



Evergreen Education and Therapy Health and Safety Policy 2026-27

Health and Safety Policy This policy aims to ensure that clients and staff are safe whilst engaged in sessions.	This policy holds as its principle that the welfare of the child is paramount
Date policy adopted	July 2023 Rebecca Peacock Head of Therapeutic Services
Last Review Date	August 2026
Next Review Date	August 2027
Director with Health and Safety Responsibility	Kirsty Moran

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1)

General Statement of Health and Safety

Nature of business

Evergreen Education and Therapy (EEaT) is an Alternative Provision Service providing re-engagement in Education work for Young People aged 9 -16 and Creative Arts Therapy for children and adults. The Directors Kirsty Moran and Rebecca Peacock are qualified Teachers and Rebecca is a Dramatherapist, registered with the HCPC as an Arts Therapist AS14009 and a Full member of BADth (British Association of Dramatherapists). Fully checked and vetted freelance staff and contracted staff work alongside Kirsty and Rebecca.

Evergreen Education and Therapy is a limited company.



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The mission is to improve the mental wellbeing, educational outcomes and prospects of children, young people and their families in the local community.

Rebecca Peacock has a small studio space at her home where she sees clients for therapy. This is separate from her main dwelling and has a separate entrance to protect clients' privacy.

Rebecca and Kirsty also operate their business out of community settings such as village halls and scout halls as well as on school property. **The bases include: Wincanton Sports Ground including a Forest School area (The Spinney) and The Arthur Morison Memorial Hall at Cucklington; The Scout Hut in Milton on Stour and Silton Village Hall. Risk assessments are in place.**

Rebecca and Kirsty recognise the need to provide a safe place for clients, staff and for equipment to be of a safe standard.

2) Framework

- Policies and Procedures are reviewed annually or as deemed necessary.
- Activity risk assessments, Venue risk assessments are carried out by Directors who have undertaken Health and Safety training – Last training August 2026.
- Client risk assessments are completed if high risk behaviours have been recoded regarding the client. Please see risk assessment policy.

3) Managing violence

Sessions are child focused and respond to the need of the clients at that time. Staff have skill in noticing when children are struggling and so can pause or adapt sessions to acknowledge and give space to attend to concerns and emotions that need immediate attention. In therapy, clients do not have to participate if they do not want to but can witness the session from a safe place in the room or change the activity. This is agreed in a contract at the start of therapy.

From notes on client's history and background, if violence to adults is prevalent as a risk, a risk assessment should be drawn up from information supplied from professionals and parents/carers. This is shared with staff working with the child and reviewed regularly.



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Staff have regular supervision to explore any concerns arising from sessions. De-brief occurs at the end of every day. Education session notes are shared with staff working with each child on Learn Trek.

4) Lone Working

Most therapy sessions are one to one interventions. Therapeutic Education sessions will be staffed with 2 or 3 adults. In case of an emergency staff have their phones with contact numbers for the client logged in it. An itinerary of practitioners' appointments is left with a trusted person in case of emergency.

5) Domestic Abuse/ Coercive Controlling Relationships

Some clients have been in abusive relationships or are part of a family where there is /was violence. In this case client risk assessment is paramount to ensure staff safety. Personal details will not be divulged. Meetings will be held in a community setting that can accommodate confidentiality but also benefit from the presence of others in the vicinity.

6) COSHH

Risk assessments for use of paint, glue and other creative materials are updated annually. Inspection of the premises that is hired will highlight the location of any cleaning products that are stored on the site and the venue risk assessment will contain information to minimise the risk connected with these substances.

All electrical equipment will be PAT tested annually. An electrician will be contracted to complete the tests on all staff and company equipment used.

7) Risk Assessing for Sporting Activities/ Arts Therapies Activities/Therapeutic Education

Comprehensive risk assessments for these areas of work highlight potential risk of activities undertaken during sessions.

