



Health and Safety Policy

Approved by: Jayson Rawlings

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1. Aims

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
- The school follows guidance from the UK Health Security Agency when responding to infection control issues [What infections are, how they are transmitted and those at higher risk of infection - GOV.UK](#)

3. Roles and responsibilities

3.1 The Proprietor

The proprietor has overall responsibility for health and safety of Cherry Tree School. The following individual has been allocated overall daily health and safety responsibilities within the terms of this school policy, ensuring day to day responsibility for the policy is put into ensuring the health and safety of visitors, students and staff at Cherry Tree School:

The Proprietor and Headteacher will implement the school's H&S policy by:

- Ensuring adequate resources, both personnel and financial, are allocated to secure the implementation of the policy
- Planning, organizing and implementing arrangements to eliminate or control significant risks and comply with relevant statutory provisions
- Determining and documenting procedures, operational instructions and guidelines and codes of practice to implement the company's Health and Safety Policy
- Ensuring that their responsible managers and employees are capable, through recruitment, training or otherwise, to carry out their duties for health, safety and welfare
- Setting Health and Safety performance standards to ensure effective management within their areas of control
- Ensuring that all hazards are identified, significant findings of assessments are recorded, groups exposed to risks are identified and the actions are taken to protect the health and safety of these groups are recorded.

- Ensuring that all contractors and subcontractors have effective arrangements for health, safety and welfare
- Establishing systems for monitoring all arrangements to ensure that they are working effectively
- Reviewing information from monitoring systems to ensure continued and effective compliance with performance standards
- Reporting regularly, to the governing body on health and safety issues within the school.

3.2 Headteacher

The headteacher is responsible for health and safety day-to-day. This involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed

In the headteacher's absence, the health and safety lead or Deputy Headteacher assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Maintenance Manager

The site manager will be responsible for ensuring that the requirements of this policy and legal requirements specific to the duties of their team for the maintenance of all buildings, grounds and utilities are monitored.

The site manager will ensure that:

- Any H&S matters that they cannot deal with directly are brought to the attention of the headteacher
- Significant hazards arising out of their maintenance activities are identified and suitable risk assessments undertaken, which will include general workplace risks, substance risks, equipment risks etc.
- Safety measures and controls identified by risk assessments are implemented
- Employees, visitors, contractors and pupils are provided with suitable and sufficient information, instruction and training to enable compliance with this policy and legal standards
- Will implement a system to manage H&S within their team, which will include a schedule of inspection; service and maintenance arrangements for equipment and services; accident investigation arrangements
- Equipment and substances are suitable for the purpose they are used

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils

- Understand emergency evacuation procedures and feel confident in implementing them
- Report anything they believe to be hazardous or dangerous to the health and safety lead.
- Demonstrate their commitment to health and safety by their behaviour and co-operate in the investigation of accidents and incidents

3.5 Pupils and carers

Students, parents and carers are responsible for following the school's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

Students will:

- Comply with the schools' rules and procedures
 - Take reasonable care of themselves and others
 - Co-operate with their teachers and other staff
 - Use equipment and substances carefully and in a manner in which they are instructed
 - Report anything they believe is hazardous or dangerous to their teacher

3.6 Contractors

Contractors will agree on health and safety practices with Head Teacher Gemma Watkins before starting work. A contractor code of conduct will be signed, and regulated access requirements agreed. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

The Health and Safety leads are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Gemma Watkins (Head Teacher) and Sally Selby (Assistant Head Teacher) are key holders and will respond to an emergency in the school grounds.

5. Fire

- Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.
- Emergency evacuations are practiced at least once a term or when new pupils/staff start at Maple House.
- The fire alarm is a loud beeping.
- Fire alarm testing will take place once a week by the fire officer on site
 - New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.
 - In the event of a fire:
 - The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident, they can use them without putting themselves or others at risk
 - Staff and pupils will congregate at the assembly points. These are next to the site office or in the car park if it is not safe near the office.
 - Class teachers/leaders will take a register of pupils, which will then be checked against the attendance register of that day. This will be overseen by the Pastoral Manager (responsible for attendance)
 - The Headteacher will take a register of all staff
 - Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter
- Emergency evacuation points are located on the fire safety plan.

- Each classroom has a copy of the emergency fire procedures on the classroom wall.

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

<u>Appointed Fire Marshalls</u>	<u>Area of responsibility</u>
Gemma Watkins	Lower floor
Sally Selby	Upper floor

6. COSHH

Schools are required to control hazardous substances, which can take many forms, including:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed and circulated to all employees who work with hazardous substances. These can all be found in the staff room. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

All hazardous materials/products are kept in the staff room which is key-code locked and not accessible to any child.

Any hazardous products are disposed of in accordance with specific disposal procedures.

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place

When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Head Teacher immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person

- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the PE equipment will be reported to PE lead, or Health and Safety appointed person.
- Separate Risk Assessments for PE equipment and regular inspections of equipment will be the responsibility of the Headteacher/PE Teacher.

