is practicable so that appropriate treatment can be administered quickly. Contacting the next of kin is a secondary duty. (*Oxfordshire County Council Health & Safety Procedures: Accidents in Establishments June 2005*)

In the event of a serious accident to a pupil:

- Alert Ruth Jakeman, Business Manager and a member of the Senior Leadership Team
- Either the Business Manager or another First Aider as appropriate will attend

The First Aider will assess the needs of the pupil as follows:

- a) The pupil is assessed as needing **urgent** hospital treatment.
 - An ambulance is called immediately.
 - First Aid is administered if appropriate.
 - Parents / Carers are called to meet at hospital
 - A First Aider must accompany the pupil in the ambulance
 - The incident is written up on the Accident Report Form
 - The school ensures that follow-up calls are made to the parents
- b) The pupil is assessed as needing hospital treatment.
 - First Aid is administered if appropriate.
 - Parents / Carers are called to take the pupil to hospital
 - If the Parents / Carers are unable to collect the pupil, an ambulance is called and the parents are asked to meet at the hospital
 - A First Aider must accompany the pupil in the ambulance
 - The incident is written up on the Accident Report Form
 - The school ensures that follow-up calls are made to the parents
- c) The pupil is assessed as requiring first aid.
 - First Aid is administered immediately.
 - A call to parents is made and a decision made as to whether the pupil goes back to lessons or home.
 - The incident is written up as follows:
 - i. First Aid Report Slip: if a child receives an injury resulting from a fight or accident (even if the child does not require to be sent to hospital/doctor).
 - ii. First Aid Report Slip: for such incidences such as pupils feeling unwell, headaches, minor cuts and bruises.
- d) The pupil is assessed as having an on-going medical/other problem.
 - First Aid is administered immediately if appropriate.
 - Advice is sought from Parent / Carer if a history of the problem is suspected.
 - The incident is written up either on the Accident Report Form.
- e) The pupil is assessed as not requiring further attention.
 - The pupil is sent back to lessons.
 - The First Aider will assess as to whether a call to parents is required.
 - The call-out is written up on the Accident Report Form.

Plasters: plasters are administered if required, the First Aider having already established that the pupil is not allergic to plasters.

It is the responsibility of the First Aider to ensure that Tracy Jones is aware of items used from the first aid container.

It is the responsibility of Tracy Jones to ensure that first aid containers are in the locations designated and that each container is stocked as laid down in the school's policy document.

Reporting incidents and record keeping

Reporting

The Principal will ensure that procedures are in place to report any major or fatal injuries without delay (eg by telephone), as required by RIDDOR. Other reportable injuries will be reported within 10 days.

Record keeping

The Principal will ensure that records are kept of any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR.

Reportable injuries include:

- Fracture, 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 cover more than 10% of the body or cause 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, or requires resuscitation or admittance to hospital for more than 24 hours.

Reportable occupational diseases include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis eg from work involving strong acids or alkali, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma eg from wood dust or soldering
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR, as a reportable injury has to have resulted from a work-related incident.

Dangerous occurrences include:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Injuries to pupils and visitors who are involved in an accident at school, or an activity organised by the academy are only reportable if the accident results in:

- The death of a person that arose out of or in connection with a work-related activity
- An injury that arose out of or in connection with a work-related activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment)

Records will also be kept of all occupational injuries where a staff member is away from work or incapacitated for more than three consecutive days, although this doesn't need to be reported.

The academy does not have to report injuries where the pupil remains at school, is taken home or is simply absent from school for a number of days.

First aiders will ensure that they comply with the reporting procedures of the school after administering treatment, including completing an Accident Report Form.

Administration of Medication

Whilst a First Aider will not administer proprietary creams or sprays, they may administer medicines prescribed by a doctor. Parents will fill in and sign a Medication Consent Form for each medicine prescribed and detail the dosage and time to be given. These medicines will be kept in a locked cabinet in the School Office; a First Aider will administer the medicines as detailed in the presence of another First Aider or appropriate adult.

Epi Pen treatment

Where there is a need for invasive medical treatment to be given to an individual, specific training has been given to volunteer employees by the School Health Nurse Service. (Oxfordshire County Council Health & Safety Procedures "First Aid at Work" September 2006).

Fixed First Aid Containers

Contents

The contents of the school's first aid containers are in accordance with the County's Health & Safety procedures and include the following:

Contents	Quantity
First Aid Guidance Card – HSE leaflet	1
Individually wrapped sterile adhesive dressings (plasters)	20
Sterile eye pads	2
Individually wrapped triangular bandages	4
Safety pins	6
Medium sized individually wrapped sterile un-medicated wound dressings (approx 12cm x 12cm)	6
Large sterile individually wrapped un-medicated wound dressings (approx 18cm x 18cm)	2
Crepe Bandage	1
Scissors	1
Pair of disposable gloves	1
Non-allergic surgical tape	1
Resuscitation shield	1
Disposable plastic apron	1

Portable First Aid Containers

Contents

The contents of the school's first aid containers are in accordance with the County's Health & Safety procedures and include the following:

Contents	Quantity
First Aid Guidance Card – HSE leaflet	1
Individually wrapped sterile adhesive dressings (plasters)	6
Sterile eye pads	1
Individually wrapped triangular bandages	1
Safety pins	2
Medium sized individually wrapped sterile un-medicated wound dressings (approx 12cm x 12cm)	3
Large sterile individually wrapped un-medicated wound dressings (approx 18cm x 18cm)	1
Crepe Bandage	1

Scissors	1
Pair of disposable gloves	1
Non-allergic surgical tape	1
Resuscitation shield	1
Disposable plastic apron	1

The first aid containers will be checked on a weekly basis by Tracy Jones and any supplies needed will be ordered.

Disposal of used first aid dressings

Plastic disposal bags for soiled or used first aid dressings are provided.

Dealing with Spillages of Blood and Other Body Fluids

Dashwood Banbury Academy has adopted the guidelines as set out in the Oxfordshire County Council's Health and Safety Procedures amended December 2013, "Hygiene in Educational Establishments – Body Fluids – Safe Cleaning and Disposal" These guidelines form part of the school's First Aid policy and are attached in their entirety as *Appendix 3*. Appropriate equipment is available for use in appropriate circumstances.

