Health and Safety Policy

PERSON RESPONSIBLE FOR POLICY:	**Jonathan Mundin**
APPROVED: LEADERSHIP TEAM	**DATE: August 2024**
ROLE:	**Health and Safety Officer**
TO BE REVIEWED: September 2026	**BI- ANNUALLY**

Aims & Statement of intent

More Than Ed is committed to providing and maintaining a safe and healthy environment for all students, staff, and visitors. We recognise that our students with social, emotional, and mental health (SEMH) needs require enhanced safety considerations due to potential behavioural challenges, medication requirements, and vulnerability factors.

Our school aims to establish and maintain safe working procedures that account for the unpredictable nature of SEMH behaviours, implement robust emergency procedures suitable for our student population, ensure premises and equipment are maintained safely with regular inspections, and create an environment that supports both physical safety and emotional wellbeing.

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

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 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 school follows national guidance published by Public Health England when responding to infection control issues.

Roles and responsibilities

Health & Safety Officer

Jonathan Mundin is responsible for health and safety day-to-day. This involves:

- Implementing the health and safety policy
- Ensuring there are enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- 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
- Monitoring cleaning processes, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the absence of the Health and Safety Officer Alex North assumes full health and safety responsibilities with authority to make immediate safety decisions.

Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do so, with enhanced vigilance given SEMH vulnerabilities.

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

Maintain awareness that students may not recognise dangers independently, and follow physical intervention protocols precisely to ensure safety.

Students and Parents

While recognising our students' SEMH needs may affect safety awareness, we work collaboratively with students at their developmental level to understand safety expectations. Parents support safety by following school safety advice at home and during visits, reporting health and safety incidents or concerns promptly, informing school of medication changes or health developments, and reinforcing safety messages appropriately for their child's understanding.

Contractors

All contractors must agree health and safety practices with the Health and Safety Officer before commencing work. Requirements include providing comprehensive risk assessments before starting, understanding our vulnerable student population's needs, maintaining enhanced vigilance and securing tools/materials, reporting any safety concerns immediately, and following site-specific safety rules without exception.

Environmental Adaptations

Our physical environment is specifically adapted for SEMH safety needs. Classrooms minimise potential weapons by securing or removing sharp objects, positioning furniture to allow quick staff exit, using shatterproof materials where possible, and installing observation panels in doors. Calm-down spaces feature soft furnishings, minimal hard objects, constant supervision capability, and regular safety checks for damage or hidden items.

Crisis Management Preparedness

We maintain constant readiness for behavioural crises through clear escalation procedures known to all staff, rapid response teams available during school hours, emergency medication protocols for prescribed interventions, safe physical intervention techniques through Team Teach training, post-incident support procedures for affected individuals, and comprehensive debriefing processes for continuous improvement.

Site security and access control

The Health and Safety Officer is responsible for delegating 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.

Perimeter Security

The school maintains robust perimeter security through secure fencing designed to prevent absconding, monitored entry and exit points with controlled access, regular perimeter checks for damage or breach attempts, and immediate repair of any security compromises.

Visitor Management

All visitors must report to reception immediately upon arrival, sign in and receive visitor badges before proceeding, receive safeguarding and behaviour guidance briefing, be escorted in areas with student access, and sign out and return badges when leaving. Unexpected visitors are not permitted access to student areas.

Internal Security

Internal security measures include lockable doors to restrict access to hazardous areas, secure storage for potentially dangerous items, controlled access to staff areas and offices, all staff have panic/ intruder alarms, and clear sight lines in corridors and common areas.

Fire

Emergency exits, assembly points and assembly point instructions /Fire Action Plans are clearly identified by safety signs and notices which are available in all classrooms and corridors

Fire risk assessment of the premises will be reviewed regularly.
Emergency evacuations are practised at least once a term/3 times per year

The fire alarm is a loud buzzer. Fire alarm testing is regularly carried out by the landlords.

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 if required. 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 (A selection of staff are fully trained)

- Staff, visitors, and pupils will congregate at the assembly point. This is opposite Woodfield 24 building under the tree with a marked signage.

