VOLUME 1: SECURITY AND SAFETY

	Accident & Injury Policy & Procedures 1.11.2025
Policy Owner	
Date reviewed	17.12.2025
Date approved by board	17.12.2025
Next review date	

1.0 PURPOSE

This policy is to ensure that, when an accident occurs at Dementia Studio**,** the appropriate action is taken and accurate information is recorded and communicated. An accident is classed as an occurrence which has resulted in an injury to one or more persons.

1.1 It is the responsibility of all staff to ensure that accidents and injuries are dealt with in a timely and professional manner. It is the responsibility of the Operations Manager to ensure that members of staff have knowledge of first aid and that there is at least one member of staff on duty at all times who has a valid first aid certificate. It is the responsibility of the member of staff who has administered the first aid to write the accident report and ensure that it is signed by the carer of the client involved.

1.2 All members of staff have a responsibility to ensure that the Operations Manager is informed when items from the first aid box are used.

2.0 THE POLICY IN PRACTICE

When creating the staff rota, the Operations Manager will aim to ensure that at least one member of staff on duty has a valid First Aid certificate. A sign will be displayed on the large general notice board which states who the first aider on duty is and where the first aid box is situated.

2.1 The Operations Manager is responsible for making sure that all medical information and emergency contact details on the client's assessment forms are up to date and accurate.

2.2 The Operations Manager is responsible for checking the First Aid box each month to ensure that the box is fully stocked, and for ordering replacements as soon as possible.

3.0 WHEN AN ACCIDENT OCCURS

When an accident occurs it is the responsibility of the first aider on shift to determine whether the injury can be dealt with in the setting or if medical assistance is required.

3.1 The operating values of maintaining confidentiality, privacy and dignity of Studio staff and users should be observed as far as possible without increasing risk of harm.

4.0 INJURY TYPES

4.1 Minor injuries

If the injury is minor and does not require medical assistance the first aider should address the injury and complete an accident record in the accident book, this record will be signed by the first aider and by the

carer of the client.

4.2 If the injury is minor but requires medical assistance the first aider will call a taxi and take the client to the nearest health centre, the client's medical information and assessment forms should be taken with them, a member of staff should contact the emergency contact to inform them of the accident and the actions that have been taken as soon as possible.

Upon returning to Dementia Studio the first aider should complete the accident report and have it ready for the carer of the client to sign.

4.2 Serious accidents and injuries

If the injury is serious and hospital treatment is required a member of staff should call an ambulance immediately and a member of staff should accompany the client to the hospital.

The client's assessment form containing medical information should accompany them to the hospital. A member of staff should inform the carer of the client (or an emergency contact) immediately and inform them of the accident and what hospital the client has been taken to.

4.0 RECORDING ACCIDENTS

All accidents and injuries, however minor, must be recorded in the accident book which is located with the first aid box. The accident record should include the following:

- Full name of the client
- Date and time of accident
- How the accident occurred
- The extent of the injury
- What treatment if any was given
- Regular monitoring

The client's carer must sign the accident record and any incidents which required hospital treatment will be reported to the Care Quality Commission within 24 hours.

5.0 EQUALITY AND DIVERSITY

In the implementation of this policy, Dementia Studio will not discriminate against any colleague or client on grounds of his/her race, ethnic origin, gender, sexuality, marital status, disability, age, religion or class.

6.0 REVIEW PROCESS

This policy & associated procedures will be reviewed every 3 years or sooner if legislation or regulatory changes require an earlier review. Any amendments will be appropriately consulted on and signed off before being clearly communicated to colleagues.

Policy Owner	Generated by AI on 14 2 26
Date reviewed	Draft- working policy
Date approved by board	
Next review date	

Write me a policy for a UK charity governing how staff and trustees should manage charity data on personal computers and phones.

Below is a "Bring Your Own Device" (BYOD) and Personal Equipment Policy for a UK charity, designed to meet

ICO and National Cyber Security Centre (NCSC) standards.

Personal Device & BYOD Policy

Charity Name: [Insert Charity Name]
Applies to: All staff, trustees, and volunteers.

1. Purpose

This policy ensures that charity data remains secure when accessed on personal computers, laptops, tablets, or smartphones ("Personal Devices"). Our priority is to prevent data breaches while allowing for flexible working.

