



Health and Safety Policy

1. Aims

Our provision aims to:

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

2. Legislation

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

[The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

[The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test

[The 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.

3. Roles and responsibilities

3.1 The Headteacher

The Headteacher has ultimate responsibility for health and safety matters in the provision.

The Headmaster has a duty to take reasonable steps to ensure that staff, children and young people are not exposed to risks to their health and safety. This applies to activities on or off the provision premises.

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

Assess the risks to staff and others affected by Flourish With Us Ltd 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

Ensuring there is enough staff to safely supervise children and young people

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

Implementing the health and safety policy

Ensuring that the provisions building and premises are safe and regularly inspected

Providing adequate training for 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 contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

3.3 Health and safety lead

The nominated health and safety lead is Faye Baker

3.4 Staff

Flourish With Us Ltd staff have a duty to take care of children and young people 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 Flourish With Us Ltd 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 children and young people

Understand emergency evacuation procedures and feel confident in implementing them

3.5 Children, young people and parents

Children, young people and parents are responsible for following Flourish With Us Ltd 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 Headteacher 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 Headteacher is responsible for the security of Flourish With Us Ltd site, in and out of hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Headteacher 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 by an approved agent.

Emergency evacuations are practised at least once a term within.

The fire alarm, is a loud bell and staff, children and young people should evacuate the building,

Fire alarm testing will take place by designated staff.

New staff will be trained in fire safety and all staff, children and young people will be made aware of any new fire risks.

In the event of a fire:

The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately.

Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk.

Staff, children and young people will congregate at the assembly points as identified.

The Headteacher will take a register of all staff, children, young people and visitors.

Staff, children, young people and visitors will remain outside the building until the emergency services say it is safe to re-enter.

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

Where appropriate, staff will have completed PEEPs for any students and/or staff with mobility needs within their Centre and Fire Wardens and/or Fire Marshalls will be aware of the action to take, should evacuation due to a fire be needed.

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 the headteacher 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 with limited, supervised student access.

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

A water risk assessment is completed annually by a designated company. The Headteacher is responsible for ensuring that the identified operational controls are conducted and recorded in the provisions water log book

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

The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers, etc.

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 the school 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 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 child, young person 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 Headteacher 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/company on an annual basis

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

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

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

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.

Lone workers whose duties are considered high risk are equipped with a personal safety device which they can use if and when they are in a situation that they feel vulnerable in. Staff are also trained on how to use these devices.

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:

The Site Controller retains ladders for working at height

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.

Flourish With Us Ltd will ensure that proper mechanical aids and lifting equipment are available in the provision, and that staff are trained in how to use them safely.

Staff, children and young people 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

When taking pupils off Flourish With Us Ltd 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

All offsite visits are recorded on Flourish With Us Ltd recording system.

Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.

There will always be at least one first aider on trips and visits

12. Lettings

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

Those who hire any aspect of the provision are expected to sign a lettings policy and provide Risk Assessments for their activities.

13. 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 the Headteacher immediately. This applies to violence from children and young people, visitors, or other staff.

Any incidents should be reported on the daily record sheet.

14. Smoking

Smoking is not permitted anywhere on the premises.

15. Infection prevention and control

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

15.1 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

15.2 Coughing and sneezing

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is discouraged

15.3 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

15.4 Cleaning of the environment

Clean the environment frequently and thoroughly

15.5 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

15.6 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

15.7 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

15.8 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 children and young people when playing with animals

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

15.9 Pupils vulnerable to infection

Some medical conditions make children and young people vulnerable to infections that would rarely be serious in most children. Flourish With Us Ltd 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. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

Flourish With Us Ltd will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 1. Infectious diseases

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

16. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies Flourish With Us Ltd 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

17. 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.

18. Accident reporting

18.1 Accident record book

An accident report will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it, be this staff or student.

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

Information about injuries will also be kept in the child or young person's educational record

Records held in the first aid and accident book 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

18.2 Reporting to the Health and Safety Executive

The Headteacher 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 Headteacher 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 the school may include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

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

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

18.3 Notifying parents

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

18.4 Reporting to child protection agencies

The Designated Safeguarding Lead will also notify the appropriate local CP/Safeguarding agencies of any serious accident or injury to, or the death of, a child or young person while in the care of Flourish With Us Ltd.

19. Training

Flourish With Us Ltd staff are provided with health and safety training as part of their induction process.

Flourish With Us Ltd staff work with children and young people with special educational needs (SEN) and are given Safeguarding, Prevent and Team Teach training annually, along with other relevant training sessions.

20. Monitoring

This policy will be reviewed by the Headteacher every 2 years.

Appendix 1. 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 (PHE).

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

		inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.

Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Infection or complaint	Recommended period to be kept away from school or nursery	Comments

Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable

		for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.

Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.

MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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