8) Data Protection



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The company is registered with ICO -GDPR- and adheres to data safety as outlined by the Government.

Staff's phones have emergency contacts details for the clients but are also pass code protected. WhatsApp staff groups are only used to communicate logistics not child details.

Paper copies of client details are safely guarded and locked away. Staff computers are password protected and have internet safety software.

All staff have company Microsoft email accounts that are secure as is the SharePoint cloud and Learn Trek. Trust IT manage any IT issues and security. Cyber insurance is in place.

For safety CCTV (without audio) is in place in Cucklington and Wincanton bases to monitor entrances. There is no filming is toilets or changing rooms.

9) Code of safe conduct

At Venues: All staff and clients -

- Follow all health and safety rules and signs, fire precautions and emergency procedures as laid down in the venue's policies and procedures.
- And will familiarise themselves with the venue's accident and incident reporting procedures and complete these as necessary. All entries made in the venue's accident/ incident reporting book should be followed up with parents/carers and school.
- report all accidents, near misses, potential hazards and damage immediately to the Directors and is recorded in EEaT accident book and the client's file on Learn Trek or Therapist SharePoint. This includes: any slips and trips on existing or new hazards.
- In the event that personal protective equipment or clothing is provided, it must be used and properly looked after.
- Staff and clients should not interfere with or misuse anything provided for the health and safety of other users of the venues.
- Staff should not act in a way that could endanger themselves or others; they will not play practical jokes.



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- Staff will keep the work area tidy and clear of obstructions, will not leave things lying around.
- Staff will clean up any spilt liquids, tracks from rain etc. immediately.
- Staff will not attempt to lift or carry heavy objects unless they complete further manual handling training.
- Staff will not overreach; will not climb on anything not meant for the purpose; use a ladder, ensuring that it is good condition.
- Staff will ensure they know important allergy information about children they work with – see Medication Policy

10) Appendix Report in infectious diseases

Exclusion periods for infectious diseases

Evergreen will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance.

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

For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

Infection or complaint Recommended period to be kept away from Evergreen Provisions.

Athlete's foot	None
Campylobacter	Until 48 hours after symptoms have stopped
Chicken pox (shingles)	Cases of chicken pox 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 student returns.



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	A person with shingles is infectious to those who have not had chickenpox. Pregnant women should be kept away from chicken pox or shingles. Families should be informed of outbreaks.
Cold sores	None
Rubella – German Measles	Pupils should not attend for 5 days after rash appears. Unborn babies are at risk.
Hand, Foot and Mouth	As soon as children feel better they can return
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Measles is highly infectious from 4 days before the onset of the rash to 4 days after.
Ringworm	Exclusion not needed once treatment has started
Scabies	Highly infectious. The infected student or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return 24 hours after antibiotic treatment has started. If no antibiotics treatment the child can remain infectious for 2-3 weeks
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	none
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to the provision setting.



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Diarrhoea and/or vomiting (Gastroenteritis) Children and adults	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 the provision setting are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, or environmental health officer will advise.
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



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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 after 2 weeks of treatment if well enough to do so and if they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to the provision setting as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return 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 – parents/carers will be informed if a case is suspected
Hepatitis A	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 and 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

