

# PONY PARTNERSHIPS



## Safeguarding/Child Protection Policy and Procedures

Name of Organisation: Pony Partnerships CIC  
 Venue/address for which policy applies: All venues.  
 Date of last review: 1<sup>st</sup> March 2025  
 Date of next review: 31<sup>st</sup> August 2025  
 Name of author: Danielle Mills

## Contents

	Page number
Introduction	2
Activation	3
Implementation	7
Emergencies on educational visits	11
Post incident care and support	14
APPENDICES	
Appendix 1 - Contacts	15
Appendix 2 - Communications	17
Appendix 3 - Basic Information about the Service	18
Appendix 4 - Emergency Service Closure	21
Appendix 5 - Specific Hazards Affecting Service Site	23
Appendix 6 - Evacuation and Shelter Plan	26
Appendix 7 - Checklist for Group Leaders on Educational Visit	28
Appendix 8 - Influenza Pandemic Plan	29
Appendix 9 - Bomb Threats and Suspect Packages	31
Appendix 10 - Log Keeping	33
Appendix 11 - Training and Exercising	35
Appendix 12 - Business Continuity	36
Appendix 13 – IT Disaster Recovery Plan	38

Pony Partnerships CIC (12448033) c/o 84 Cheal Close, Shardlow, Derby, DE72 2DY  
 07505951793/info@ponypartnerships.com/www.ponypartnerships.com



## **INTRODUCTION**

This plan has been prepared and agreed by the Board of Directors of Pony Partnerships CIC to assist in dealing with an emergency situation that affects our community.

This plan relates to an event which may involve:

- the safety of clients and/or staff
- the premises
- a serious accident involving children and/or personnel on or off the premises (or contractors working on site)
- the death of a child, staff member, visitor, contractor or volunteer
- a violent intrusion onto premises (e.g., an armed intruder or a bomb alert)
- Someone driving a vehicle into persons entering or leaving the site
- extensive damage to premises
- Cyber-attack disabling systems or resulting in a significant loss of information.
- the release of hazardous substances near or on the site
- A crisis which might affect the public reputation of the service.

It also considers where the Board believes that the service will benefit from receiving additional support or, where the community in which the service is based is affected by an emergency.

The emergency plan aims to:

- maintain the safety of, and provide support to, all children and staff affected by an incident
- maintain the normal running of any parts of the service not affected
- return the whole service to normal as soon as possible

The plan provides generic guides to actions that should be considered by the Board of Directors, and the critical incident management team (CIMT) in case of an emergency in the service or the local community, or on an educational visit.

The plan covers procedures for an incident occurring in service delivery time, out of hours, weekends and during holidays.

### **Important Action Points**

- Review the plan and its content at least once each year or sooner if there are staff/contact detail changes
- Keep the plan up to date regarding personnel
- Ensure staff know their roles and account for change in staffing
- Keep the a contact list available in case it becomes necessary to activate the plan

## ACTIVATION

Information about an incident may come from a staff member, client, parent, the emergency services or the local authority.

Whoever receives the alert should ask for, and record, as much information as possible:

Name of the person informing of the incident	
Details of the incident	
Who else has been informed? (e.g., emergency services etc.)	
Exact location of the incident	
Details of any casualties	
Any action taken so far	
Name of contact at the scene	
Number of contact at the scene	
What assistance is needed	

Using the ETHANE format would give you:

Exact location (what is the exact location or geographical area of the incident)	
Type of incident (what kind of incident is it)	
Hazards (what hazards or potential hazards can be identified)	

Access (what are the best routes for access and egress)	
Number of casualties (how many casualties are there, and what condition are they in)	
Emergency services (which, and how many, emergency responder assets and personnel are required or are already on-scene)	

You would also still need to collect the name of the person reporting the incident and contact details

**Immediately inform the /Safeguarding Lead/Deputy Safeguarding**

## Responsibilities/Checklist of Initial Action by Clinical Lead

### RESPONSIBILITIES

- take charge of events
- draw up an action plan for the specific incident
- delegate responsibilities and give task sheets to the chosen person
- consult with the Police/Fire Service and the person responsible for liaison with the media about the release of information to clients, staff, parents/carers, general enquiries, and the media
- establish a crisis team meeting place, close to the incident control point

In any case involving death, serious injury, or safeguarding concerns affecting children, the incident must be reported to external regulators where appropriate. Advice should be sought from the Local Authority Designated Officer (LADO) in cases of safeguarding concerns relating to staff or volunteers.

Action to be taken	<input type="checkbox"/> when complete
Ascertain details of incident	
Take immediate action to safeguard clients and staff where necessary	
Alert relevant emergency services (Police, Fire, Ambulance) via 999 system	
Be prepared to give the following information: <ul style="list-style-type: none"> <li>• Emergency Service(s) required</li> <li>• Exact location of the incident</li> <li>• Type of incident</li> <li>• Hazards which may be encountered by the Emergency Services at the site</li> <li>• Access - routes safe to use and access to incident</li> <li>• Number of casualties</li> <li>• Level and severity of injuries</li> <li>• Location and telephone number where call is being made from</li> </ul>	
Log all communications and actions	
Notify: <ul style="list-style-type: none"> <li>• Parent/guardian/emergency contact for clients</li> <li>• School/Junction 16 for educational placements</li> </ul>	
Assemble a critical incident management team from pre-identified staff	
Refer to the list of emergency contact numbers in Appendix 1 for additional support if required	
Where possible, avoid closing the site and try to maintain normal routines	

### Critical Incident Management Team (CIMT)

The CIMT will comprise:

- Safeguarding Lead
- Deputy Safeguarding Lead
- Chair of Board (where contactable/available)
- IT Support Provider – Evolve
- Business support/admin to record key decisions and notes
- Base for Critical Incident Management Team

The base for the CIMT will be the Clinical Lead's office where it is still possible to use this. The reserve on-site location will be The Hub. In cases where it is not possible to use the premises as a base, the CIMT will make use of The Hub or Betel.

