Health & Safety Policy

Category:	Trust-wide Policy
Authorised By:	Board of Trustees
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Owner:	Sudhi Pathak, *Chief Operating Officer*
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Version Control

Ver.	Date	Comment
2	March 2018	Update to H&S officer at Moorcroft
3	November 2019	Full review and update including: • New appendix to bring together all the information regarding key contacts and role holders in one place • Updates to the appendices to incorporate the current School H&S Compliance Checklist in use across all Eden schools • Updated linked policies • Update review period to bring into line with current DfE guidance. New appendix to cover lone working arrangements
3.1	December 2019	Additional updates to the Trust-wide first aid policy. Approved under Chair's action in December 201 and ratified by the Board in January 2020
4	March 2021	Cyclical review and checked against the model policy from The Key
5	April 2022	Cyclical review and checked against the model policy from The Key. Updates include: • Legislation ins respect of Covid-19 • Manual handling • Covid-19 management • Training
6	June 2023	Cyclical review and checked against the model policy from The Key. Updates include: • Updated key contacts • Revised senior leadership arrangements • Updated guidance on exclusion periods
7	June 2024	Cyclical update
8	October 2025	Cyclical review

This policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

Contents

1. Aims and scope

The Eden Academy Trust (the Trust) 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; and
- Ensure that the premises and equipment are maintained safely and are regularly inspected.

This policy covers all schools in the Eden Academy Trust and incorporates the following additional policy areas:

- First Aid;
- Lone Working.

2. Legislation

This policy is based on advice from the Department for Education on health & 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 Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register;
- 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 Trust follows national guidance published by Public Health England when responding to infection control issues, as well as operational guidance from the DfE (Actions for schools during the coronavirus outbreak and SEND and specialist settings: additional COVID-19 operational guidance), which provides guidance on what schools need to do during the COVID-19 pandemic

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1. The Board of Trustees

The Board of Trustees (The Board) has ultimate responsibility for health and safety matters in the Trust but will delegate day-to-day responsibility to the Head[1] at each school in the Academy Trust.

The Board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks;
- Inform employees about risks and the measures in place to manage them;
- Ensure that adequate health and safety training is provided.

The Trustee with oversight of health & safety is outlined in Appendix 1.

3.2. The Head

The Head 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 Chief Operating Officer on any concerns on health and safety matters, who in turn can escalate this to the Trustee with responsibility for health and safety and ultimately to the Board of Trustees;
- Ensuring appropriate evacuation and lockdown procedures are in place and regular drills are held;

[1] For the purposes of this policy, Head refers to either the Headteacher or Head of School/Satellite as appropriate.

- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff;
- Ensuring all risk assessments are completed and reviewed;
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary. Any issues should be escalated to the Chief Operating Officer.

In the Head's absence, the Deputy/Assistant assumes the above day-to-day health and safety responsibilities. These are documented in Appendix 1.

3.3. Health and safety lead

The nominated health and safety lead for the Trust is the Chief Operating Officer as documented in Appendix 1.

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.

3.5. Pupils and parents/carers

Pupils and parents 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.

3.6. Contractors

Contractors will agree health and safety practices with the Head before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

Site managers are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Site Managers are key holders and will respond to an emergency.

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 practised at least once a term.

Details of the fire alarm tones etc. set out in the individual school's records and documentation.

Fire alarm testing will take place once a week.

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 they are trained in how to operate them and are confident that they can use them without putting themselves or others at risk;
- Staff and pupils will congregate at the assembly points. These are set out in the individual school records and documentation;
- A register of pupils will be taken which will then be checked against the attendance register of that day;
- A register of staff and visitors will be taken;
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

Each 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.

Each school has specific and agreed arrangements to evacuate pupils appropriate to the pupils' needs.

The above actions summarise the procedures set out in the individual school records and plans.

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 by Site Managers and circulated to all employees who work with hazardous substances. 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.

Additional information on how hazardous products will be stored and details on pupil access to substances at each site are set out in the individual school records and documentation.

