

POLICY AND PROCEDURE

Dealing with Incidents

Category: staff and volunteers



SoLO
Life
Opportunities

38 Walnut Close,
Chelmsley Wood,
Birmingham,
B37 7PU

Charity No. 1102297
England Company No.
5025939

Policy Statement

SoLO Life Opportunities is committed to ensure the health and safety of all its members, volunteers and staff. This policy is to ensure that all incidents are handled in an appropriate manner, documented and communicated to those who need to know.

Introduction

An incident is anything that happens within a supervised session of SoLO Life Opportunities, whether it is a club, an individual one to one leisure experience, or other service provided by the organisation, which may have repercussions.

An incident may take the form of an accident, a deliberate act of assault, physical intervention to ensure safety of member/client or tenant, abuse, unacceptable behaviour, serious concern of neglect or suspicion of abuse either within or outside of the SoLO setting. It may also occur when a member (child or adult), staff member or a volunteer is taken ill on scheme or has an accident resulting in them having to either go home or sent to hospital.

This does not mean that something happening that may not have repercussions, i.e. someone seeming off colour, may not be reported to parents and carers – that is a separate issue and would be addressed directly by the lead staff member on the day.

It may involve one or more members/clients or tenants, volunteers, sessional workers, contracted personnel or SoLO staff.

Relating to illness and infectious diseases:

If a child or adult is generally unwell during the period that the project is running, the following guidelines will apply:

- If the child or adult has been sick or had diarrhoea or a temperature, they must not come onto the project for **at least 48** hours from the last time they displayed symptoms. This is a directive from the Chief Medical Officer and helps to prevent illness spreading.
- If a child or adult is receiving medication from a doctor (e.g. antibiotics) but are no longer infectious (in the case of a SoLO member, the parents or carers will need to receive confirmation of this fact from the doctor) they may attend, but we will require a medical consent form to be completed with full details of dosage. A staff member or volunteer must be fit for work.

If a child or adult is taken ill on the project e.g. they are sick, have diarrhoea or a temperature:

- The child or adult will be **immediately** isolated from the other members/clients or tenants, supported by a member of staff (two if the isolated site is out of general view)
- The child or adult's parents/carers or next of kin will be contacted **immediately** and the child will need to be taken home or for medical treatment by the parents or carers (if deemed appropriate). In the case of an adult, a judgement will need to be made about whether they are able to go home unsupported or need someone to be called.
- Any gloves or cloths used in dealing with the incident will be disposed of and any other equipment washed with disinfectant to minimise cross infection.
- The child or adult **must not** come back to SoLO until 48 hours after the last display of symptoms.
- In the event that the disease is subsequently found to be within the serious **communicable disease category** (the doctor will advise), the parents **must** notify SoLO and an immediate written communication must be sent out to all parents, carers, workers and volunteers who might be impacted.

Communicable disease category:

- An umbrella term for all contagious and infectious disease
- A contagious disease is transmitted by physical contact between people.
- An infectious disease is transmitted by air or water

(appendix one provides guidance on communicable diseases, non-notifiable includes MRSA, flue, gastroenteritis and scabies)

If in doubt contact NHS Direct on 0845 4647 (111)

Detection of Head Lice - If any child or adult is identified as having head lice their parent/carer should be informed immediately and asked to collect them. The individual should be discreetly distanced from other members whilst awaiting collection, and should not return to any SoLO project until treatment has cleared the lice. In the case of this being a staff member or volunteer, a discreet conversation will be required.

Any person who has been in close contact with the individual prior to detection should be advised to check own hair and use treatment as necessary.

Relating to accidents:

In the case of an accident, the appropriate report must be completed.

In the event of an incident occurring, once it has been dealt with and the situation has been made safe, the lead staff member must:

1. ascertain the full facts of the incident
2. decide whether this needs to be reported back to parents, either via the communication book or face-to-face (in the case of members/clients or tenants)
3. decide whether this may have repercussions beyond SoLO (i.e. a third party possibly wishing to discuss the matter further with a Senior Manager)
4. if it is decided that the incident may have repercussions (if in doubt, consider that it will):
 - a. an incident report form must be completed and returned within 24 hours, either by post first class to the SoLO CEO at 38 Walnut Close, Chelmsley Wood B37 7PU marked **private and confidential** or delivered in person to the office or e.mailed to the relevant manager.
 - b. details of the incident must be telephoned through to the staff member on call if deemed to be urgent
 - c. the staff member on call must ensure that the Project Manager or CEO is informed of the incident the following day

Once received at the office, a decision will be made to determine whether further action needs to be taken. If so a further action form will be completed, logging all calls made, the dates of those calls and the content of the conversation. Any communication entered into will be kept and a file made up relating to the particular incident.