In incidents that involve clients' emotional wellbeing (e.g., trauma, bereavement, and safeguarding issues), a lead therapist or Clinical Lead will coordinate emotional and psychological responses, including supporting clients and staff in the immediate and longer-term aftermath. Education staff will work alongside therapy staff to ensure a coordinated response that supports clients' learning and wellbeing needs.

## IMPLEMENTATION

Action to be taken	X when complete
Ensure that accurate, information is available for those arriving at the scene	
Liaise with the local authority, police, fire and ambulance services, and other agencies who may become involved	
Act as the main contact to co-ordinate the response	
Inform the chair of board	
Inform all staff, and parents/carers of injured clients	
Decide how to inform other parents/carers of injured clients	
Ensure all staff maintain a log of actions and decisions	
Allocate tasks to members of the CIMT as appropriate	
Provide regular briefings for staff	
Continue to liaise with the local authority and the emergency services	
Try to maintain normal routines as far as possible	
Inform staff involved to prepare a written report of their involvement, noting events and times	
Inform the LA Health and Safety Consultant who will advise on reporting procedures, and inform trade unions if necessary	
In the event of serious injuries or a fatality, the Health and Safety Executive should be informed by the quickest practicable means in line with the departmental accident reporting guidance.	
Continue to allocate tasks to members of the CIMT as appropriate	

### **Safety & Welfare**

Action to be taken	X when complete
Secure the immediate safety of clients and staff - this may include evacuation or keeping clients and staff inside the building (sheltering)	
Establish the location of all clients, staff, and visitors using timetables, registers and the visitor's book, and make a list of those unaccounted for	
Establish a staff rota and ensure that staff take regular rest periods	
Identify those clients and/or staff who are badly affected, and who need extra support	
Make arrangements for reuniting clients with their parents/carers	

Take account of religious and cultural factors, and consider contact with leaders of local faith communities	
--	--

### **Communications**

<b>Action to be taken</b>	<b>X when complete</b>
Consider emergency communications needs	
Dedicate lines for incoming and outgoing calls and arrange extra support for reception. <ul style="list-style-type: none"> <li>Line to be used for incoming calls only: 07505951793</li> <li>Line to be used for outgoing calls only: Personal phones</li> </ul>	
Arrange for the staffing of telephone	
Inform clients, in groups as small as practicable, considering the best way to impart worrying or tragic news	
Inform parents/carers of children not directly involved in the incident, as decided by the - use any existing arrangements for contacting parents/carers quickly and efficiently	
Receive visitors to the site, ensuring they sign in and out	
Ensure that staff are fully briefed on facts and are aware of what information can be released	

### **Media**

<b>Action to be taken</b>	<b>X when complete</b>
Ensure that any media access to the site, staff and clients is controlled In a major emergency, the police will deal with the press and prevent access to the site	
Liaise with and co-operate with the media and to answer their queries, as appropriate	
Be aware of the potential problems caused by the spread of misinformation through client and/or staff use of mobile phones/social media	
Provide basic information about the site(see Appendix 2)	
Be prepared to be interviewed by the press if necessary and agreed	
Liaise between the press and those affected about interviews - seeking permission from parents/carers/guardians of any clients involved in interviews. Any clients involved in interviews should be supported	

### **Advice for Official Spokesperson(s)**

- DO NOT speculate - your interpretation or understanding can and probably will be exaggerated or quoted as hard fact
- DO NOT give any fact unless you are certain it is correct
- DO NOT say "NO COMMENT" - it can be taken as a negative answer which could be inaccurate



and lead to difficulties later

- DO NOT be afraid to say "I DO NOT KNOW"
- DO have the confidence in yourself and your command of the situation to take a positive attitude towards the media
- If you know that everyone is safe and well, or those parents/carers of injured clients have been told - say so as soon as possible - it stops other panicking.