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

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

6.1. Gas safety

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer.

Gas pipework, appliances and flues are regularly maintained.

All rooms with gas appliances are checked to ensure that they have adequate ventilation.

6.2. Legionella

Water risk assessments will be completed, and the details recorded in the individual school records. Site Managers are responsible for ensuring that the identified operational controls are conducted and recorded in the school's checklist.

This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint.

The risks from legionella are mitigated by the use of appropriate controls identified in the individual school records and documentation.

6.3. Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it.

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work.

Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe.

A record is kept of the location of asbestos that has been found in the individual school records.

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 Site Manager 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.

All isolators switches are clearly marked to identify their machine.

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 may be 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 gym floor or other apparatus will be reported to the Site Manager.

7.3. Display screen equipment

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

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician and corrective glasses provided if required specifically for DSE use.

7.4. Specialist equipment

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

Staff will only use specialist equipment after appropriate training and any issues will be reported to the Site Manager.

8. First aid

This policy covers our mandatory requirements in respect of a first aid policy and is supplemented by local documentation in each school where appropriate and identified.

8.1. Appointed person(s) and first aiders

The names of the schools' appointed person(s) and first aiders are displayed prominently around the school.

They are responsible for:

- Taking charge when someone is injured or becomes ill;
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits;
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.

First aiders are trained and qualified to carry out the role (see section 8.6) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment;
- Sending pupils home to recover, where necessary;
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident;
- Keeping their contact details up to date.

8.2. The Head

The Head is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of appointed persons and/or trained first aid personnel are present in the school at all times;
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role;

- Ensuring all staff are aware of first aid procedures;
- Ensuring that adequate space is available for catering to the medical needs of pupils;
- Reporting specified incidents to the HSE when necessary (see section 19).

8.3. Staff

School staff are responsible for:

- Ensuring they follow first aid procedures;
- Ensuring they know who the first aiders in school are;
- Completing accident reports for all incidents they attend to where a first aider/appointed person is not called;
- Informing the Head or their manager of any specific health conditions or first aid needs.

8.4. First aid procedures

The schools will maintain local records outlining in-school and off-site procedures relating to first aid.

8.5. Record keeping and reporting

Section 19 of this policy applies.

8.6. Training

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course and must hold a valid certificate of competence to show this. The schools will keep a register of all trained first aiders, what training they have received and when this is valid until.

Staff are encouraged to renew their first aid training when it is no longer valid.

For schools with Early Years Foundation Stage provision, at all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

9. Lone working and home visits

This Policy covers lone working arrangements. Lone working may include:

- Late working;
- Home or site visits;
- Weekend working;
- Site manager duties;
- Site cleaning duties;
- Working in a single occupancy office.

Potentially dangerous activities, such as those where there is a risk of falling from height, 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.

The lone working arrangements are set out in detail at Appendix 2.

The Trust also has a Home Visits Policy, to which staff should refer.

10. 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:

- The Site Manager retains ladders for working at height;
- 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.

11. Manual handling

A separate policy is in place which is intended to provide a solid foundation in good moving and handling practice throughout the Trust. That policy is particularly pertinent to staff (but not limited to) who are required to assist pupils in moving and handling using specialist equipment but can also be used to apply the general principles of moving and handling of large items/ boxes.

12. 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;
- All off-site visits are appropriately staffed;
- Staff will take a school or designated contact mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details;
- For schools without Early Years Foundation Stage provision there will always be at least one first aider on school trips and visits

- For schools with Early Years Foundation Stage provision there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

13. Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy and will have responsibility for complying with it.

14. 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 themselves to their line manager/Head immediately via the school accident/incident reporting system. This applies to violence from pupils, visitors or other staff.

15. Smoking

Smoking is not permitted anywhere on school premises.

16. Infection prevention and control

Schools with Early Years Foundation Stage provision follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

This section should also be read in conjunction with school operating procedures, risk assessments and additional national guidance in relation to the Covid-19 pandemic.

