



Regroup Education
Grow Succeed Achieve

Health & Safety Policy

Regroup Education

Approved by:	Directors
Last reviewed on:	September 2025
Next review due by:	September 2026

Contents

1.0 Statement of Intent	3
2.0 Legislation and Guidance	3
3.0 Roles and Responsibilities	4
3.1 The Directors	4
3.2 Headteacher	4
3.3 Staff	5
3.4 Students and parents	5
3.5 Contractors	5
4.0 Site Security	5
5.0 Fire	5
5.1 In the event of a fire	5
6.0 COSHH	5
6.1 Gas Safety	6
6.2 Legionella	6
6.3 Asbestos	6
7.0 Equipment	6
7.1 Electrical equipment	6
7.2 PE equipment	7
7.3 Display screen equipment	7
8.0 Lone Working	7
9.0 Working at Height	7
10.0 Manual handling	8
11.0 Off-site visits	8
12.0 Violence at work	8
13. Smoking	8
14. Infection prevention and control	8
14.1 Handwashing	8
14.2 Coughing and sneezing	8

14.3 Personal Protective Equipment	8
14.4 Cleaning of the Environment	9
14.5 Cleaning of blood and body fluid spillages	9
14.6 Laundry	9
14.7 Clinical Waste	9
14.8 Students Vulnerable to infection	9
14.9 Exclusion periods for infectious diseases	9
15. New and expectant mothers	9
16. Health and Wellbeing	10
16.1 Occupational Health	10
17.0 / 17.1 Accident reporting	10
17.2 Reporting to Health and Safety Executive	10
18.0 Training	11
19.0 Monitoring	11
20.0 Links with other policies	11
Appendix 1. Fire safety checklist	12
Appendix 2. Asbestos record template	13
Appendix 3. Recommended absence period for preventing the spread of infection	14
Appendix 4. The Fire Emergency Evacuation Plan (FEEP)	15

Key Contacts

Director / Headteacher –Matt Caunter – mcaunter@regroupeducation.org

Director - Nathan Riley - nriley@regroupeducation.org

1. Statement of Intent

The Directors of Regroup Education and the Headteacher recognise and accept their responsibilities both under law and also under the Local Authority's delegation for local management of schools. As responsible employers and/or persons in control of premises, the requirement to provide a safe and healthy working environment for all employees and others affected by its activities is acknowledged.

Regroup Education are committed to managing risks by ensuring that :

- risk assessments are undertaken
- control measures implemented
- systems are continuously monitored and reviewed

These actions are led by senior staff for Regroup Education and overseen by the Directors. The Directors and senior staff for Regroup Education are responsible for:

- Providing a safe and healthy working and learning environment and ensuring that the premises are maintained in a safe condition
- Maintaining safe access to and from the premises
- Preventing accidents and work-related illness
- Assessing and controlling risks from curriculum and non-curriculum work activities including offsite visits
- Complying with statutory requirements as a minimum
- Ensuring safe working methods and providing safe equipment
- Providing effective information, instruction, and training
- Monitoring and reviewing systems to make sure they are effective
- Developing and maintaining a positive health and safety culture through communication and consultation with employees and their representatives on health and safety matters
- Setting targets and objectives to develop a culture of continuous improvement
- Ensuring a healthy working environment is maintained including adequate welfare facilities
- Ensuring adequate resources are made available for health and safety issues, so far as is reasonably practicable
- Ensuring safe use, handling, and storage of substances at work.

In addition to the above commitment, the Directors and senior staff also recognise their obligations to non-employees and provide visitors, members of the public, students, contractors, or anyone who is or may be affected by the school's activities with the necessary information, instruction, training and supervision available to ensure the safety of those affected.

The Directors and senior staff:

- will ensure adequate resources, including finance to implement the policy.
- are committed to this policy and all staff are required to comply.
- encouraged colleagues to support the Regroup commitment to continuous improvement in the provisions health and safety performance of our provision.

For the policy document to be effectively implemented, the provision requires the full co-operation of employees and others who use the premises.

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 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

Regroup Education follows [national guidance published by Public Health England](#) when responding to infection control issues.

3. Roles and responsibilities

3.1 The Directors

The Directors of Regroup Education have ultimate responsibility for health and safety matters in the provision but will delegate day-to-day responsibility to the Headteacher

The Directors have a duty to take reasonable steps to ensure that staff and students are not exposed to risks to their health and safety. This applies to activities on or off the provision premises.

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

- Assess the risks to staff and others affected by provision 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

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 students
- Ensuring that the provision building and premises are safe and regularly inspected
- Providing adequate training for provision staff
- Reporting to the Director on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held in line with the Acorn Youth & Community Sports Complex procedures
- 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

In the Head teacher's absence, the senior staff member assumes the above day-to-day health and safety responsibilities.

3.3 Staff

Regroup staff have a duty to take care of students 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 provision 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 students
- Understand emergency evacuation procedures and feel confident in implementing them

3.4 Students and parents

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

3.5 Contractors

Contractors will agree health and safety practices with the head teacher 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

The Acorn Youth & Community Sports Complex general manager is responsible for the security of the provision site. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. The Acorn Youth & Community Sports Complex general manager is a key holder 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 practiced **at least** once a term.