NB: CLIENTS SHOULD NOT TALK TO THE MEDIA UNLESS ARRANGED BY STAFF/PARENTS/CARERS AND THEN ONLY WITH WRITTEN PERMISSION FROM PARENTS/CARERS

### Resources

Action to be taken	X when complete
Ensure access to site for emergency services	
Open/close parts of site as required, and turn off water, gas and electricity supplies if necessary	
If water/gas/electric has been turned off ensure staff and clients have access to bottled water, are warm enough and are as comfortable as possible if it is envisaged they will be in one location for some time	
Ensure the security of the premises	
Establish a safe and secure base for the CIMT	
Check that all available communications and office equipment are working (phones, fax, copiers), in: <ul style="list-style-type: none"> <li>• Office</li> <li>• CIMT Base</li> <li>• CIMT Alternative Base</li> </ul>	
Arrange a place to receive parents/carers and clients involved	
If necessary, evacuate the building in accordance with the Fire Procedures	
Ensure that parents/carers do not take clients away, unless directed to do so	
Consider relocation to other premises	

### All other staff

Action to be taken	X when complete
Respond to instructions given by members of the Critical Incident Management Team	
Be ready to respond to any potential hazard in and about the site	
Maintain a calm atmosphere	
Give only the information agreed and do not speculate. Do not post on social media about the incident	

Do not speak directly to the media but refer all enquiries to the or other person designated as being responsible for contact with the media	
--	--

Should any client make a disclosure of harm or abuse during or following a critical incident, normal safeguarding and child protection procedures will be followed. Staff will respond calmly, avoid questioning the child unnecessarily, and report immediately to the Safeguarding Lead. All actions and disclosures will be logged carefully, and advice sought from the Local Authority Designated Officer (LADO) as required.

## EMERGENCIES DURING EDUCATIONAL VISITS

The Emergency Contact (member of senior leadership) should be informed by the visit leader as soon practicably possible

### *Initial Action by*

- Maintain a written record of your actions using this check list and attached log sheet
- Offer reassurance and support.
- Be aware that all involved in the incident, those at the service and you, may be suffering from shock or may panic.
- Find out what has happened. Obtain as clear a picture as you can - who informed you of the incident? (Usually the group leader)
- Remind the visit leader to follow the checklist or Emergency Action Card for visit leaders on educational visits (see Appendix 7)
- Remind the visit leader that restricting client phone use may be necessary
- Record the details of the off-site activity/visit during which incident occurred

<b>Location and nature of activity/visit</b>			
<b>Name of person in charge of visit</b>			
<b>Telephone number(s)</b>			
<b>Number of people on the visit</b>	<b>Clients</b>		
	<b>Staff</b>		
	<b>Other adults</b>		
<b>Date and time of incident</b>			
<b>Location</b>			
<b>What has happened?</b>			
<b>People affected</b>	<b>Name</b>	<b>Injury</b>	<b>Where they are / will be taken</b>

<b>Emergency Services involved and advice they have given</b>			
<b>Names and locations of hospitals involved</b>			
<b>Arrangements for clients not directly involved in the incident</b>			
<b>Name of person in charge of your group at the incident</b>			
<b>Telephone Number(s)</b>			

- Depending on the scale of the incident, consider assembling a CIMT to assist with the response

**Initial Action List for CIMT**

- Inform staff as appropriate, depending on the time and scale of the incident
- Consider emergency communications needs. Dedicate lines for incoming and outgoing calls and arrange extra support for reception.
- Immediately inform parents/carers of any injured clients of what has happened and where their person is, recording what their plans are, e.g., to travel to them, any assistance they need and any means of communications with them (e.g., mobile phone number).
- In event of a major incident the police may give advice regarding naming badly injured people or fatalities. In liaison with the police you may also need to inform next-of-kin of any staff who have been involved.
- Inform parents/carers of any other clients on the visit but not directly involved in the incident.
- Parents should first hear of the incident from the service (or from the visit leader), not from hearsay or from the media. This may be difficult as clients on the visit will have mobile phones and social media access. Information given must be limited until the facts are clear and all involved parents/next of kin are informed.
- Ensure that staff are fully briefed on facts and are aware of what information can be released
- Inform the chair of board

**Medium term actions/considerations**

- Inform clients and staff and their parents/carers. Decide what information you should give. Remember that information given must be limited until the facts are clear and all involved parents/carers/next of kin are informed
- In the event of a tragic incident, consider seeking support from the Therapy Team about the best way to inform clients and to support them afterwards
- Staff and clients should be told to avoid talking to the media or spreading the story unnecessarily (particularly via use of mobile phones)
- Inform all staff involved to prepare a written report noting events and times. Inform the LA Health, Safety and Wellbeing Team who will advise on reporting procedures and inform trade unions if necessary.
- In the event of serious injuries or a fatality, the Health and Safety Executive should be informed within 24 hours. Staff may wish to submit draft reports to trade union legal officers

## **POST INCIDENT CARE AND SUPPORT**

Post-incident care is aimed at helping individuals to understand their feelings following an emergency and to identify sources of future support. The overall aim of the support is to help people in a way that will reduce the possibility of them developing post-traumatic stress disorder.

It is worth giving some thought to how the topics of loss, bereavement, risks/safety and change are covered in the curriculum. Places where these topics are discussed openly, and treated as normal life events, are likely to find it easier to cope when a difficult or tragic incident occurs.

Remember to consult with parents/carers following an incident. It is important to communicate with parents/carers of clients who have been involved and ensure that their needs and wishes are considered.

The Therapy Team will provide appropriate advice and guidance to support those affected by a major incident in the community. Dependant on the scale and nature of the incident the Crisis Support Team could be deployed to support.

Recognizing that critical incidents may affect staff as well as clients, psychological first aid and access to therapeutic debriefing will be made available to staff members. This may include 1:1 or group sessions facilitated by senior therapists, external supervisors, or other suitably qualified professionals. Ongoing monitoring of staff wellbeing will be conducted through supervision and management check-ins.