8. Lone working

Lone working may include:

- Working in Classrooms
- Site visits or visits to parent/guardian homes
- Weekend working
- Working early mornings or staying late
- School trips such as part of Active Citizens

Potentially dangerous activities, such as those where there is a risk of falling from height eg putting up displays, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend, or family member will be informed about where the member of staff is and when they are likely to return.

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

When lone working off site they are to have their mobile phones charged so they are contactable.

9. Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- Maintenance person (to be employed) retains and checks ladders for working at height, although a step ladder for display boards may be found in class storage cupboards.
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons
- All staff will complete Working at Height training on the National College

10. Manual handling

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

The school will ensure that proper mechanical aid and lifting equipment are available in school, and that staff are trained in how to use them safely.

All staff will undertake Manual Handling training as part of their induction to the school with The National College

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable
- All staff will complete Manual Handling training on the National College

11. Off-site visits

When taking pupils off the school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- Risk assessments are forwarded to the nominated EVC Lead and signed by the Headteacher/Deputy Headteacher
- All off-site visits are appropriately staffed based on the needs of the children.
- Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with emergency contact details for the pupils.
- There will always be at least one first aider on school trips and visits

*Please see the Active Citizens and Outdoor Education and Visits Policy

12. Violence at work

We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to their line manager/headteacher immediately. This applies to violence from pupils, visitors, or other staff.

All staff will be positive behaviour support trained through PRICE Training.

Please see our Positive Handling Policy

13. Smoking/Vaping

Smoking or vaping is not permitted anywhere on the school premises.

14. Infection prevention and control

We follow national guidance published by UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

14.1 Handwashing

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

- Cover all cuts and abrasions with waterproof dressings

14.2 Coughing and sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is discouraged

14.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

14.4 Cleaning of the environment.

- Clean the environment, including toys and equipment, frequently and thoroughly

14.5 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills

14.6 Laundry

- All laundry is sent home to parents for washing and drying- this is sent over in a plastic bag and gloves are used when handling the laundry at all times. Parents are made aware of the items that are going home prior to the child arriving at home.

14.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags.
- Remove clinical waste with a registered waste contractor

14.8 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency. Policy, found at the back of this policy (Appendix 2)

In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action.

15. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

16. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

Staff wellbeing is at the forefront of everything we do to support our staff.

17. Accident reporting

17.1 Accident record book

- An incident form will be completed on Medical Tracker as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- All First Aiders have access to the online Medical Tracker System and a tablet is kept in the medical room.
- As much detail as possible will be supplied when reporting an accident
- Records held on Medical Tracker will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- Parents and carers will be notified of any accident recorded and the action taken.

17.2 Reporting to the Health and Safety Executive

The Responsible Individual will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Responsible Individual will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- 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
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - 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

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

18. Training

Our staff are provided with health and safety training as part of their induction process. This is refreshed every 3 years. Ongoing training will ensure that Health and Safety is at the forefront of attention for all staff to keep the school safe.

19. Monitoring

This policy will be reviewed by the Head Teacher Annually with the Executive Headteacher.

20. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Active Citizens and Outdoor Education and Visits Policy
- Positive Handling Policy

Appendix 1. Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	Yes
Is fire-fighting equipment, including fire blankets, in place?	Yes
Does fire-fighting equipment give details for the type of fire it should be used for?	Yes
Are fire exits clearly labelled?	Yes
Are fire doors fitted with self-closing mechanisms?	Some. Others are on maglock release systems
Are flammable materials stored away from open flames?	Yes
Do all staff and pupils understand what to do in the event of a fire?	Yes
Can you easily hear the fire alarm from all areas?	Yes

Appendix 2. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from [What infections are, how they are transmitted and those at higher risk of infection - GOV.UK](#) Updated 5 March 2025 from the UK Health Security Agency

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact local UKHSA health protection team . Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being

		treated for leukemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult UK Health Security Agency for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
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Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult UK Health Security Agency	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult UK Health Security Agency
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local UKHSA Preventable by vaccination. Your local UKHSA health protection team will organise any contact tracing necessary.
Glandular fever	None	

Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local UKHSA health protection team will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local UKHSA health protection team will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local UKHSA health protection team .

Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their [local UKHSA health protection team](#). Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Appendix 3. Record of Fire Safety and Evacuation Arrangements

Weekly checks are completed by Firelight and the Headteacher. Firelight conduct regular testing as part of the ongoing Fire RA and improvements to the fire alarm systems.

RESPONSIBLE PERSON

The person responsible for ensuring that the Fire Safety Policy Statement is implemented and that responsibilities are allocated, accepted and fulfilled at all levels is:

Name: Gemma Watkins

Position: Headteacher

Date 01/09/2026

Fire Log

Date	Time	Type of Evacuation (Drill/Real)	Location	Reason for Evacuation	Time Taken to Evacuate	Issues Identified	Actions Taken	Logged By
06/01/2025	10.05am	Drill	Whole School	Alarm was set off by Firelight during repairs	4 minutes	Sounders were at 125Db which is not safe for children	Quote for beacons and to reduce sounders to 65Db	J. Rawlings