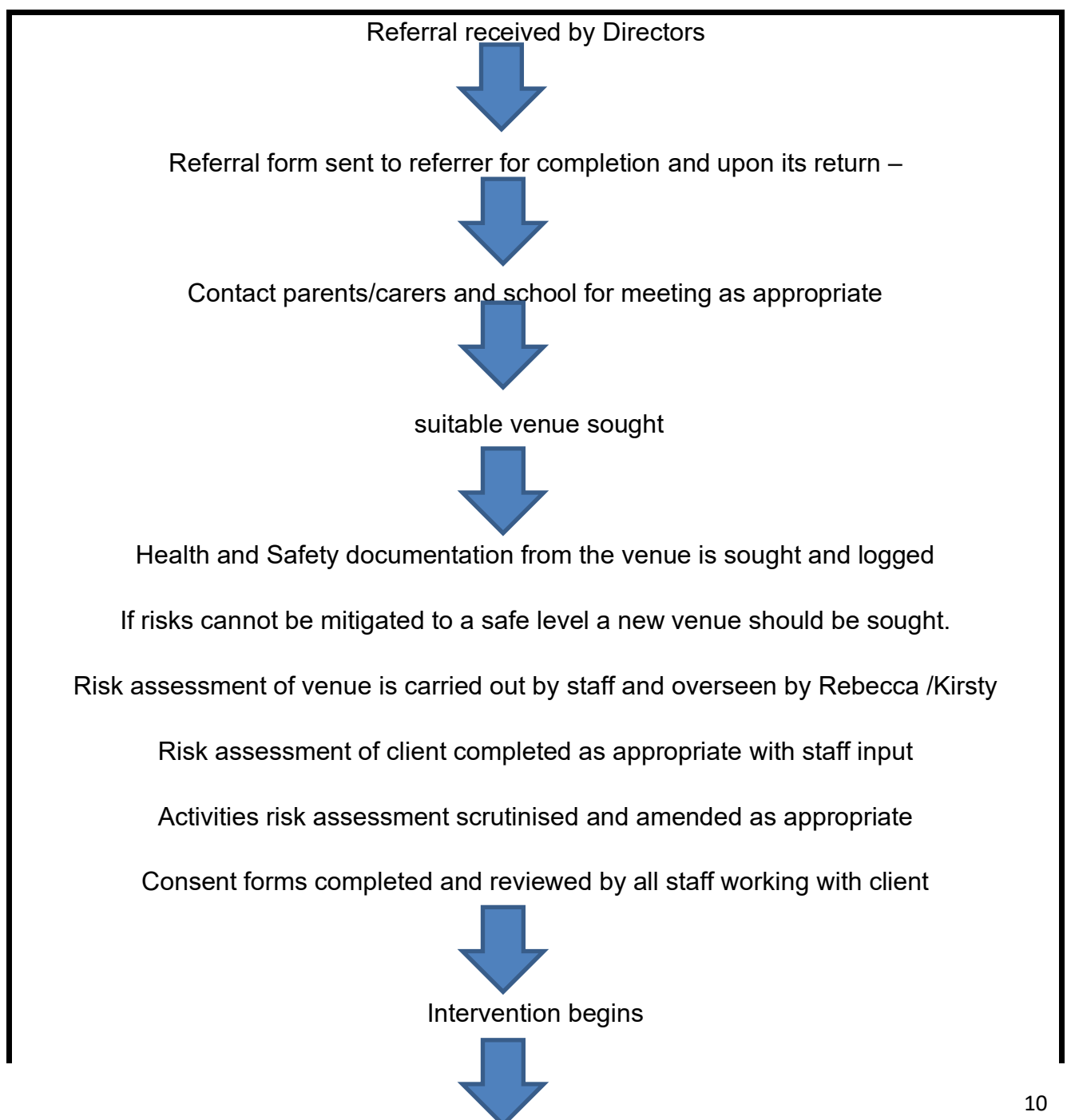


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	health protection team for more advice if required.
Hepatitis C	None
Meningococcal meningitis/ septicaemia	If the student has been treated and has recovered, they can return to the provision setting. Meningitis Once the student has been treated (if necessary) and has recovered, they can return to the provision setting. No exclusion is needed. Meningitis viral None.
MRSA (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Thread worm	None – parents/carers will be informed is a case is suspected.
Rotavirus	Until 48 hours after symptoms have subsided.



10) Appendix- Referral Procedure for Safe Working





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Health and Safety incidents to be recorded and sent to RIDDOR if appropriate



Incidents reviewed with professionals, Venue Managers and Clinical Supervisor