## **STAND-DOWN AND RECOVERY**

### **Recovery Plan Checklist**

#### **As soon as possible after the emergency:**

- Liaise with parents/carers regarding plans for attendance at funerals
- Liaise with parents/carers regarding plans for attendance/representation at memorial services
- Arrange debriefing meetings for staff and clients
- Arrange debriefing meetings for the and CIMT
- Identify and support high-risk clients and staff
- Promote discussion of the emergency
- Consider the need for individual or group support
- Help affected clients and staff to come back into the service
- Initiate a review of the emergency plan, evaluating the response and feeding in any lessons learnt

#### **In the longer term:**

- Consult and decide on whether and how to mark anniversaries
- The impact of some incidents can continue for years, so thought may need to be given to ongoing identification and support measures for both clients and staff who are affected
- Remember that legal processes, enquiries and news stories may bring back distressing memories and cause upset within the service
- Remember to make any new staff aware of which clients were involved and how they were affected

As part of recovery, therapy sessions may be adjusted to focus on trauma processing, emotional regulation, and restoring a sense of safety for clients. Therapeutic activities that promote grounding and connection (e.g., animal-assisted therapy, creative therapies) may be prioritized. Staff will also support clients in re-establishing predictable routines and re-engaging with learning as part of the therapeutic recovery process.

## APPENDIX 1 - CONTACTS

This should be updated in response to changes and reviewed annually

### *Identified for Incident Response*

Name	Designation	Home telephone	Mobile phone	Key holder
Danielle Mills	Clinical Lead	07749100818	07505951793	Yes
Claire Jacob	Deputy Safeguarding Lead		07768185391	Yes
James Thomson	Chair of the Board of Directors		07535990376	No
Kenton Mills	Health and Safety officer		07874043653	Yes
Mark Jacob	Site owner		07775815303	Yes

### *Other Contacts*

Name	Designation	Home telephone	Mobile phone	Key holder
Sarah Bonner	Staff member		07713071247	Yes
Scarsdale Vets	Vet	01332294929		No
Moo Haven	Horse owner		07812028851	No
Keira Benham	Donkey owner c/o The Donkey Sanctuary		07971055398	No

### *External Contacts*

Organisation	Contact No
Junction-16	01332 973854
Insurance emergency number	01653 697055
Foreign, Commonwealth & Development Office (links with British Consulates etc.)	020 7008 5000
Local radio	Communications team will liaise with all media including local radio
Information Commissioners Office	0303 123 1113

IT Support Provider (Evolve)	0800 640 6343 01332 497240
UK Health Security Agency	0344 225 4524 or email <a href="mailto:crc.eastmidlands@ukhsa.gov.uk">crc.eastmidlands@ukhsa.gov.uk</a>



## **APPENDIX 2- COMMUNICATIONS**

- Staff will be alerted in the first instance by telephone/text message/WhatsApp in order to avoid how alarming clients unnecessarily
- The Clinical Lead will wear a hi-vis tabard to make themselves known to visitors to site who may not be familiar with all senior staff or the layout of the building.
- Staff all have mobile phones – the main business line will be designated to incoming calls (07505951793) and staff phones will be used for outgoing calls
- The main phone will be set to a pre-recorded message to inform any callers of the situation.

When an emergency happens during the service day, client parents/carers will be informed by telephone. Junction-16 AP Officers will also be informed.

When an emergency happens before or after the service is open, at weekends or in service holidays client parents/carers will be informed by telephone. Junction-16 AP Officers will also be informed.

### **Other methods of informing parents/carers could include:**

- Emails or text messaging
- Notices on the service website and social media
- Letters
- Notices on the service gate/fence
- Person at the entrance to the service to explain issues
- Local radio