First Aid/Medical Room provision

A medical room is located as an annex to the School Office. The academy has two portable first aid containers and these are held within the medical room in the school office and are available for use during school trips and off site visits.

Minibus

The academy minibus will have on board a first aid container with the following items:

Contents	Quantity
First Aid Guidance Card – HSE leaflet	1
Individually wrapped sterile adhesive dressings (plasters)	6
Sterile eye pads	1
Individually wrapped triangular bandages	1
Safety pins	2
Medium sized individually wrapped sterile un-medicated wound dressings (approx 12cm x 12cm)	3
Large sterile individually wrapped un-medicated wound dressings (approx 18cm x 18cm)	1
Crepe Bandage	1
Scissors	1
Pair of disposable gloves	1
Non-allergic surgical tape	1
Resuscitation shield	1
Disposable plastic apron	1

Accident Report Books

Each First Aider has access to the school's accident report books which are used for minor call-outs and are issued to pupils with details of the first aid given. Completed forms will be kept for 3 years by Tracy Jones.

Lone Working Safely

Dashwood Banbury Academy has adopted the guidelines as set out in the Oxfordshire County Council's Health and Safety Procedures, August 2005, Issue 2, "*Lone Working Safely*". These guidelines form part of the School's First Aid policy and are attached in their entirety as *Appendix 4*.

Responsibilities of outside contractors on Dashwood Banbury Academy campus

Catering Contractors: Edwards and Ward have their own Health & Safety manual.

Cleaning Contractors: Cara Cleaning have their own Health & Safety manual.

The Principal will inform all staff, including those with reading and language difficulties, of the first aid arrangements. This should include:

- The location of the first aid equipment, facilities and personnel
- The procedures for monitoring and reviewing the academy's first aid needs

Copies of this policy will be made available on the notice boards in the staffroom and published on the academy's website.

The Principal will make arrangements so that staff are advised regarding pupils with particular medical needs and the location of any epi pen or inhaler as appropriate.

Dashwood Banbury Academy medicine administering form

Date for review to be initiated by

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The school office staff

Health and Safety Procedure

First Aid at Work

Applicable Legislation

Management of Health & Safety at Work Regulations 1999 (as amended)

Health & Safety (First Aid) Regulations 1981 (as amended)

Health & Safety (Miscellaneous Amendments) Regulations 2002

Health & Safety (Safety Signs & Signals) Regulations 1996

Introduction

Under the Health & Safety (First Aid) Regulations, employers are required to make provision for first aid for those injured or taken ill at work.

Purpose

The aim of this guidance/procedure is to ensure the Council meets its statutory duties to staff under health and safety legislation and also meet its duty of care towards other persons e.g. service users, pupils and visitors to provide emergency first aid.

Scope

This guidance/procedure applies to all Council establishments/settings and off-site activities.

Definitions

First aid is the initial management of an injury or illness. It includes assisting in an emergency situation in the giving of prescribed medications to individuals unable to take their medication to relieve symptoms.

Manager/Headteacher Responsibilities

Managers/Headteachers responsible for establishments/settings and off-site activities are required to develop and formalise arrangements for dealing with first aid, **based on a suitable and sufficient needs assessment** (See Annex 1). These arrangements must be adequate and appropriate to the circumstances and cover all people, equipment and activities both on and off site; and out-of-hours activities.

Needs Assessment should consider:

- The hazardous nature of any activities in the workplace including specific activities e.g. using chemicals, machinery and plant etc.
- The need to provide first aid for those other than employees, e.g. service users including vulnerable persons, children, volunteers, members of the public etc.

- The size and characteristics of the workplace, establishment or setting; distance between buildings or sites.
- The distribution and density of people throughout the workplace.
- The remoteness of the establishment/setting from emergency medical services.
- Locations of lone workers.
- Historical accident information and data.
- Provision when employees work part time, take annual leave or are off sick.
- Any off site activity, work away from base including travelling.