- The Business Manager, Michelle Neeham, take a register of pupils, which will then be checked against the attendance register of that day

- Staff, visitors and pupils will remain outside the building until the emergency services or a member of SLT say it is safe to re-enter

- The staff should be aware of any adult or child who has a Personal Emergency Evacuation Plan (PEEP) in place, and act accordingly to support with any evacuation

COSHH

The Health & Safety Responsible Person(s) will ensure:

- that the storeroom containing cleaning materials is locked at all times during the school day.
- staff are adequately trained or instructed to perform the duties for which they are employed
- the COSHH assessments have been carried out, are up to date, and the assessment sheets are available to staff who need them
- all staff using chemicals have been informed of the dangers from the chemicals they use, and the control measures that are in place to prevent them from being harmed
- all staff using chemicals are informed of the first aid treatment required in the event of them coming into contact with chemicals
- that the school site and equipment is monitored on a regular basis
- that accurate records of routine checks and inspections are kept

- risk assessments have been carried out on all hazardous activities undertaken e.g. manual handling etc
- under the direction of the Health and Safety Officer, liaise with contractors on site

Chemical Safety – COSHH

- All hazardous chemicals used for cleaning should be kept in the school COSHH cupboard which will be locked at all times during the school day.
- Staff must not keep their own supply of cleaning materials in the classroom.
- Chemicals and cleaning chemicals should always be stored in their own container with the original label and warnings shown clearly on the container.
- Any spillages should be cleaned up at once.
- Protective clothing should be available when using chemicals.
- Staff are advised not to bring into school any substances hazardous to health without permission unless a COSHH assessment has taken place.

Safety Checks

All safety and maintenance checks (Fire, Electrics, Gas, Legionella, Asbestos etc) are carried out by landlords, RDASH (Rotherham, Doncaster, South Humber NHS Foundation Trust)

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.
- More Than Ed Independent School 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.
- The asbestos report and a record are kept of the location of asbestos that has been found on the school site.

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 and are inspected annual as the landlord's responsibility. The completed report is retained for our records.
- There is no gas on the school site.

Legionella

- A water risk assessment has been completed on 05/04/2023 by Watermark Compliance. A copy of the report is retained on file.
- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following: Monthly Temperature Checks and weekly flushing.

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 when appropriate.

Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- Any pupil 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 a member of Leadership immediately.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.
- Where necessary a portable appliance test (PAT) will be carried out by a competent person.
- All isolator 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.

PE and Activity Equipment

- PE equipment safety considers that students may misuse items impulsively. Procedures include pre-use inspection for damage or modification, secure locked storage between uses, constant supervision during equipment access, soft alternatives for dysregulated students, immediate removal of damaged items, and regular documented safety audits.

Classroom Resources

- Even typically safe classroom resources require careful management including scissors and sharp items counted in/out, art materials secured between lessons, science equipment locked when not supervised, technology cables managed to prevent misuse, and furniture checked for stability and damage.

Manual Handling and Physical Intervention

Safe Lifting Procedures

- Staff follow standard manual handling procedures while recognising additional SEMH considerations including never lifting when alone with dysregulated students, assessing whether students can safely assist, securing areas before moving heavy items, and maintaining supervision while reorganising spaces.

- 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 exacerbate an existing condition, they will ask for assistance.

- The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.
- All staff have received Manual Handling Training

Physical Intervention Safety

- All staff using physical intervention must complete Team Teach training covering legal use of reasonable force, de-escalation as primary strategy, approved holds minimizing injury risk, breakaway techniques for self-protection, positional asphyxia awareness, and comprehensive recording requirements. Refresher training occurs annually with updates following any concerning incidents.

Post-Intervention Procedures

- Following any physical intervention, immediate steps include medical assessment of all involved parties, completion of detailed incident records, notification of parents and senior leadership, debriefing for staff and student when appropriate, and review of intervention necessity and technique. Patterns trigger additional training or support plan modifications.

Lone Working Protections

High-Risk Situations

- Certain activities are never undertaken alone including physical interventions with known aggressive students, initial home visits to unfamiliar settings, working with students in crisis states, administering emergency medication, and responding to intruder alarms. These require minimum two-staff response.

Safe Lone Working Procedures

- When lone working is necessary, staff must ensure someone knows location and expected return, maintain charged mobile phone with reception tested, carry panic alarm where provided, position themselves near exits, document start and end times, and abort if feeling unsafe. Regular check-ins are mandatory for extended lone working.

Support Systems

- Lone workers are supported through comprehensive risk assessments, regular welfare checks during extended periods, immediate response to missed check-ins, and post-activity debriefing where appropriate.

Transport and Off-Site Safety

Student Transport Procedures

- Pupils are collected from home in the morning and returned home at the end of the school day by a member of staff.

- Staff transporting students must maintain appropriate business insurance, their vehicles have up to date MOTs.