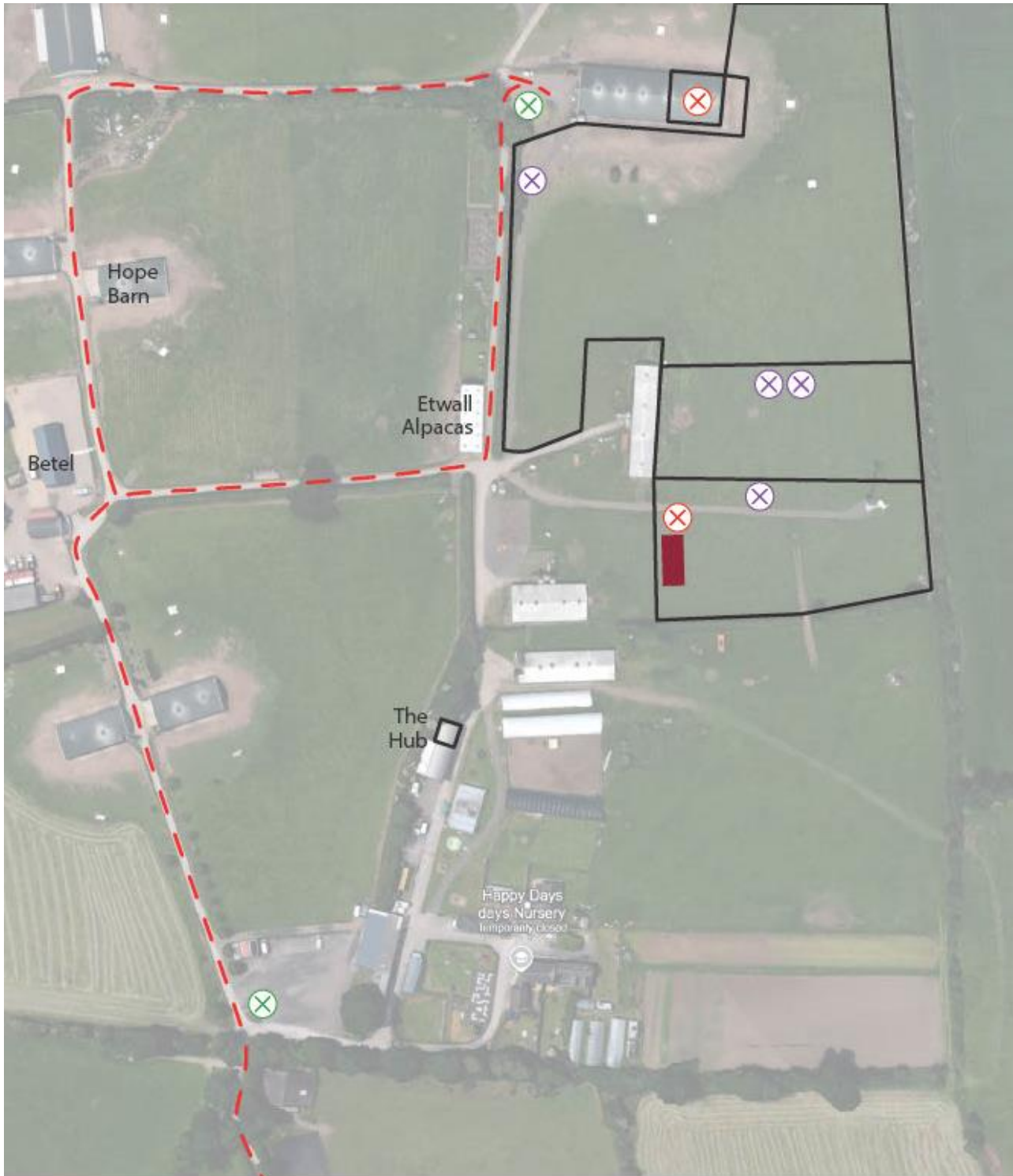
### ***Internal Communications***

- Staff will be briefed each morning and debriefed at the end of each working day/shift.
- Information will be recorded and shared via email.

### APPENDIX 3 - BASIC INFORMATION ABOUT THE SERVICE

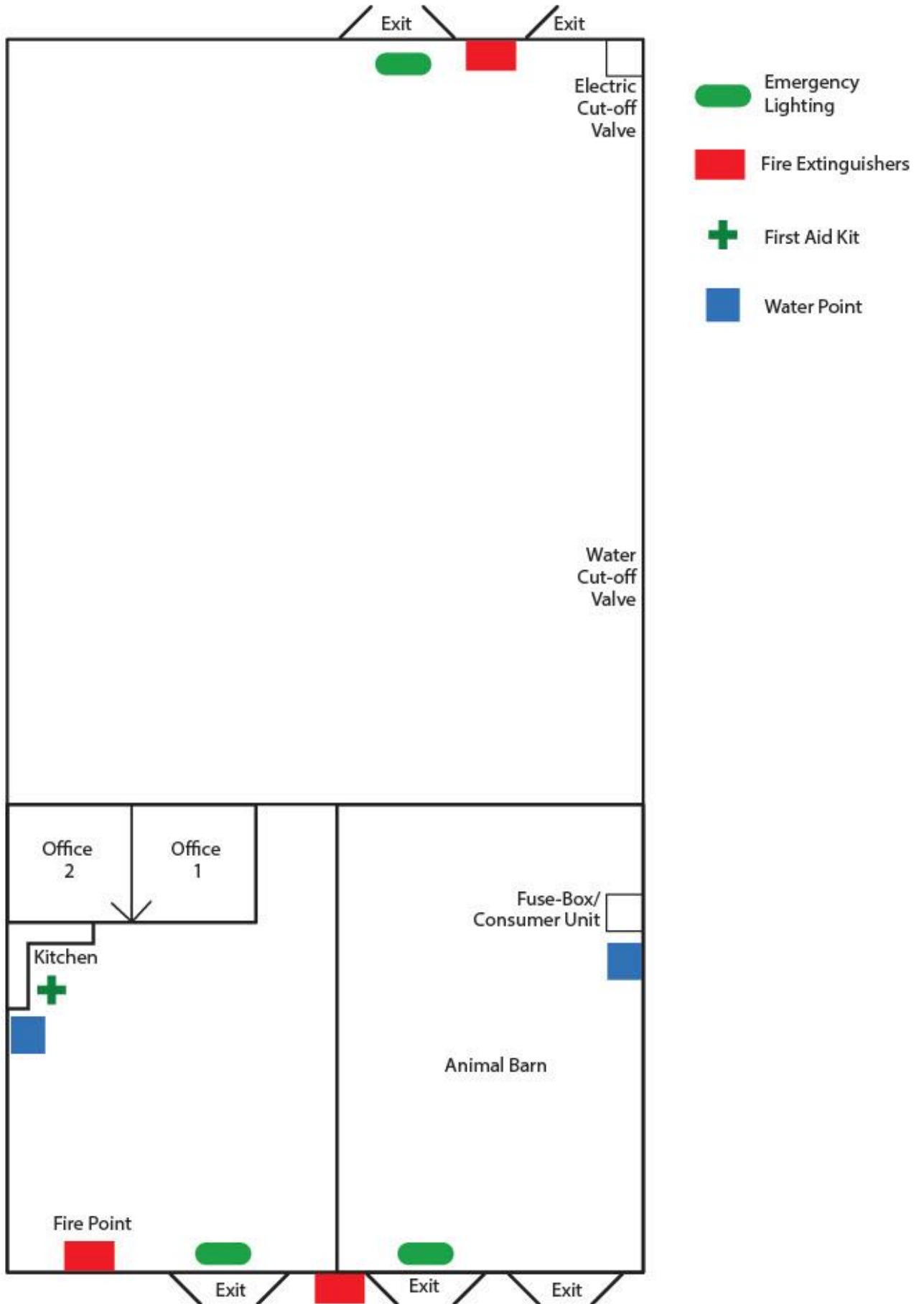
<b>Basic information</b>	
Name:	Pony Partnerships CIC
Address:	Off Heage Lane, Etwall, Derby, DE65 6LS What3Words – Tigers.Tweed.Client
Telephone:	07505951793
Age Range:	8+
Number of clients:	1-5 at a time
Map of surrounding area:	include in file
Photographs:	include in file
Plan of Service:	include in file
<b>Details of Senior Staff</b>	
Clinical Lead	Danielle Mills 07505951793
DDSL	Claire Jacob 07768185391
<b>Details of Board</b>	
Chair of Board:	James Thomson 07535990376