If it is deemed that press coverage may be attracted through the incident, the trustee board will be notified and a nominated spokesperson will take any calls.

Once the incident has been resolved, all parties involved will be notified.

Relating to the need for emergency treatment to be administered

There will sometimes be a need, in either a project or on a one-to-one experience or in a tenants home for emergency treatment to be administered. It is, therefore, important that staff and volunteers are fully equipped to deal with any such emergency and know what to do, who to contact and how to record the incident to enable the organisation to learn from it.

Baseline information

SoLO keeps a central record of all member/client, tenants, staff and volunteer details. This includes (as a minimum standard) information on:

- Contact details
- Nature of disability
- Age
- Gender
- Ethnic origin
- Medical information
- Consent

This information is kept in compliance with the General Data Protection Regulation and is regularly updated when reviews are carried out or information is received in from parents or carers or staff/volunteers notify SoLO of changes. Any updates are sent to the appropriate place and out of date information is destroyed.

It is essential to enable a safe approach to an emergency situation that this information is accurate.

Approach to be taken to emergency situation

Emergency situations can be:

- Incidents that affect the whole group, e.g. fire, breakdown of vehicle etc.
- Incidents that happen to an individual or individual(s) e.g. accident

The following are guidelines for staff to follow in the event that emergency treatment is required.

1. In the first instance, action must be taken to make the person safe. If the action required is of a medical nature, this must be carried out by a qualified first aider and to the level of their expertise.
2. An assessment of the situation must be carried out and, if deemed appropriate, the emergency services should be called.
3. All relevant paperwork must be on hand for the emergency services – this includes information about medication, signed permission form and emergency contact details.
4. After the emergency services have been contacted, the parents/carers or next of kin must be contacted.
5. If the situation does not require the support of the emergency services, but the person does need medical attention, the parents/carers or next of kin must be contacted. At this stage, the staff member must make a decision about whether the person should remain with SoLO or collected by an appropriate person.
6. If it is necessary for the Lead staff member to leave the place of work, he or she may accompany the person to hospital, but arrangements must be made for the appropriate person to meet them as soon as possible at the hospital to enable the staff member to return to work.
7. If the emergency services have been contacted and the person is in a situation where there is no other paid SoLO employee present, the staff member must make immediate contact with the staff member or Trustee who is on call. The staff member must delegate responsibility to a volunteer until the staff member or Trustee arrives, if applicable.
8. An incident report form must be completed and submitted to the office within 24 hours.