2. Core Requirements

Users must adhere to the following before using a personal device for charity business:

- **Security Updates:** Devices must run a supported operating system (e.g., Windows 10/11, macOS 12+, iOS 15+, Android 12+) and have the latest security patches installed within 14 days of release.
- **Access Control:** All devices must be secured with a **6-digit PIN, strong password, or biometrics** (fingerprint/face ID) and configured to auto-lock after 5 minutes of inactivity.
- **Encryption:** Laptops and computers used for charity data must have full-disk encryption (e.g., BitLocker or FileVault) enabled.

3. Data Handling Rules

- **Cloud Storage Only:** Charity data should be accessed and edited directly via approved cloud platforms (e.g., Microsoft 365, Google Workspace). Users must **not** download or save non-anonymised personal data (e.g., beneficiary lists, donor details) to the local hard drive of a personal computer.
- **Separation of Data:** Users should maintain a clear separation between personal and charity information. Do not sync charity email or files with personal cloud backups (e.g., personal iCloud or personal Dropbox).
- **Unsecured Wi-Fi:** Avoid accessing sensitive charity systems over public, unsecured Wi-Fi. Use a secure home connection or a mobile hotspot.

- **No Sharing:** Personal devices used for charity work must not be shared with family members or friends while charity data is accessible.

4. Lost or Stolen Devices

If a personal device used for charity work is lost or stolen, it must be reported to the **[Data Protection Lead]** immediately, and in all cases within **24 hours**.

- The charity reserves the right to remotely wipe any charity-specific accounts or data from the device to prevent a data breach.

5. Ending Involvement

Upon leaving the charity or stepping down as a trustee, Users must:

- Remove all charity email accounts and apps from their personal devices.
- Permanently delete any charity-related files or local copies of data.
- Provide a written confirmation that all charity data has been erased.

6. Non-Compliance

Breaching this policy may lead to the suspension of remote access and, where applicable, disciplinary action as per the [Staff Handbook].

POLICY NAME	Fire Policy Statement 15.06.2025
Policy Owner	
Date reviewed	15.06.2025
Date approved by board	
Next review date	June 2028

Dementia Studio believes that management of fire safety is an integral part of all of its business activities and aims to comply with all applicable legislation, codes and good practice pertaining to fire safety including the Regulatory Reform (Fire Safety) Order 2005, to protect our colleagues and clients.

Dementia Studio is committed to the continuous improvement of fire safety through the assessment of risk and the adoption of a fire safety management system to demonstrate a robust approach to health and safety.

The Trustees are deemed to be the "Responsible Persons" under the Order. They have ultimate responsibility for fire safety management in respect of Dementia Studio's activities.

The Trustees delegate responsibility for fire safety management to the Operations Manager. All colleagues have a duty of care to themselves and others and are expected to comply with the fire safety arrangements and refrain from using fire safety equipment incorrectly.

Dementia Studio believes that it is the responsibility of all our colleagues to promote and visibly demonstrate a positive safety culture. This includes being aware of the most up to date fire evacuation plan for the premises and any personal evacuation plans for Dementia Studio users.

	Fire evacuation policy 01 08 2024
Policy Owner	
Date reviewed	August 1 2024
Date approved by board	
Next review date	

1.0 Responsibility for carrying out the plan

The Operational Manager at The Studio is responsible for implementing the requirements of this plan. In their absence (e.g. through leave or sickness) or if the post is vacant this responsibility devolves to the deputising employee named on the list of qualified First Aiders. Otherwise the trustee who owns the policy is also responsible for its implementation. This includes briefing volunteers and external users of The Studio on evacuation arrangements.

1.1 General back up arrangements

When the Operational Manager is not on the premises, the name of a designated fire deputy will be posted on the noticeboard.

2.0 Procedure

The sound of the alarm will be: A shouted warning and/or bell ringing

2.1 If the fire is discovered by a staff member or a visitor notifies a staff member of a

fire, the alarm will be raised by: that person commencing manual warning (bell, shout etc.)

2.2 If fire is detected by automatic detectors, as may happen in the adjacent building, this will trigger a continuous fire alarm.

3.0 Escape routes

The escape routes from the building are: 1. Door to Studio; 2. Fire door at rear of cabaret room

3.1 Fire assembly point: The assembly point is: in the car park as far as possible from the building

4.0 Action staff should take on hearing the alarm

The following actions will be taken upon the fire alarm being sounded/raised:

- The nearest staff to the fire will take charge and lead in the fire evacuation. All staff will assist clients to evacuate the building in a calm and orderly manner
- Dial 999 and request attendance by the Fire Service. Staff member gives their name, name of building, building address (as detailed above), contact number and details of fire
- Check the toilets for anyone who may not have heard the alarm

- Phone Diane Embleton to alert to fire on this number: 07850895560 (RBL Social Club Chair).
- Ensure nobody re-enters the building until confirmed safe to do so by the Fire Service
- Meet at assembly point and check all contractors and staff members are accounted for.
- Liaise with Fire Service upon their arrival.