# SITE PLAN



- - - Road Access
- Pony Partnerships Boundaries
- Stables

- ⊗ Muck Heaps
- ⊗ Assembly Points
- ⊗ Fire Extinguishers & First Aid Kits



## APPENDIX 4 - EMERGENCY SERVICE CLOSURE

Site closure is rare but may be required in cases of severe weather or in other emergency situations such as significant failure of heating systems, etc.

We have a number of sites which make up the service and it may be the case that a closure does not affect all sites.

The decision to close a site either before or during a school day will be made by the Clinical Lead or, in their absence, a member of the senior team. The site will only be closed if one or more of the following conditions apply:

- Conditions on site are dangerous or do not comply with statutory health and safety regulations.
- Insufficient staff are present which may prevent the school/site from running safely.
- Weather conditions are considered to be, or are anticipated to later become, too hazardous for travel.

Decisions about closing the site or sending clients home early are always difficult to make. We need to gather reliable information before making a judgement. We check weather reports, consider the situation on site, get information from local transport companies and try to assess what is happening elsewhere in the area.

Actions following any closure:

- Where the site is officially closed all education placement absence will be counted as authorised absence and is recorded on the register with a Y code.
- Sessions will not be chargeable.

The Chair of the Board of Directors will be informed of the closure and the reasons why the decision has been taken as soon as is practically possible.

If the site is to close:

1. The below local media will be informed, and they will broadcast details.
  - a. Website
  - b. Social Media
  - c. Junction-16
2. Parents are advised to check social media and the website regularly for updated information about arrangements for the following day.

In the event of a decision to close the site early/during the school day:

- No client will be allowed to leave the site early until a parent/carer has been informed.
- Staff will contact all parents prior to releasing any client from site.
- Where contact with a responsible adult has not been made then this client will remain the responsibility of the service until the end of their session.
- If we believe that any client is at risk of being unable to travel home safely we will contact the parent/carer.
- We will make all practicable efforts to keep parents informed during adverse weather conditions or where closure is required for other reasons.

Information for Staff:

In the event of the site being closed to clients only, staff are still expected to report for work unless advised otherwise. Every reasonable effort should be made to attend work.

The service operates an emergency closing process where information will be shared by phone call and text through staff teams following agreed procedures. Where it is possible to do so this will be backed up with an all-staff email and individual staff must take responsibility for checking for updated information. In the event of the site being closed to clients due to adverse weather conditions:

- Staff unable to travel to school must report by phone to their line manager and absence line.
- Staff may be asked to undertake appropriate alternative duties in the event that the clients are sent home. These duties will be in line with current role duties and within agreed working practices.
- Staff may be asked to report to another site/venue if they are unable to make it to their normal place of work, or in order to maintain provision at another site.
- Leave of absence is at the discretion of the Clinical Lead if requested by staff and a fair and transparent system will operate however the option remains for pay to be deducted where an individual may have abused the process.

## APPENDIX 5 - SPECIFIC HAZARDS AFFECTING SERVICE SITE AND HAZARD ASSESSMENT

### 1. Detailed Plan of Service Site – see Appendix 3

### 2. Alternative Access Points

- **Main site entrance:** Off Heage Lane, Etwall, Derby, DE65 6LS. What3Words – Tigers.Tweed.Client
- **Key holders:** Listed in Appendix 1 for access to gates and buildings.

### 3. Service Contact Numbers

- Main service number: **07505951793**.
- Staff mobile phones listed in Appendix 1 for emergency coordination.
- Evolve IT Support: **0800 640 6343 / 01332 497240** for emergency IT failures.