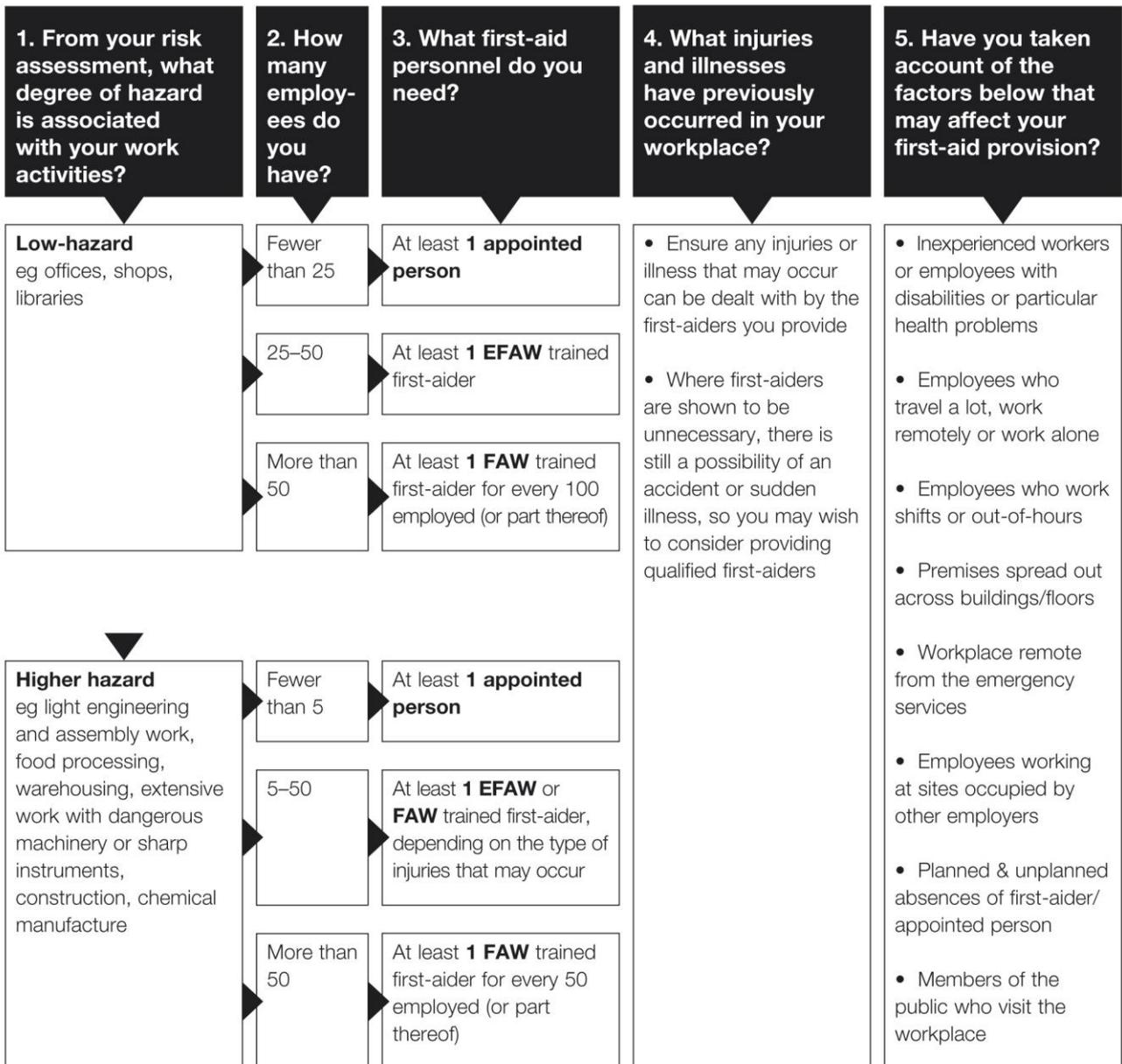


Table taken from HSE Guidance

Types of first aid personnel

There are different levels of first aid personnel:

- Appointed person (AP)
- Emergency first aid at work (EFAW)
- First aid at work (FAW)
- Additional training

Appointed Person (AP)

Appointed persons do not require first aid training and are appointed where first-aiders are considered unnecessary. Appointed persons are responsible for taking charge of first-aid arrangements, including looking after equipment and facilities and calling the emergency services when required.

Emergency First Aid at Work (EFAW)

Employees attend a six-hour emergency first aid course. Re-qualification is by re-attending the course. This training is valid for 3 years. For establishments where primary aged children attend, an additional hour has been arranged at the end of the six-hour course to cover child resuscitation.

First Aid at Work (FAW)

First Aider at Work (FAW) employees attend a course that lasts for at least 18 hours (usually held over three days) and gain a certificate of competence. FAW certificates are valid for three years. Re-qualification courses last 12 hours and are normally held over two days. If re-qualification does not take place within three years the full course must be retaken. Operational fire-fighters within Oxfordshire Fire & Rescue Service should receive an extra day's training in trauma care following successful completion of the FAW course.

Additional Training

First Aiders should be provided with additional training as appropriate to the circumstances of the workplace and activities as identified by the needs assessment.

Corporate First Aider Payments

Qualified First Aiders (EFAW & FAW), as nominated by the Business Property Management Office Manager, can received an annual payment (pro-rata for part time staff) of £100 per year. The First Aiders line manager must input the monthly payment; i.e. £8.33 per FTE through the IBC portal under HR>organisation>amend an employee record>create a recurring payment>

Additional Requirements for Schools and Childcare Settings

Paediatric First Aid

Providers of the Early Years Foundation Stage must refer to, and comply with, the paediatric first aid requirements contained within the Statutory Framework and the Practice Guidance for the Early Years Foundation Stage. This includes having at least one person, who has a current Paediatric First Aid Certificate, on the premises at all times when children are present and at least one similarly qualified person on all outings/off-site visits.

For educational establishments/settings arranging off-site visits and activities

There **must** be at least one Emergency First Aid Person or Paediatric First Aid trained person in attendance at all times on an off-site visit. Depending on the location and number of pupils/students additional provision should be considered. Suitable and sufficient first aid equipment must be provided at all times. For further information, refer to [Outdoor Education Advisors Panel National Guidance 4.4b](#)

Training Providers

For further information and to book first aid training please contact the Oxfordshire Skills and Learning Service on 01865 797123 or visit the training portal on the school's webs

If another training provider is preferred then due diligence checks must be carried out in-line with HSE Guidance - [Selecting a First Aid Provider](#)

Further information on types of training and content can be found in Annex 2.

Administration of Tablets and Medication

First aid at work does not include giving tablets or medicines to treat illness. The only exception to this is where aspirin is used as first aid to a casualty with suspected heart attack. Some employees carry their own prescribed medication that has been prescribed by their doctor (e.g. inhaler for asthma). If an individual needs to take their own prescribed medication, the first-aider's role is generally limited and contacting the emergency services, as appropriate.

First aid does not cover the administration of medication as part of personal care which should be included within service and school specific policies, procedures and protocols.

First Aid Kits

First aid kit should:

- Contain sufficient first aid materials to administer first aid (see Annex 3).
- Be made of suitable material designed to protect the contents from damp and dust.
- Be clearly identified with a white cross on a green background, in accordance with the Health & Safety (Safety Signs and Signals) Regulations 1996.

- Be regularly checked and if necessary re-stocked by a nominated person, usually the first aider or appointed person (a record, including dates, needs to be kept of re-stocking, ideally in or on the container).
- Contain only those items which the First Aider or Emergency First Aid Person has been trained to use.

N.B. Tablets, creams, lotions and medications must not be kept in the first aid kit and a First Aider or Emergency First Aid person is not competent to give any drugs or proprietary creams or sprays unless covered by their first aid training.

How many First Aid Kits and where?

All establishments/settings will need at least one first aid kit. Each kit should be placed in a clearly identified and readily accessible location. Additional provision should be made in particularly hazardous areas e.g. workshops, laboratories, sports halls, kitchens, vehicles, minibuses etc. A suitable first aid kit or waist-bag must be taken on all off site activities to be used by the trained person who accompanies the visit.

In compact establishments/settings, where a number of employees work in close proximity, position first-aid equipment at a point convenient to the majority of the workforce or where there is greatest risk of an injury occurring. Where sites have a large number of employees, but are divided into a number of self-contained working areas, consideration should be given to setting up a main facility with supplementary equipment and personnel in each working area. Lone workers will need access to a first aid kit or be provided with a suitably stocked, small first aid kit.