- Complete transport risk assessments per student, log all journeys with expected times, position students based on risk assessment, maintain clear behavioural expectations, and have emergency procedures for incidents. Mobile phones remain accessible but unused while driving. Staff will take a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.

Off Site Visits

- Off-site visits require enhanced planning including reconnaissance visits where possible, detailed risk assessments considering triggers, increased staffing ratios as needed, medical plans for each student where applicable, clear abort criteria if safety compromised, and alternative activities for unsuitable students.

Lettings

- The school will not be available for hire nor will any aspect of the school site or the facilities therein.

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/headteacher immediately. This applies to violence from pupils, visitors or other staff.

Smoking

- Smoking and vaping is not permitted anywhere on the Woodfield Park site

Health Management and Medical Procedures

Medication Management

- Many SEMH students require medication for conditions including ADHD, anxiety, depression, and psychosis. Procedures ensure safe storage in locked medical cabinets, administration only by trained staff, comprehensive record keeping systems, regular medication reviews with prescribers, emergency medication protocols, and disposal of unused medications safely.

Medical Emergencies

- Staff are trained to recognise and respond to medical emergencies including allergic reactions and anaphylaxis, diabetic emergencies, seizures and epilepsy, asthma attacks, self-harm injuries, overdose or poisoning, and mental health crises. Emergency procedures are practiced termly with scenario-based training.

First Aid Provision

- First aid arrangements include qualified first aiders on site always, fully stocked first aid stations, specialised supplies for self-harm treatment, mobile first aid kits for off-site activities, clear emergency contact procedures, and regular audits of supplies and training.

Infection prevention and control

- We 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.

Enhanced Hygiene Protocols

- Recognising some SEMH students have poor hygiene awareness or may use bodily fluids during behavioural incidents, we maintain stringent protocols including readily accessible PPE for staff, immediate cleanup of spillages, regular hand hygiene enforcement, appropriate clinical waste disposal, and enhanced cleaning schedules.

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
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

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

Pupils vulnerable to infection

- Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school 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 either 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.

Cleaning Standards

- Daily cleaning includes disinfection of high-touch surfaces, immediate response to contamination incidents, deep cleaning following infectious disease cases, regular

laundering of soft furnishings, and use of appropriate sanitizing products. Cleaning occurs outside student hours where possible.

Managing Infectious Diseases

We follow Public Health England exclusion guidelines while considering SEMH factors such as students unable to understand or follow hygiene rules, increased vulnerability due to medication or conditions, challenges maintaining isolation during exclusion, and support needs during illness absence. Parents receive immediate notification of exposures.

Exclusion periods for infectious diseases

- The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4**.**
- In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

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

Occupational Health and Staff Wellbeing

- 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.

Managing Work-Related Stress

- SEMH education creates unique stressors. Support includes regular clinical supervision for emotional processing, access to employee assistance programs, manageable caseloads with appropriate breaks, team support during challenging periods, recognition that seeking help shows professionalism, and prompt response to stress concerns.

Violence and Aggression Management

- While understanding behaviour as communication of need, we maintain zero tolerance for preventable violence. Procedures include comprehensive incident recording and analysis, immediate medical attention and support, investigation for prevention opportunities, review of risk assessments and strategies, access to counselling and occupational health, and potential redeployment during recovery.

Accident reporting

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.
- As much detail as possible will be supplied when reporting an accident
- All accidents are recorded on CPOMS with the Body Mapping Tool if appropriate
- 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 school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979 and then archived. In accordance with GDPR records will be archived for a period of 25 years.

Reporting to the Health and Safety Executive

- The office staff 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 office staff 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 – http://www.hse.gov.uk/riddor/report.htm

Notifying parents

- The completed accident form which will be sent home with the student will inform parents of any accident or injury sustained by their child, and any first aid treatment given, on the same day

Reporting child protection agencies

- The Headteacher will notify Doncaster LA /Safeguarding of any serious accident or injury to, or the death of, a pupil while in the school's care.

Reporting to Ofsted/ISI

- The Headteacher will notify Ofsted/ISI and the LA 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.

Training and Competence

Mandatory Training Matrix

- All staff complete core safety training including safeguarding and child protection, fire safety and evacuation procedures, basic first aid and emergency response, infection control and hygiene, manual handling and ergonomics, COSHH awareness, stress management and wellbeing, equality and diversity, and data protection. SEMH-specific training covers behaviour management and de-escalation, physical intervention techniques, trauma-informed approaches, medication administration, mental health awareness, autism and ADHD understanding, attachment and developmental trauma, and therapeutic communication.