### 4. Site-Specific Hazards and Risk Considerations

Hazard	Location/Description	Risks	Control Measures
<b>Therapy animals (horses, donkeys, etc.)</b>	Fields, stables, and therapy areas.	Injury from animal behaviour (e.g., bites, kicks), escape, stress during emergencies.	Animal handling protocols; staff trained in animal care; animal escape plan; emergency vet contact (Scarsdale Vets).
<b>Slippery/muddy terrain</b>	Fields, outdoor activity areas, especially in wet weather.	Slips, trips, and falls for clients and staff.	Pathways maintained; warning signage; appropriate footwear required; mobility assessments for clients.
<b>Water hazards (ponds, troughs)</b>	Near stables and fields.	Drowning risk, especially for vulnerable clients.	Supervision at all times; fenced-off areas; risk assessments for individual clients.
<b>Electric fencing</b>	Perimeter of animal enclosures.	Electric shock, particularly for children.	Signposted; staff supervision.
<b>Chemical storage</b>	Locked storage room/shed (for animal feed treatments, medicines, cleaning supplies).	Poisoning, burns, improper use.	Locked at all times; COSHH compliant storage; staff trained in handling.
<b>Nearby road access</b>	Road near site entrance (Heage Lane).	Vehicle collision risk during entry/exit.	Supervised arrival and departure for clients.
<b>Flood risk</b>	Fields and low-lying areas prone to waterlogging during heavy rain.	Site accessibility, damage to property, safety hazards.	Regular monitoring; evacuation routes established; sandbags available if needed.
<b>Weather-related hazards (snow, ice, high winds)</b>	Across site, including paths and fields.	Falls, damage to shelters and enclosures.	Gritting plan; weather monitoring; temporary site closure if necessary.
<b>Fire</b>	All buildings (including animal	Injury, loss of life,	Fire extinguishers

Hazard	Location/Description	Risks	Control Measures
	shelters).	destruction of property.	located in key areas; regular fire drills; evacuation plans including animal rescue.
<b>Intruders/unauthorized access</b>	Entire site.	Risk to clients, staff, and animals.	Perimeter fencing; locked gates; staff supervision; CCTV or security measures where applicable.
<b>Cyber-attack/IT failure</b>	IT systems on-site.	Loss of client records, disruption to therapy sessions.	Regular data backups; IT disaster recovery plan in Appendix 14; Evolve IT support contracted.

### 5. Hazards within the Premises (Buildings)

- **Asbestos: No known asbestos** in buildings.
- **Heating systems:** Regularly serviced; cut-off points identified on site plan.
- **Electrical systems:** Regular testing; circuit breakers in known locations.

### 6. Hazardous Substances On-Site (Animal Care and Maintenance)

- **Cleaning materials and disinfectants:** Stored in a **locked cupboard**, COSHH-compliant.
- **Veterinary supplies/medications:** Stored securely, accessible only to authorized staff.
- **Fuel storage:** Stored away from client-accessible areas, proper containment used.

### 7. External Hazards Affecting the Site

Hazard	Location/Description	Control/Considerations
<b>Nearby industrial/agricultural sites</b>	Surrounding farmland and industrial units.	Maintain good relationships with neighbours; aware of their emergency protocols.
<b>Nearby rivers/streams prone to flooding</b>	[Name/description if applicable— otherwise 'None known']	Flood risk assessments; check Environment Agency flood alerts.
<b>Proximity to busy roads</b>	Heage Lane, site entrance.	Secure gated entrance; clear signage; staff supervision.

### 8. Emergency Services Information

- **Location of key utilities for emergency services:** Marked clearly on site plan (Appendix 3).
- **Preferred access points:** Main gate unless otherwise obstructed.
- **Animal handling in emergencies:** Scarsdale Vets (01332294929) available for emergency callouts.
- **Human first aid and safeguarding leads:** See contacts in Appendix 1.

### 9. Safe Storage of Information

- This Appendix, along with maps, chemical storage details, and client-specific emergency information, is stored securely:
  - Digitally (with IT backup – see Appendix 14).
  - Hard copy available in Clinical Lead’s office and emergency grab bags.



Where a client is involved in a mental health crisis, including self-harm or suicide attempt, staff will prioritize immediate safety, including seeking emergency medical assistance (999). All incidents will be managed with trauma-informed approaches, involving de-escalation where possible. Parents/carers will be informed immediately, and safeguarding protocols activated.

## APPENDIX 6 - EVACUATION AND SHELTER PLAN

### 1. Evacuation Routes and Assembly Points

- A detailed plan of the service, showing evacuation routes and assembly points, is included in Appendix 3.
- At least one alternative evacuation route and assembly point is identified in case the emergency affects the main route.
- Assembly Point (Primary): Main car park.
- Assembly Point (Alternative): Hub car park.

### 2. Bomb Alert Evacuation

- In the event of a bomb alert, alternative evacuation routes and assembly points must be used if risk assessments indicate the usual points are unsafe.
- Staff to lead clients calmly, following instructions from emergency services.

### 3. Shelter (Stay Indoors) Procedure

- If advised to shelter, clients and staff should remain indoors.
- All external doors and windows must be securely closed.
- Stay away from windows and external walls where possible.
- Await further instructions from emergency services or the Clinical Lead.