16.1. 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.

16.2. Coughing and sneezing

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

16.3. 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.

16.4. Cleaning of the environment

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

16.5. 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.

16.6. Laundry

- Wash laundry in a separate dedicated facility.
- Wash soiled linen separately and at the hottest wash the fabric will tolerate.
- Wear personal protective clothing when handling soiled linen.
- Bag children's soiled clothing to be sent home, never rinse by hand.

16.7. 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 in foot-operated bins.
- Remove clinical waste with a registered waste contractor.
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection.

16.8. Animals

- Wash hands before and after handling any animals.
- Keep animals' living quarters clean and away from food areas.
- Dispose of animal waste regularly and keep litter boxes away from pupils.
- Supervise pupils when playing with animals.

- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

16.9. Covid-19 management

We will ensure adequate risk reduction measures are in place to manage the spread of Covid-19 and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures are working effectively. Our operating procedures will reflect current local and national guidance on control measures and our risk assessments including:

- Ensuring good hygiene for everyone
- Maintain appropriate cleaning regimes
- Keeping occupied spaces well ventilate
- Following public health advice on testing, self-isolation and managing confirmed cases of COVID-19

16.10. Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The schools will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly, and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

16.11. Exclusion periods for infectious diseases

The schools will follow recommended exclusion periods outlined by Public Health England, summarised in Appendix 3.

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

17. 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.

18. 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 schools for responding to individual concerns and monitoring staff workloads.

Each Head has in place a system whereby they are notified of any wellbeing concerns. This takes the form of staff meetings or individual time for staff. The schools provide a confidential counselling and wellbeing service through an external company that is available to all staff.

19. Reporting

19.1. Accident record book

An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it using the school's accident/incident reporting system.

As much detail as possible will be supplied when reporting an accident.

Information about injuries will also be kept in the pupil's educational record.

Records held in the first aid and accident book will be retained by the schools 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.

19.2. Reporting to the Health and Safety Executive

The Headteacher/Head of School 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 Head 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.

19.3. Notifying parents

The Head will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

19.4. Reporting to Ofsted and child protection agencies

The Head will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Head will also notify the Local Safeguarding Board of any serious accident or injury to, or the death of, a pupil while in the school's care.

20. Training

Our staff are provided with health and safety training as part of their induction process. The nature and breath of this training reflects that they will be working with pupils with SEND. Mandatory training is in place for

- Slips trips and falls
- Fire awareness

- Manual handling (equipment)
- DSE (where deemed to be relevant)
- GDPR

Staff who additionally work in other high-risk environments, such as site managers are given additional health and safety training.

21. Monitoring

This policy will be reviewed by the Chief Operating Officer annually as required by the latest DfE guidance.

At every review, the Board of Trustees will approve the policy.

22. Links with other policies

This health and safety policy links to the following Trust-wide or schools'-based policies and procedures:

- Risk assessments, including Covid-specific risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Business Continuity/Disaster Recovery plans
- Home visits policy
- Manual handling

Appendix 1: Key contacts and role holders

Health & safety lead

Chief Operating Officer Sudhi Pathak sudhi.pathak@theedenacademy.co.uk

Trustee with oversight of Health & Safety

Angela St. John

School key contacts

Head	Deputy/Assistant	Site Manager	Assistant Site Manager
Alexandra School			
Perdy Buchanan-Barrow Catherine Holdsworth	Simone Wright	Kevin Bowers	n/a
Branthwaite Academy			
Shelley Crowe[2]	Ben Durkan		
George Hastwell School			
Nicola Bower	Colin Pearson	Richard Pilon (Caretaker)	
Grand Union Village School[3]			
Melissa Barrowcliffe			

[2] From January 2026 – Refer to Kris Williams until then
[3] School opens January 2026