Liquid soap, water and disposable drying materials should be provided for first-aid purposes. Where liquid soap and water are not available, individually wrapped, alcohol-free, moist cleansing wipes may be used.

Eye wash

Eye wash only needs to be provided if identified by the needs assessment. Where mains tap water is not readily available for eye irrigation, provide at least 1 litre of sterile water or sterile normal saline (0.9%) in sealed disposable containers. Once the sterile seal has been broken, the container must not be re-used. Replace containers when their expiry date is reached.

Additional first aid materials and equipment

If the needs assessment concludes that additional materials and equipment are needed, e.g. scissors, adhesive tape, burns gel, individually wrapped moist wipes etc., they may be kept in the first aid container if there is room.

For individuals who are 'allergic to sticking plaster', hypoallergenic plasters or surgical tape may be included. Single use disposable gloves must be provided and stored in the first aid container if possible, along with single use disposable plastic aprons and other suitable protective equipment, where needs are identified. These items may be stored separately, as long as they are located nearby and readily available for use.

Disposal

Provide a separate bin or plastic bags for the disposal of used first aid dressings. Small amounts can be disposed of by mixing with household waste.

First aid medical room and equipment

The first aid medical room should:

- Be identified with the white cross on green background symbol.
- Be clean and ready for immediate use.
- Be appropriately stocked.
- Have hand-washing facilities available.
- Be close to toilet facilities.
- Be easily accessible to stretchers and other equipment needed to convey patients to and from the room.
- Where practical be sited on the ground floor.
- Lead to a suitable external exit route.
- Have some form of emergency lighting where necessary.

Reporting Accidents and Incidents

All incidents, accidents, near-misses, dangerous occurrences and work-related ill health events must be reported on the Council's online system.

Communication

The arrangements for first aid must be brought to the attention of all employees. The arrangements should record the names of First Aiders, Emergency First Aid at Work persons and the location of first aid equipment. Prominently display the names and location of trained persons throughout the establishment/setting (see Annex 4).

Issue Date: September 2016

For further information and advice:

	Email and web addresses	
Specialist:		
Early Years Documents	<p>Statutory Framework for the Early Years Foundation May 2008 Statutory Framework for EYFS</p> <p>Practice Guidance for the Early Years Foundation Stage May 2008 Appendix 1: Criteria for effective paediatric first aid training</p> <p>Download: www.standards.dcsf.gov.uk/eyfs/resources/downloads/practice-guidance.pdf</p>	<p>DFE Publications 0845 602 2260</p>
HSE	<p>web address: www.hse.gov.uk</p> <p>First aid at work: www.hse.gov.uk/firstaid</p>	<p>0845 345 0055</p>
Occupational Health	email: occupational.health@oxfordshire.gov.uk	01865 815421
Staff Care Services	email: staffsupport@oxfordshire.gov.uk	01865 854416
H&S Training Oxfordshire Skills & Learning Service	email: LandD.sharedservices@oxfordshire.gov.uk	01865 797123
General:		
Health and Safety Team	email: healthandsafetyhelp@oxfordshire.gov.uk	Helpdesk 03300 240849

Annex 1

Checklist for Assessment of First Aid Needs

Factor to Consider	Y/N	Impact on first aid required
HAZARDS		
For workplaces with low-level hazards e.g. Offices		The minimum provision is an appointed person to take charge of first-aid arrangements and a suitably stocked first aid kit.
Workplaces which have higher-level hazards such as chemicals or dangerous machinery e.g. workshops, garages etc.		<p>Consider providing first aiders trained in Emergency First Aid at Work (EFAW) or First Aid at Work (FAW).</p> <p>Consider additional training for first-aiders to deal with injuries resulting from special hazards e.g. eye injuries, burns etc.</p> <p>Consider additional first aid equipment e.g. chemical burns kit, eyewash etc.</p>
EMPLOYEES		
How many people are employed on the site?		<p>Where there are small numbers of employees, the minimum provision is to have an appointed person to take charge of first-aid arrangements and a suitably stocked first aid kit.</p> <p>Where there are more than 25 employees, even in low risk environments, you should consider providing first aiders trained in Emergency First Aid at Work (EFAW) or First Aid at Work (FAW) including additional first aid equipment and a first aid room.</p>
Are there inexperienced workers on site, or persons with disabilities or particular health problems?		<p>Consider providing first aiders trained in Emergency First Aid at Work (EFAW) or First Aid at Work (FAW).</p> <p>Consider additional training for first-aiders.</p> <p>Consider local siting of first aid equipment.</p> <p>First aid provision should cover any work experience trainees.</p>
NON-EMPLOYEES		
Do service users and members of the public visit the premises?		<p>Service users and members of the public must be included as considered in the first aid provision needs assessment.</p> <p>Consider the number and vulnerability of service users when deciding on first aid provision e.g.</p> <p><u>Non-Schools</u></p> <p>For premises providing services to members of the public consideration needs to be given to the number and vulnerability of service users when deciding on first aid provision e.g. day centres, Libraries, museums will need to ensure there is adequate first aid cover where there may be significant numbers of vulnerable service users with particular health and safety risks e.g. choking.</p> <p><u>Schools</u></p> <p>Ensure for EYFS settings Paediatric First Aid provision at all times, when children are present on the premises and during off-site visits.</p> <p>Consider the level, number and location of first aid provision throughout the school to cater for both staff, pupils and users of the school premises and facilities.</p>

WORKING ARRANGEMENTS		
Do employees travel a lot, work remotely or work alone?		Consider issuing personal first aid kits.
Do employees work out of hours?		Ensure there is adequate first aid provision including the capability to summon the emergency services at all times people are at work.
Are the premises spread out, e.g. are there several buildings on the site?		Consider the need for provision in each building/floor.
Is the workplace remote from emergency medical services?		Consider special emergency and transport arrangements.
Do employees work at sites occupied by other employers?		Coordinate arrangements with other site occupiers to ensure adequate provision of first aid.
Is there sufficient provision to cover absences of persons trained in emergency first aid or first aiders?		Consider what cover is needed for planned and unplanned absences.