5.0 Extinguisher use

Fire extinguishers will only be used where:

- Staff have received training and feel confident in their use; and
- It is deemed safe to do so i.e. there is a clear means of escape, fire is small

Personal safety always takes priority and, if in any doubt, staff should not attempt to extinguish a fire.

6.0 Location of key safety hazards or other fire related equipment

- Mains fuse box: Cupboard (not locked) in Gents Toilets.
- Mains water inlet: Poppy Room, keys (brass) are hanging in the bar.

7.0 Equipment needed to implement the emergency plan

- Mobile phone with emergency numbers programmed in.
- Evacuation chair.

	AI Policy
Policy Owner	Draft - working policy
Date reviewed	Generated by AI on 14 2 26
Date approved by board	
Next review date	

Write me a policy for a UK charity to manage the use of technology and AI tools in no more than 1,000 words. Below is a comprehensive Technology and AI Acceptable Use Policy tailored for a UK charity, designed to align with Charity Commission and ICO standards.

Technology & Artificial Intelligence (AI) Policy

Status: Draft / Board Approved
Last Updated: February 2026

1. Purpose & Scope

This policy outlines the responsible and ethical use of technology and AI tools within [Charity Name]. Our goal is to leverage digital innovation to further our charitable mission while safeguarding the rights, dignity, and privacy of our beneficiaries, staff, and donors.

This policy applies to all employees, volunteers, trustees, and contractors ("Users") using charity-owned equipment or accessing charity data via third-party AI platforms.

2. Core Principles

All use of technology and AI must adhere to the following pillars:

- Human-Centric Oversight: AI must support, not replace, human judgment. Final decisions affecting people must be made by a human.
- Mission Alignment: Tools must be used to directly enhance our charitable purposes or operational efficiency.
- Transparency: We will be open about when and how AI is used, especially in communications with beneficiaries and donors.
- Fairness & Inclusion: Users must actively monitor for and mitigate bias in AI outputs to ensure no discrimination occurs against protected groups.

3. Acceptable Use of AI Tools

3.1. Permitted Uses (with human review)

- Content Generation: Drafting social media posts, reports, and internal summaries.
- Administrative Support: Meeting transcriptions, scheduling, and routine enquiries.
- Data Insights: Analysing anonymised datasets to identify fundraising trends or service gaps.

3.2. Prohibited Uses (unless explicitly approved by the Board)

- Sensitive Data Input: Users must not input non-anonymised personal data, medical information, or safeguarding details into public AI models (e.g., ChatGPT, Claude).

- Automated Decision-Making: AI must not be the sole arbiter in high-stakes decisions, such as beneficiary eligibility, recruitment, or disciplinary actions.
- Deceptive Content: Creating "deepfakes" or misleading AI-generated imagery that could damage the charity's reputation or spread misinformation.

4. Data Protection & Security

In accordance with the Data Protection Act 2018 and UK GDPR:

- DPIAs: A Data Protection Impact Assessment (DPIA) must be conducted before implementing any new AI system that processes personal data.
- Confidentiality: Charity-sensitive information (e.g., strategic plans, unpublished research) must not be entered into AI tools unless they are private, enterprise-grade versions with data-sharing opted out.
- Accuracy: Users are responsible for "fact-checking" all AI outputs. AI "hallucinations" (confident but false statements) must be corrected before any content is published.

5. Governance & Compliance

- Trustee Oversight: The Board of Trustees remains ultimately accountable for the charity's technological risks. They will review AI performance and policy compliance annually.
- Intellectual Property: Users must ensure that AI-generated content does not infringe on third-party copyrights. We will not use materials explicitly marked "NoAI".
- Environmental Impact: Where possible, we will choose AI providers with transparent and sustainable energy policies.

6. Training & Support

The charity will provide baseline digital literacy training to ensure Users understand the risks and limitations of the tools they employ. Users are encouraged to share learnings and report any observed biases or security concerns to the [AI Lead/IT Manager].