Head	Deputy/Assistant	Site Manager	Assistant Site Manager
Grangewood School[4]			
Liz Edwards	Nicola Witts Tansim Heymer-Legg	Alan Hook	Anil Patel
Hexham Priory School			
Louise Burns	Sarah Nixon Sarah Humble Helen Taylor	Terance Robson	n/a
James Rennie School			
Kerry Dunbobbin	Sophie Dowling Kate Brainiff Oliver Wilson Mary Glendinning	Steven Routledge Stewart Couperthwaite	n/a
Sixth Form Satellite (St. Edmunds)			
Oliver Wilson		Steven Routledge Stewart Couperthwaite	
Moorcroft School			
Toni Edmonds-Smith	Olga Toulkeridou	Andrew McLaughlin	
Pentland Field School			

[4] Closes December 2025

Head	Deputy/Assistant	Site Manager	Assistant Site Manager
Ivan Talbott	Joanna Beckwith Teri-Louise O'Brien		David Straughton
Pinn River School[5]			
Liz Edwards	Mark Fuell Nicola Witts Tansim Heymer-Legg		
Sunshine House[6]			
Mark Fuell	Melissa Barrowcliffe	Marsh Brockway Oluwaseun Daramola	n/a
Eden Pinkwell Satellites			
Alastair Warner	n/a	n/a	n/a

Appointed persons and first aiders for each school are documented locally and the details displayed prominently around the respective schools.

[5] Opens January 2026
[6] Closes December 2025

Appendix 2: Lone working arrangements

1. Ideally, staff should not work alone at school as there are risks involved, such as assault, accident or sudden illness. Indeed, staff should carefully consider if they really need to be on site at all outside of reasonable hours as it is important to preserve a 'work – life balance'.
2. Any member of staff wishing to work on site out of normal working hours must have the permission of their line manager and/or the Head.
3. They must also sign in/out on the electronic system.
4. Any teacher, teaching assistant or member of admin staff wishing to work outside of normal school hours should try to ensure that at least one other colleague is also on site, ideally within 'hailing distance'. If this is not possible, they should phone/contact the Premises/Site Manager to ensure they are aware that a staff member is on-site.
5. If a member of staff arrives at school outside of normal school hours and finds another colleague is already in the building, they should let them know that they are on site. If a member of staff is about to leave the building, and just one or two other colleagues are remaining on site, they should let them and the Premises/Site Manager, know they are going.
6. However, if a member of staff chooses to work alone on site, they should take these precautions:
    - Do not work at heights on a ladder or steps.
    - Do not go into lofts or any other space in which you might become trapped.
    - Do not do any tasks involving hazardous tools or materials.
    - Avoid working outside of the main building.
    - Lock the doors and close the windows to prevent intruders.
    - Know the location of the nearest fire exit and how to open it in an emergency.
    - Know the location of the nearest first aid kit.
    - Carry a mobile phone.
    - Cars should be parked close to the entrance.
    - When leaving, limit the amount you are carrying to have one hand free.
    - Ensure someone knows where you are and when you intend to leave the school. Arrange to telephone them when you are leaving.
    - If you arrive at school and find any sign of intruders, do not enter the building. Instead, call the police '999'.
    - If you become aware of intruders or vandals, do not challenge them but call the police instead.

- Do not work alone if you know you have a medical condition that might cause you to become incapacitated or unconscious.
- When working alone, do not attempt any tasks which have been identified as medium or high risk, or which common sense tells you are potentially hazardous given your own level of expertise and the nature of the task.

7. These arrangements apply in conjunction with the Home Visits Policy.

Appendix 3: Time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense. There is further information (including a pdf version of the table) at the UK Health Security Agency website page, Guidance: Children and young people settings: tools and resources

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

Infection	Exclusion period	Comments
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.
Diphtheria*	Exclusion is essential. Always contact your local UKHSA health protection team.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.

Infection	Exclusion period	Comments
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local UKHSA health protection team for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case

Infection	Exclusion period	Comments
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment..	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team.

Infection	Exclusion period	Comments
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB), Exclusion not required for non-pulmonary or latent TB infection. Always consult your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local UKHSA health protection team will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a useful resource to share with parents.