Use the needs assessment to complete the checklist below as a record of first-aid provision

First-aid personnel	Required Y/N	Number needed
Appointed person		
First-aider with Emergency first aid at work (EFAW)		
First-aider with First Aid at Work (FAW)		
First-aider with additional training		
First-aid equipment and facilities	Required Y/N	Number needed
Dust and damp proof first aid container		
Kit contents		
Additional equipment (specify) e.g. eye wash		
Travelling first-aid kit		
First-aid room		

Annex 2 Training Content

<p>Emergency First Aid at Work (EFAW) 1 day course valid for 3 years Covers:</p> <ul style="list-style-type: none"> • Health and safety (first aid) regulations • Managing an incident • The priorities of first aid • Treatment of an unconscious casualty • Resuscitation • Shock • Choking • Seizures • Bleeding • Common workplace injuries. 	<p>First Aid at Work (FAW) 3 day course valid for 3 years Covers:</p> <ul style="list-style-type: none"> • Accidents and illness • Using a first aid kit • Simple record keeping • Treatment of an unconscious casualty • Heart attacks • Resuscitation • Shock • Choking • Bleeding • Burns and scalds • Poisoning • Fractures • Seizures • Asthma • Severe allergic reaction • Eye injuries • Low blood sugar • Fainting.
<p>Paediatric First Aid 12 hour course</p> <p>Covers:</p> <ul style="list-style-type: none"> • First aid kit • Action planning • Treatment of an unconscious casualty • Resuscitation (Child, infant and adult protocols) • Choking (Child, infant and adult protocols) • Asthma and diabetic emergencies • Head injuries • Seizures and febrile convulsions • Shock including anaphylactic and electric • Bleeding • Burns • Sprains, strains and fractures • Poisoning, bites and stings • Foreign objects • Childhood conditions (e.g. measles, meningitis, croup). 	<p>Additional Training</p> <p>In addition to the recognised courses additional training modules can be added to meet specific requirements of the needs assessment:</p> <ul style="list-style-type: none"> • *Anaphylaxis • Asthma • Control of bleeding • Severe allergic reaction • Choking • Fractures • Resuscitation - Adult • Resuscitation - Child • Resuscitation - Infant • Seizures • Treatment of an unconscious casualty • Fainting • Minor injuries • Shock • Eye injuries • Incident management • Low blood sugar • Burns and scalds • Health and safety • Poisoning <p><i>*Anaphylaxis training for schools is obtained from the Oxford NHS Schools Health Teams.</i></p>

Annex 3

Contents of First Aid Kits

The contents of first aid kits should be appropriate for the circumstances in which they are used. The following should be included as a minimum:

Contents	Recommended Quantity
First Aid Guidance Card - HSE leaflet http://www.hse.gov.uk/pubns/indg347.pdf	1
Individually wrapped sterile adhesive dressings (plasters) (assorted sizes) (Dressings should be of a detectable colour for food handlers).	20
Sterile eye pads	2
Individually wrapped triangular bandages (preferably sterile)	4
Safety pins	6
Medium sized individually wrapped sterile un-medicated wound dressings (approx. 12 cm x 12 cm)	6
Large sterile individually wrapped un-medicated wound dressings (approx 18 cm x 18 cm)	2
Pair of disposable gloves	1

Travelling First Aid Kits

The contents of travelling first aid kits should be appropriate for the circumstances in which they are to be used. The following should be included as a minimum:

Contents	Recommended Quantity
First Aid Guidance Card - HSE leaflet http://www.hse.gov.uk/pubns/indg347.pdf	1
- Individually wrapped sterile adhesive dressings (plasters) (assorted sizes)	6
Large sterile un-medicated dressing (approx. 18 cm x 18 cm)	1
Triangular bandages	2
Safety pins	2
Individually wrapped moist cleansing wipes	
Pair of disposable gloves	1

Annex 4



For **First Aid** contact:

	Telephone	
	Telephone	
	Telephone	

Your nearest **First Aid Container** is located at:

Your nearest **Telephone** is located at:

FOR EMERGENCIES:
Telephone the ambulance service
by
dialling
999 or 112

For: Heads of all
Establishments/Settings
OCC Managers
Governors/Management
Committees
Trade Union Safety
Representatives
Employee Notice Boards
Intranet



Event investigation of Accidents/Incidents/Near Misses

Introduction

The primary objective of investigating events such as accidents/incidents/near misses is to prevent recurrence by improving procedures. This can only be done by examining all contributory causes –immediate and root causes. Other objectives are to comply with legal duties under health and safety legislation and to provide information to the County Council's Insurance Team in the event of a civil action.

Investigative Stage

In the event of an accident/incident/near miss the establishment/setting will need to carry out an investigation, the extent of which will be determined by the exact circumstances. The investigation will be open and probing, but its main purpose will be to understand the causes and ensure there is no repetition of the event, rather than to allocate blame. Outcomes of any investigation should be made based on evidence collected. Any conclusions about the causes, both immediate and underlying and recommendations for avoiding recurrence must also be based on evidence as part of a risk reduction strategy.

The four steps in the investigation procedure are:

- The gathering of information/evidence
- The analysing of information/evidence
- Identification of risk control measures, and
- The implementation of an action plan to prevent recurrence

Issued by the Health, Safety and Wellbeing Team, Customer Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

Event Investigation of Accidents/incidents/Near Misses

Issue 1: May 2012
Review: May 2014

Responsibilities

In most circumstances, responsibility for event investigation lies with the head/senior manager of the establishment/setting. They may however delegate the function to a suitable competent employee depending on the nature or severity of the accident/incident.

Which accidents/incidents/near misses need to be investigated?

Ideally all events should be subject to investigation but practically the decision to investigate and in what depth should be based on the principles of proportionality and severity.

How to investigate an accident/incident/near miss

It is important to remain objective and open-minded about the causes of any accident/incident/near miss. If the investigator feels their objectivity or independence is compromised another independent investigator needs to be appointed. The investigation needs to take place as soon as possible after the event. If delay is unavoidable the accident/incident/near miss site should be left undisturbed until the investigator is ready. Most events can be investigated by a very simple protocol but occasionally the nature and severity of the event may require a more complex investigation. See HSE guidance [HSG245](#)

Reporting

An online accident report form must also be completed (please follow this [link](#)).

A simple event investigation guidance has been produced to assist managers with this requirement (see Annex 1, 2 & 3).