The fire alarm is a loud continuous sound – depending on the unit installed this could be a bell or similar

Fire alarm testing will take place in line with Acorn Youth & Community Sports Complex's procedures.

New staff will be trained in fire safety and all staff and students will be made aware of any new fire risks.

5.1 In the event of a fire:

The Fire Emergency Evacuation Plan (FEEP) can be found in Appendix 4

A fire safety checklist can be found in Appendix 1.

6. COSHH

Provisions 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 senior leaders 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 labeling and product information.

All hazardous products will be stored in a lockable store.

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 as instructed by the Acorn Centre.

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

A water risk assessment is completed every year by a contracted professional and recorded by Acorn management.

The risks from legionella are mitigated by the following: checks that are in place e.g. temperature checks, heating of water, on a monthly basis, by a contracted professional. All checks are recorded on EVERY.

6.3 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the provision 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 on site.

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 labeled 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 student 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 operations lead 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 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.

7.2 PE equipment

Students are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely

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)

8. Lone working

Details of the process and procedures relating to Lone working are covered in greater depth in the **Regroup LONE WORKING POLICY** and should be read alongside this document.

Lone working may include:

- Late working
- Home or site visits
- Manager duties
- 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 and the procedures for the Lone Working Policy must be followed.

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

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:

- Students 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.

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 exacerbate an existing condition, they will ask for assistance.

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

Staff and students 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.

11. Off-site visits

All off-site visits are covered by the Learning Outside the Classroom Standard Operating Procedures 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, Acorn staff or members of the public using the Sports or community facilities.

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 students, visitors or other staff.

13. Smoking

Smoking is not permitted anywhere on the provision premises. The overall aim is to reduce smoking and so save life, reduce risk of fire, prevent unnecessary illness and chronic disability. This also extends to e-cigarettes / vaping. Pupils will be expected to hand in smoking paraphernalia at the start of sessions as per the student code of conduct.

14. Infection prevention and control

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable.

14.1 Handwashing

Wash hands with liquid soap and warm water for at least 30 seconds, 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 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

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 student's soiled clothing to be sent home, never rinse by hand.

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 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.

14.8 Students vulnerable to infection

Some medical conditions make students vulnerable to infections that would rarely be serious in most children. The provision 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.

14.9 Exclusion periods for infectious diseases

The provision 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.

15. New and expectant mothers

Risk assessments will be carried out whenever any employee or student notifies the provision 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. Health and Well Being

16.1 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 provision for responding to individual concerns and monitoring staff workloads.

16.2 Occupational Health

It is the policy of the Company to obtain independent Occupational Health advice when required. Such services can include counselling on health and associated matters, investigation of hazards and accidents, environment studies, health interviews and employment medicals.

17. Accident reporting

17.1 Accident recording

An accident form on Regroup g-drive 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

Records held on Regroup g-drive will be retained by the provision 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.

17.2 Reporting to the Health and Safety Executive

The site operations lead 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 site operations lead 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 provisions 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>

18. Training

Our staff are provided with health and safety training as part of their induction process.

Staff who work in high-risk environments, such as in science labs or with woodwork equipment, or work with students with special educational needs (SEN), are given additional health and safety training.

19. Monitoring

This policy will be reviewed by the Directors every year. At every review, the policy will be approved by the Regroup Education Directors.

The policy statement at the beginning of this policy will be reviewed at least annually and revised as and when necessary and will be approved by the Regroup Education Directors.

20. Links with other policies

This health and safety policy links to risk assessments and the following policies:

- First aid
- Lone Working
- Supporting students with medical conditions
- Accessibility plan

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 students understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2. Asbestos record template

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos t

Appendix 3. 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, Fifth's disease	None (not infectious by the time the rash has developed).
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 should 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)	Students 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. Students and staff with non-pulmonary 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 is 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.

Appendix 4. Fire Emergency Evacuation Plan (FEEP)

1. Fire Alarm - Anyone discovering a fire must immediately activate the nearest fire alarm. Students should be taught to report immediately to a member of staff.

2. Calling the fire brigade - All outbreaks of fire must be reported to the fire brigade. It is the duty of the Headteacher (or in cases of absence - the senior staff member, Acorn Centre General Manager) to make the call as soon as it is safe to do so, and to meet the fire brigade on their arrival.

3. Evacuation of premises:

- On hearing the alarm, staff and students must leave by the nearest safe Fire Exit.

Bags and coats are NOT to be collected on the way out. Members of staff should ensure that doors are closed as they leave the premises wherever it is safe to do so.

- The evacuation should be quiet and orderly so that instructions can be heard.
- If the evacuation is impeded by a small fire within a dead-end point, trained staff will use the dead-end point fire extinguisher to clear the route to the Fire Exit.
- Staff and students must move directly to the Assembly Point at the front of the building.
- Fire wardens will then clear the Regroup area and ensure nobody is left in that part of the building.
- The fire warden will collect the signing-in folders for students and learning coaches and will conduct a roll call at the Assembly Point at the rear of the building.
- A Regroup member of staff will collect the signing-in sheets and will conduct a roll call at the Assembly Point at the front of the building.
- Fire Warden will move directly to the Assembly Point at the front of the building as soon as they have safely completed the check of their numbered zone, in line with the Acorn Fire evacuation policy.
- Staff and students are to remain at the Assembly Point until they are told it is safe to re-enter the building.