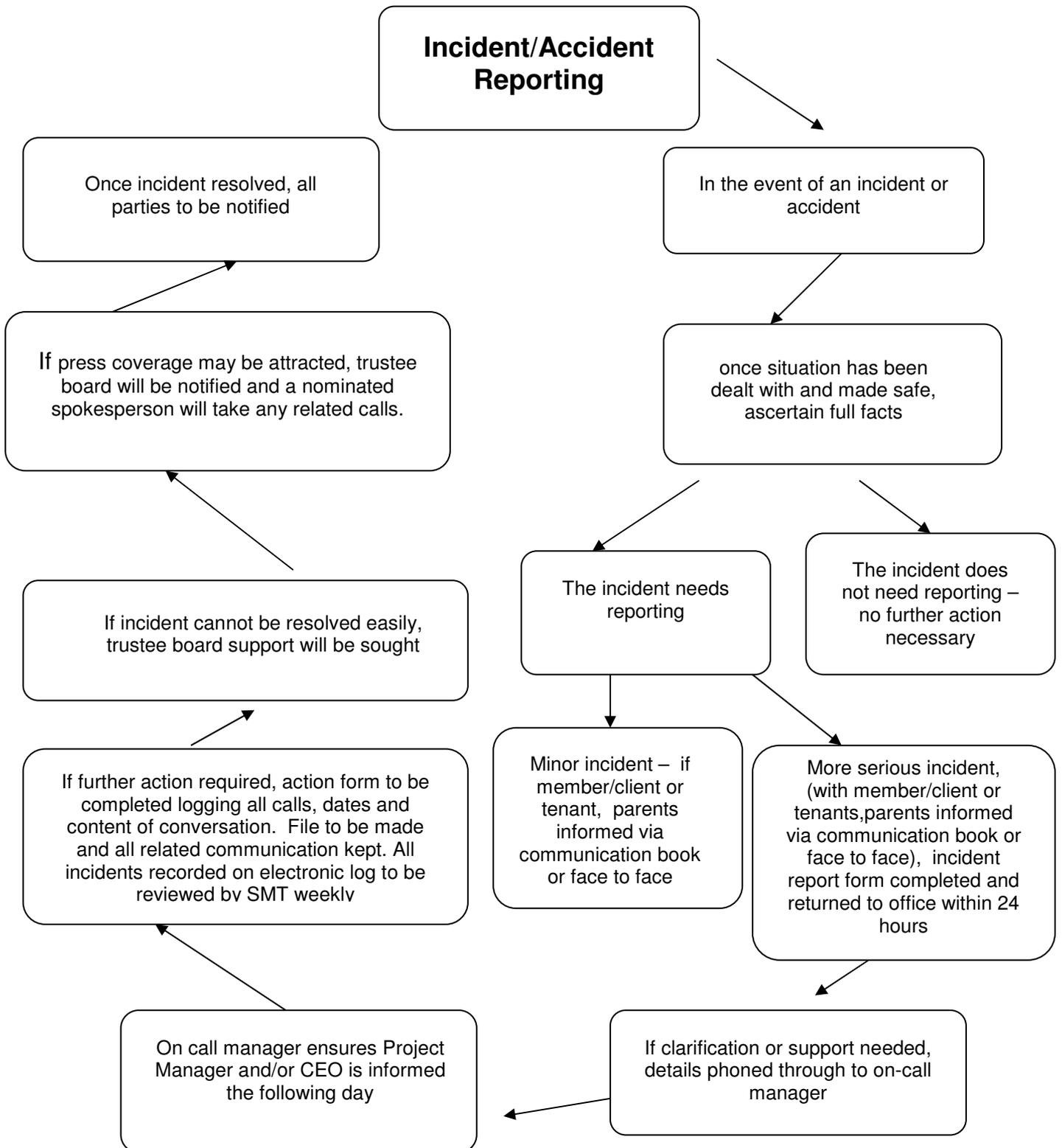
Governance

All incident reports will be recorded on a central log and this will be reviewed weekly by the Senior Management Team to monitor trends or issues that need to be addressed. These trends will be reported to the Trustee Board if action is required.

If the incident cannot be resolved easily, trustee management support will be requested.

Linked Policies: Health & Safety

A procedural flow chart follows:



Appendix one

1. COMMUNICABLE DISEASES AND SPECIAL HEALTH ISSUES TO BE PROGRESSIVELY COVERED BY THE COMMUNITY NETWORK

1.1 For the diseases/health issues listed below, surveillance within the EU network will be performed by standardised collection and analysis of data in a way that will be determined for each disease/health issue where specific EU surveillance networks are put in place.

2. DISEASES

2.1 Diseases preventable by vaccination

Diphtheria
Infections with haemophilus influenza group B
Influenza
Measles
Mumps
Pertussis
Poliomyelitis
Rubella

2.2 Sexually transmitted diseases

Chlamydia infections
Gonococcal infections
HIV-infection
Syphilis

2.3 Viral hepatitis

Hepatitis A
Hepatitis B
Hepatitis C

2.4 Food- and water-borne diseases and diseases of environmental origin

Botulism
Campylobacteriosis
Cryptosporidiosis
Giardiasis
Infection with Enterohaemorrhagic *E.coli*
Leptospirosis
Listeriosis
Salmonellosis
Shigellosis

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Toxoplasmosis
Trichinosis
Yersinosis

2.5 Other diseases

2.5.1. *Diseases transmitted by non-conventional agents*

Transmissible spongiform encephalopathies variant (CJD)

2.5.2. *Air-borne diseases*

Legionellosis
Meningococcal disease
Pneumococcal infections
Tuberculosis

2.5.3. *Zoonoses (other than in 2.4)*

Brucellosis
Echinococcosis
Rabies

2.5.4. *Serious imported diseases*

Cholera
Malaria
Plague
Viral haemorrhagic fevers

3. SPECIAL HEALTH ISSUES

3.1 Nosocomial infections

3.2 Antimicrobial resistance