For further information and advice:

	email and web addresses	
Specialist: HSE	www.hse.gov.uk	0151 951 4000
General:		
Health, Safety & Wellbeing Team	email: healthandsafetyhelp@oxfordshire.gov.uk web address: http://intranet.oxfordshire.gov.uk/links/intranet/healthandsafet y	Helpdesk 01865 797222

Issued by the Health, Safety and Wellbeing Team, Customer Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

Event Investigation of Accidents/incidents/Near Misses

Issue 1: May 2012
Review: May 2014

Accident/Incident/Near Miss Investigation Guidance and Investigation Procedure

The following investigation model is produced as guidance only, as not everything may be applicable for any given accident/incident/near miss. The more serious the accident/incident, the greater the depth of investigation is likely to be. ***The main purpose of the investigation is to find all that can be learned to enable similar accidents/incidents/near misses to be prevented in the future.*** The information gathered from the investigation will be used to improve the health and safety management system in the workplace.

- **Obtain General Information**

Has anything been altered since the accident/incident/near miss?

Names of injured/ill employees/witnesses/people first on the scene

Extent of injury/damage/disruption

The time, date,

Place and layout of area/location

The environmental conditions (i.e: lighting, ventilation, slippery, obstructions, weather conditions)

Record conditions (take photographs, measurements etc)

The condition of any equipment

Any chemicals/substances in use or present

The task(s) that was being undertaken at the time of the accident/incident/near miss

- **Obtain Witness Statements**

Name, contact details and occupation of witnesses

What did they observe and what did they do?

3. Establish Circumstances

- What was being done at the time and what happened?
- What were the events leading up to the accident/incident?
- What was the accepted method for carrying out the task?
- Was it being followed?
- Was it adequate?
- Was the individual competent to carry out the task (suitable, trained and experience)?
- What instruction and training was given (records available)?
- Were they aware of the risk assessment for the task? (How they could be harmed and the measures they should take to prevent harm).
- Had the individuals been told to carry out the task, or were they acting on their own initiative?
- Has something similar happened previously?

4. Immediate Response to Accident/Incident/Near Miss

- Was prompt and appropriate action taken (fire fighting, first aid, area made safe, access restricted, electricity isolated, warning notices displayed and/or referred to Doctor/Hospital/Occupational Health etc)?

5. Identify Preventative Measures

- Was there an up to date risk assessment carried out for the task?
- Has the risk assessment for the task been periodically reviewed?
- What safety precautions were in place?
- What additional safety measures should have been in place?
- Was instruction and training appropriate to the task?

6. Identify Underlying Causes

- Was supervision and training adequate?
- Was equipment suitable for the task?
- Was equipment maintained and tested adequately?
- What pressures/constraints, if any, were being applied?
- Was communication adequate between relevant parties?

7. Actions to Prevent a Recurrence

- Could the outcome have been more serious?
- What needs to be done to prevent similar accident/incident/near misses?
- Were the safety precautions adequate, but not implemented? Why not?

- Actions to prevent recurrence include:
 - Better guarding or barriers
 - Better inspection, testing and/or maintenance schedules
 - Revised work method/risk assessment
 - Provision and use of personal protective equipment/clothing
 - Improved supervision, training, instruction and information
 - Better communication
 - Review similar activities elsewhere

Common Causes of Accidents/Incidents/Near Miss

	Immediate Causes	Underlying Causes
Premises	Access/egress, housekeeping, layout, floor conditions, obstructions, lighting, thermal comfort	Design, suitability of workplace, repair/maintenance, cleaning
Plant & Substances (Equipment)	Condition of tools, hazardous substances, ventilation, unsuitable equipment	Design, selection, commissioning, maintenance, personal protective equipment, storage and use of hazardous substances, risk assessment, COSHH assessment
Procedures	Safe systems of work, instructions issued –clarity and adequacy, supervision, safe movement of material or substances, personal protective equipment – selection and use	Planning, risk assessment, preparation of safe system of work, information and instructions –preparation and communication, emergency procedures, supervision, contractors –competence and selection, monitoring arrangements
People	Competence, training, work-related stress, health issues, workload, physical /mental abilities under influence of alcohol/drugs – prescribed/non-prescribed	Selection/placement, induction or refresher training, cover for absence, safety culture lack supervision, monitoring

Acknowledgement

Thanks to Brookside Primary school in assisting with the development of this document.

For more detailed approach see [HSE guidance Investigating accidents and incidents HSG245](#) –a workbook for employers union, safety representatives and safety professionals.

Issued by the Health, Safety and Wellbeing Team, Customer Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

Event Investigation of Accidents/incidents/Near Misses

Issue 1: May 2012
Review: May 2014

Accident /Incident/Near Miss Investigation Procedure

Events need to be investigated and reported promptly, so that facts can be established before memories fade. Dealing with accidents/incidents/near miss should be given a high priority and must be proportional to the event. Event reports should be completed and returned within 5 working days.

The following matrix indicates at what level and by whom accidents/incident/near miss need to be investigated.

Event	Investigation Levels by management			
Accident/Incident /Near Miss	Note: After notification by managers, union and safety representatives have a statutory right to investigate all work related accident and incidents			
	First Aiders	Headteacher/ Service Manager	HT/Governing Body Senior Manager	HT/GB/LA Directors/Chief Executive
Minor injuries or near miss	1			
Moderate injuries, near miss, lost time accidents (non RIDDOR)		2		
Classified dangerous occurrences, major injuries and diseases			3	
Multiple serious injuries, fatalities, or when prosecution is likely				4

Issued by the Health, Safety and Wellbeing Team, Customer Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

Event Investigation of Accidents/incidents/Near Misses

Issue 1: May 2012
Review: May 2014

Definitions:

Level 1 –Minor injuries or near miss –these include minor cuts, abrasions, bruises, strains, dust in eye, etc. The individual will normally be able to return to work immediately following minor first aid.

Level 2 –Moderate injuries, lost time accidents –any that result in an individual being off work for a day or more. Certain injuries (e.g. eye injuries) may also be regarded as serious enough to be classified as level 2, even if time is not lost. Significant near misses are those that have the potential for serious injury **but are not listed** in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Level 3 –RIDDOR reportable events –as listed at www.RIDDOR.gov.uk and within the County HSW Procedures.