7. Breach of Policy

Failure to comply with this policy may result in the revocation of technology access and, for employees, may lead to disciplinary action in line with the [Staff Handbook].

	GDPR Policy
Policy Owner	Draft - Working policy
Date reviewed	Generated by AI on 14 2 26
Date approved by board	
Next review date	

Instruction: Write me a GDPR policy for a UK charity in less than 1,000 words

Below is a concise GDPR Policy for a UK charity, structured to align with the Information Commissioner's Office (ICO) and the Data Protection Act 2018.

Data Protection (GDPR) Policy

1. Introduction

Dementia Studio is committed to protecting the privacy of our beneficiaries, donors, volunteers, and staff. As a "Data Controller," we ensure all personal data is handled in compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.

2. Data Protection Principles

We process all personal data according to these seven core principles:

1. Lawfulness, Fairness, and Transparency: We will be clear about why we need data and will only process it for valid legal reasons.
2. Purpose Limitation: Data is collected for specific, explicit purposes and not used for unrelated tasks.
3. Data Minimisation: We only collect the minimum amount of data necessary.
4. Accuracy: We take reasonable steps to ensure data remains accurate and up to date.
5. Storage Limitation: We do not keep data longer than is strictly necessary for its intended purpose.
6. Integrity and Confidentiality: We use appropriate security measures to protect data from unauthorised access or loss.
7. Accountability: We take responsibility for our compliance and maintain records of our processing activities.

3. Lawful Bases for Processing

We only process data if at least one of the following lawful bases applies:

- Consent: Clear, affirmative action from the individual (e.g., opting into a newsletter).
- Contract: Necessary to fulfill a contract (e.g., an employment agreement).
- Legal Obligation: Necessary to comply with the law (e.g., Gift Aid records for HMRC).
- Vital Interests: To protect someone's life in an emergency.
- Legitimate Interests: Necessary for our charitable goals, provided it does not override the individual's rights (e.g., basic donor administration).

4. Individual Rights

Individuals have the following rights regarding their data:

- Right to be Informed: Knowing how their data is used (via our Privacy Notice).
- Right of Access: Requesting a copy of their data via a Subject Access Request (SAR).
- Right to Rectification: Correcting inaccurate info.
- Right to Erasure: Requesting data deletion ("Right to be Forgotten").
- Right to Object: Stopping direct marketing or processing based on legitimate interests.

5. Data Security & Breaches

- Security: We use encryption, strong passwords, and restricted access for sensitive files. Mobile devices and laptops must be encrypted.
- Breach Reporting: Any potential data breach (loss, theft, or unauthorised access) must be reported to the [Data Protection Lead] immediately. If the breach poses a high risk to individuals, we must notify the ICO within 72 hours.

6. Training & Governance

- All staff and volunteers must complete data protection training annually.
- We will register with the ICO and pay the Data Protection Fee unless an exemption applies.
- This policy is reviewed annually by the Board of Trustees.

POLICY NAME	Health & Safety Policy Statement 01.11.2025
Policy Owner	
Date reviewed	01.11.2025
Date approved by board	
Next review date	31.10.2028

1.0 PURPOSE OF THIS POLICY

Dementia Studio is committed to achieving a high quality and standard of provision in all parts of its activity; recognising that health and safety is an integral part of this. Dementia Studio will ensure that the health and safety aspects of its activity, safety of its colleagues and all other persons who use its premises, including volunteers, visitors and contractors are considered and protected.

Workplace injuries and ill health can be improved by the application of an effective risk control strategy. The success of this depends upon the full participation of all colleagues in ensuring that all health and safety implications of the work for which they are responsible has been accounted for.

2.0 Risk assessment

Dementia Studio, through its organisational structure, will seek to ensure that the risks arising out of its activities are identified and that the necessary controls, physical or procedural, are provided, along with the training and supervision needed to support them.

The effective functioning of its safety procedures will be audited by Dementia Studio.

Safety is an individual and line management daily responsibility. The Operations Manager has overall and immediate responsibility for safety within any work area. However, individuals are responsible for ensuring that arrangements for safe working within their areas and arts activities have been set up and carried out accordingly.

Dementia Studio believes that it is the responsibility of all our colleagues to promote and visibly demonstrate a positive safety culture based on shared values, beliefs and expected behaviours. Dementia Studio recognises the obligations required by Health and Safety legislation and aims to review regularly this policy and the associated Health and Safety procedures developed to protect our colleagues and anyone else affected by our acts or omissions.