Role-Specific Training

- Additional training is provided based on responsibilities including designated first aiders receiving certified training, DSL and deputies completing enhanced safeguarding, drivers maintaining appropriate licenses and training, Team Teach trainers achieving instructor certification, and fire marshals completing evacuation management.

Refresher Schedule

- Training is refreshed according to statutory and best practice requirements with annual updates for safeguarding, physical intervention, and fire safety. First aid certification is renewed every three years. Risk assessment training occurs bi-annually. New threat awareness is provided as emerging risks are identified.

Monitoring, Audit and Review

Performance Indicators

- We monitor safety performance through multiple metrics including near-miss reporting, risk assessment review compliance, inspection finding closure rates, and staff safety perception surveys.

Inspection Schedule

- Regular inspections maintain safety standards including daily checks of high-risk areas, weekly reviews of first aid supplies, monthly fire safety inspections, termly comprehensive site audits, annual external health and safety review, and biennial policy and procedure review.

Continuous Improvement

- Improvement is driven through systematic incident and near-miss analysis, regular staff consultation and feedback, implementation of inspection recommendations, adoption of sector best practices, response to legislative changes, and incorporation of parent and student voice.

Emergency Procedures and Crisis Management

Critical Incident Response

- The school maintains prepared responses for major incidents including serious injury or fatality, multiple casualty events, serious safeguarding discoveries, major behavioural incidents, environmental emergencies, security threats or intrusions, pandemic or disease outbreaks, and utility failures affecting safety.

Communication Protocols

- Emergency communication follows established cascades including immediate emergency services contact, senior leadership team mobilisation, parent/carer notification systems, staff information dissemination, proprietor briefing weekly SLT meetings and weekly full staff meetings.

Business Continuity

- Safety is maintained during disruption through identified minimum safe operating requirements, alternative provision arrangements, remote learning capabilities where appropriate, staff redeployment plans, essential services maintenance, and regular testing of contingency plans.

Appendix 1. Fire safety checklist

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2: Accident Report of a serious incident:

School to use Doncaster LAs on-line recording system SHEAssure and submitted to Robyn Dale, Health & Safety Exec, Doncaster LA.

Appendix 3. **Asbestos record:**

Tickhill Road site – Exterior – Exterior (Block 56 Cherry Tree Court)

Exterior (Block 56 Cherry Tree Court) – cement tiles to roof (As identified in Acorn report B-13688), are an asbestos containing material. They are in good condition and recommended they be left undisturbed and monitored. This assessment has not altered since the last inspection.

Level of ID	Sample ID	Extent ($m/m^2/m^3$)	Product Type (1,2,3)	Condition (0,1,2,3)	Surface Treatment (0,1,2,3)	Asbestos Type (1,2,3)	Score	Access (DA,MA,EA)	Action (A1,A2,A3)
ID	As identified in Acorn report B-13688	500m²	1	1	1	1	4	DA	A3

APPENDIX A **ASBESTOS RE-INSPECTION – DATA RECORD SHEET**

Date of Inspection: 18 August 2020

Area ID	Inspected Yes/No	Location of sample point / Description of suspect material	Level of ID (P/SP/ID)	Sample ID	Extent ($m/m^2/m^3$)	Product Type (1,2,3)	Condition (0,1,2,3)	Surface Treatment (0,1,2,3)	Asbestos Type (1,2,3)	Score	Access (DA,MA,EA)	Action (A1,A2,A3)
Exterior (Block 56 Cherry Tree Court)	Yes	cement tiles – to roof	ID	As identified in Acorn report B-13688	500m²	1	1	1	Chrysotile (1)	4	DA	A3

Level of ID: P – Presumed, SP – Strongly Presumed, ID – Identified. **Access:** DA – Difficult Access, MA – Medium Access, EA – Easy Access
Asbestos Type: NA – Non-Asbestos **Action: A1** Remove ASAP, **A2** – Repair/Encapsulate ASAP or plan in for removal, **A2** – Monitor Situation Regularly

Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded

	from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet Fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff
Slapped cheek syndrome, Parvovirus B19	None (not infectious by the time the rash has developed)
Fifth's disease	
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers,

	and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with nonpulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ Septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (If Necessary) and has recovered they can return to school. No exclusion needed
Meningitis Viral	None
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.