Level 4 –Multiple serious injuries or fatalities –multiple to denote more than one serious/major injury occurring at the same time due to one accident. RIDDOR notifiable. Additionally, any event that may result in the setting being prosecuted under Health and Safety legislation.

Accident /Incident/Near Miss Investigation Checklist

The following are guideline categories only and not everything may be applicable for any given event. The more serious the accident/incident/near miss, the greater the depth of investigation is likely to be. [See HSE guidance HSG245]. ***The main purpose of the investigation is to find all that can be learned to enable similar events to be prevented in the future.*** The information gathered from the investigation will be used to improve the management of health and safety.

Date and time of accident/incident/ near miss	
Place of accident/incident/near miss	
Name of injured person(s) (if any)	
General information	
Witness statements	
Circumstances of event	
Immediate response to accident/incident/near miss	
Preventative measures in place	
Underlying causes	
Actions to prevent a recurrence	

Issued by the Health, Safety and Wellbeing Team, Customer Services, Unipart House, Garsington Road, OXFORD, OX4 2GQ

Event Investigation of Accidents/incidents/Near Misses

Issue 1: May 2012
Review: May 2014

For: Heads of all Establishments/Settings
OCC Managers
Governors/Management Committees
Trade Union Safety Representatives
Employee Notice Boards
Intranet



Body Fluids and Infection Control Safe Cleaning and Disposal

Legislation

The Management of Health and Safety at Work Regulations 1999 (as amended)
Control of Substances Hazardous to Health 2002 (as amended)

Purpose

All blood and body fluids are potentially infectious and can present risks to employees whilst at work, therefore as part of our responsibility to ensure the health, safety and welfare of our employees and others affected by our activities, it is important to provide advice and guidance on safe cleaning and disposal practices to ensure the risk of exposure is reduced to its lowest level possible.

Scope

This guidance applies to managers and employees in any County Council setting where there may be a risk of exposure to infections from blood borne viruses and infections.

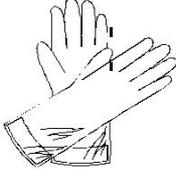
Blood borne viruses and bacteriological infections

Blood borne viruses and bacteriological infections are carried by some people in their blood. These may cause severe illness in some people, whilst in others there may be few or no symptoms at all. Regardless of this, it is possible for a virus (such as Hepatitis) or a bacteriological infection to be spread to another person whether the carrier is ill or not.

How are these viruses and infections spread?

These viruses and infections can be found in the following body fluids: blood, semen, vaginal secretions, breast milk, urine, faeces, saliva, sputum, sweat, tears, and vomit. In many cases it may not be possible to see if the body fluid is contaminated with blood so assume that it is contaminated and follow the advice below.

The precautions taken to reduce the risk of contamination from blood borne viruses will also combat the spread of bacterial infections. It is a health and safety requirement that employees clearing up spillages of body fluids are aware of how to do this competently.

Activity: Cleaning body fluid	What you need:	Protective Clothing required:
Saliva Sputum Vomit Faeces Urine	When handling body fluids that are away from a person wear single-use disposable gloves for all activities and use: <ul style="list-style-type: none"> • Paper towels • Detergent and • A plastic bin liner. 	<ul style="list-style-type: none"> • Single-use disposable gloves 
Activity: Cleaning body fluids on a person	What you need:	Protective Clothing required:
Saliva Sputum Vomit Faeces Urine	When handling body fluids that are in contact with a person, wear single-use disposable gloves, a disposable plastic apron, and clean the person using liquid soap and water, and paper towels. Use a plastic bin liner to dispose of the items used.	<ul style="list-style-type: none"> • Single-use disposable gloves • A disposable plastic apron
Activity: Disinfecting	What you need:	Protective Clothing required:
When Disinfecting: Blood e.g. menstrual fluids, wound injuries.	Wear single-use disposable gloves and disposable plastic apron if there is any risk of clothing becoming contaminated. (See Annex I)	<ul style="list-style-type: none"> • Single-use disposable gloves • A disposable plastic apron

For Further Information and Advice

email and web addresses		
Specialist:		
Occupational Health	email: occupational.health@oxfordshire.gov.uk web address: http://intranet.oxfordshire.gov.uk/links/intranet/occupationalhealth	01865 815 421
QCS	Email: tim.holton@oxfordshire.gov.uk For advice on cleaning products	01865 797 225
Health Protection Agency	Web address: www.hpa.org.uk	08452 79 9879
General:		
Health, Safety & Wellbeing Team	email: healthandsafetyhelp@oxfordshire.gov.uk web address: http://intranet.oxfordshire.gov.uk/links/intranet/healthandsafety	01865 797 222

Safe Management of Body Fluids

What to do for spillages of body fluids not visibly contaminated with blood?

Required for e.g. faeces, vomit, urine, sputum and saliva:

- Always wear single-use gloves and disposable apron.
 - Ensure all waste is 'double bagged' in plastic liners before placing in a bin.
- ⑩ Use paper towels/disposable cloth to soak up the spill.
 - ⑩ Wash and clean contaminated area with hot water and detergent.
 - ⑩ Discard disposable gloves and paper towels into a plastic liner and doubled bag before placing in a bin.
 - ⑩ Hands need to be washed thoroughly.

Cleaning up urine spillages: use chlorine free agents, such as Sanitaire (avoid products containing chlorine such as Titan or Presept, as mixing with urine produces hazardous fumes).

What to do for blood spills?

- Always wear single-use gloves and a disposable apron.
 - Use the disinfectant recommended by Quest Cleaning Services (QCS) e.g. Shield and follow the instructions on the container.
- ⑩ Blood spills should be contained by a solid substance e.g. Sanitaire, which is powder to soak up spillage.
 - ⑩ Clear up with paper towels or, if available, a plastic scoop which should be discarded after use.
 - ⑩ Wash and clean contaminated area with detergent and hot water.
 - ⑩ Disposable gloves, paper towels etc must be put into a plastic liner and doubled bagged then placed in a bin.
 - ⑩ Hands need to be washed thoroughly.

(If the spill is urine which is visibly contaminated with bloods do **not use** chlorine releasing agents (see below)).

What to do for urine contaminated with blood?

If urine is visibly contaminated with blood:

- ⑩ Wear single-use disposable gloves and disposable apron.
- ⑩ Use paper towels to soak up the spill.
- ⑩ Wash and clean contaminated area with hot water and detergent
- ⑩ Clean contaminated area with recommended disinfectant such as Shield.
- ⑩ Discard gloves and waste into plastic liner and double bag then bin for disposal.
- ⑩ Hands need to be washed thoroughly

How to dispose of body fluids waste?

Faeces, urine, sputum, menstrual fluids on tampons and sanitary towels, and vomit can be flushed down the toilet where practicable.

Waste Management

Where large amounts* of waste are produced, specialist contractors are required to dispose of this waste safely.

Body Fluids and Infection Control

© Oxfordshire County Council

Issue 5: June 2011

Review: June 2013

Personal Safety: Lone Working

Legislation

The Health & Safety at Work etc Act 1974

Management of Health and Safety at Work Regulations 1999 (as amended)

Purpose

Oxfordshire County Council is responsible for the health, safety and welfare at work of its employees and lone working can be regarded as one of our higher risk activities undertaken by our employees. If lone working practices are to be used, individuals will need to be safeguarded as far as is reasonably practicable.

Scope

This procedure applies to all managers, employees and volunteers where individuals could be working alone, such as undertaking out-reach work, or working off site on their own e.g. visiting service users, working out of hours, travelling to and from work sites, working in the countryside or remote locations.

Responsibilities of managers

Managers are responsible for carrying out the necessary risk assessments and putting in place a system of work to ensure the safety of lone workers.

- These responsibilities cannot be transferred to individuals who work alone or without close supervision.
- It is the manager's duty to organise and contr
- Ensure all incidents/accidents to lone workers are investigated.

Responsibilities of employees and volunteers

- Employees have a duty to co-operate with any procedures put in place for their benefit and to tell their manager if they are concerned about their safety whilst lone working.
- To follow all information, instruction and training provided by their manager.

Who are lone workers?

Lone workers are defined as those who work by themselves without close or direct supervision.

Why is working alone particularly dangerous?

Lone workers are at risk because they are isolated from help in the event of illness, accident or attack. They must also rely on their own experience and judgement to operate safe working methods as they will have no supervisor on hand to refer to. Clearly, employees/volunteers who work alone must be suited or competent for the task and both their ability, the tasks they undertake and the location must be assessed to ensure their safety.

Can people legally work alone?

Yes. However, we do need to provide the necessary equipment, information, instruction, training and supervision to ensure that the health and safety of lone workers are not put at risk.

Assessing and controlling the risk

The process of conducting a risk assessment for lone workers is no different to that followed when assessing other activities. The important point is to carry out the assessment systematically in the following way:

- Identify the hazards associated with the work and carrying it out unaccompanied.
- Assess the risks associated with the work and decide on the safe working arrangements to control these risks.
- Record the findings of this assessment.
- Implement the safe working arrangements.
- Monitor and review the safe working arrangements.

The risk assessment process should be completed in consultation with employees and will ensure that all relevant hazards have been identified and appropriate controls agreed. Should an assessment already exist for a task which is routinely conducted with others present, this assessment must be reviewed before permitting the same task to be conducted unaccompanied.

Precautions should take account of normal working conditions and foreseeable emergencies e.g. fire, equipment failure, illness and accidents.

Identify all the areas where the lone worker will work and ask the following questions:

- *Does the workplace environment present a special risk to lone workers?*
- *Does the person have the means to stay in touch or call help e.g. mobile phone?*
- *Is there safe access and egress for one person?*
- *Can one person safely handle any equipment which is necessary, such as portable ladders?*
- *Can all the equipment, substances and goods involved in the work be safely handled by one person?*
- *Does the work involve lifting objects too large for one person?*
- *Will more than one person be necessary to operate essential controls for the safe running of equipment?*
- *Will money be handled?*
- *Is there a risk of violence/abuse?*
- *Is the surrounding area well lit?*

Is the person medically fit and suitable to work alone?

Determine if the lone worker has any medical conditions that would make them unsuitable for working alone or whether any reasonable adjustments need to be made. If in doubt, seek advice from Occupational Health. Consider both routine, foreseeable work and dynamic situations such as emergencies which may impose additional physical and mental burdens on the lone worker.

Understanding lone working

The lone worker must fully understand the risk(s) involved with their work, the necessary precautions and be sufficiently experienced to be capable of working independently. Clear documented procedures should be laid down stating what **should** and **should not be done** whilst working alone and when to stop work and seek advice from their manager.

How will the lone worker be supervised?

Even though lone workers are not subjected to direct supervision, the council will still have a duty to ensure that the lone worker maintains proper control of the work. The manager must ensure that the employee/volunteer fully understands the **risk assessment** undertaken **before the activity starts**, the risks associated with their work and the necessary safety precautions are in place. The extent of supervision depends upon the risk(s) involved and the proficiency of the employee/volunteer to handle such risks to their health and safety. This is a decision that only the manager can make, not the individual.

The manager should carry out thorough **monitoring** of the lone worker as part of the risk assessment review. Regular contact between the lone worker and supervisor must be maintained by phone, email or other electronic tracking devices if used.

It is essential to implement a check in/out system so that employees can report in and managers can monitor their safety when working remotely.

What happens if the lone worker becomes ill?

Lone workers should be trained in the procedures for dealing with emergencies should they arise. In particular, lone workers should receive information about the emergency procedures of any other premises that they may visit under the auspices of their work. Additionally, lone workers should be made fully aware of, and have complete access to first aid facilities.

Home visits to service users/members of the public

When it is necessary to visit service users or members of the public in their homes, lone workers must **check any available information such as the social care recording systems which record known hazards** and take appropriate action to minimise or avoid these. Where a hazard is identified a lone worker must report this to their manager for recording in line with current procedures and if the circumstances of the service user or their situation indicate a risk of violence, staff should not visit alone.

For further information and advice:

OCC Health and Safety Team	healthandsafetyhelp@oxfordshire.gov.uk Also see Personal Safety Tips: Lone Working	Helpdesk 03300 240849
Health and Safety Executive (HSE)	www.hse.gov.uk	
Suzy Lamplugh Trust	Further information about personal safety and lone working including tracking systems can be found by visiting the Suzy Lamplugh Trust website: http://www.suzylamplugh.org/	

Issue date: July 2015 (version 2)