### 4. Lockdown Procedure (Intruder Alert)

- On identification of an intruder threat, staff will be alerted by a designated signal: “Mr Black is coming to visit”
- Clients and staff will move to a safe area, locking doors and covering windows.
- Stay quiet and out of sight until 'all clear' is given by Clinical Lead or emergency services.
- Emergency services (Police) will be contacted immediately.
- All staff to account for clients in their care and maintain calm, reassuring communication.

### 5. Warning Signals

- Fire Alarm: Whistle
- Bomb Alert: Verbal message: “Mrs Green is coming to visit”.
- Shelter-in-place: Verbal message: “Stay in the green zone”
- Lockdown: Verbal or mobile phone message using agreed code word: “Stay in the yellow zone”

### 6. Identified Place of Safety

- If it is not possible to remain on site, clients and staff will be relocated to a nearby 'place of safety':
- Primary Place of Safety: The Hub
- Secondary Place of Safety: Seven Wells Pub
- Key holder/contact for place of safety: Mark Jacob - 07775815303

### 7. Accountability Procedures

- Staff will ensure all clients and visitors are accounted for using daily registers and visitor sign-in books.
- During evacuation, staff will bring visitors book and checklists to assembly points.
- Missing persons must be reported immediately to the Clinical Lead or designated safeguarding officer.

### 8. Safe Dismissal of Clients

- If clients need to be sent home due to prolonged incident:
- Clients will only be released to parents/carers or pre-agreed responsible adults.
- Staff will maintain a record of who has collected each client and when.
- Clients will remain under staff supervision until collected.

#### 8. Additional Considerations for Therapy Animals

- In case of evacuation, where safe to do so, animals will be led to a pre-agreed secure area away from the main site.
- Staff assigned for animal evacuation are:
  - Danielle Mills – Clinical Lead
  - Sarah Bonner – Key holder
- Emergency veterinary care available via Scarsdale Vets (01332294929).

#### 10. Communication during Evacuation or Shelter

- Primary line for incoming calls: 07505951793.
- Staff personal phones to be used for outgoing calls.
- All communication should be clear, calm, and avoid causing unnecessary alarm.
- Parents/carers will be informed as soon as possible, following safeguarding procedures.

## APPENDIX 7 - CHECKLIST FOR GROUP LEADERS ON EDUCATIONAL VISIT

- Assess the situation, establishing the nature and extent of the problem but ensuring that they do not put themselves or others at further risk.
- Alert relevant emergency services (Police, Fire, Ambulance, Coastguard) via 999 system
- Call for assistance if available (staff, passers-by)
- Administer first aid where possible
- Account for all members of the party and ensure that all persons uninjured stay together
- Allocate staff member(s) to travel to hospital(s) with casualties
- Ascertain if there are any witnesses
- Allocate staff member(s) to stay at incident site to liaise with the emergency services
- Arrange for all non-casualties to return to base (accompanied by a member of staff) and that all members of the group are informed of the incident as soon as possible
- Inform member of senior management team (at service) as soon as possible. Give as much of the following information as possible:
  - date, time, location and nature of incident
  - names of those involved
  - Details of any injuries.
  - Actions taken.
  - contact point to be used
- Consider requesting additional assistance.
- Keep member of senior management team regularly updated.
- Control any communications by the rest of the group. Rumours spread very quickly and can cause serious and unnecessary upset
- Make an accurate record of all details as soon as possible – do not leave this until later when your memory of details may be confused.
- Consider whether activity should be abandoned. If so, arrange for non-casualties to return to service. Liaise with senior management team over transport arrangements.
- **Do not** discuss legal liability

## APPENDIX 8 – INFLUENZA (OR OTHER) PANDEMIC PLAN

**In the event of the Government advising services or classes/year groups to close, the council will provide advice and guidance as appropriate at that time.**

1. Procedures for Dealing with Symptomatic Individuals
  - Any child or member of staff displaying symptoms of influenza or other pandemic-related illness will be isolated immediately in a designated area.
  - The individual will be sent home as soon as possible, with advice to seek medical attention if necessary.
  - Parents/carers of symptomatic clients will be contacted immediately.
  - Staff supervising symptomatic individuals will use appropriate personal protective equipment (PPE) if necessary and wash hands thoroughly after contact.
2. Systems to Minimise the Spread of Infection
  - Enhanced handwashing procedures for all clients, staff, and visitors, including handwashing on arrival, before and after eating, after using the toilet, and after sneezing/coughing.
  - Installation and use of hand sanitiser stations at key points around the site.
  - Regular cleaning and disinfecting of frequently touched surfaces (e.g., door handles, tables, equipment).
  - Maximising ventilation by opening windows and using outdoor spaces where possible.
  - Reducing mixing between different client groups (e.g., staggered sessions, separate therapy areas).
  - Staff and clients encouraged to follow respiratory hygiene ('catch it, bin it, and kill it').
3. Maintaining Lessons and Therapy if Staff Become Sick
  - If staffing levels are impacted, priority will be given to maintaining support for the most vulnerable clients.
  - Remote learning and therapy options will be developed and utilised where possible.
  - Staff will be flexible in covering essential duties, working across teams as necessary, within their professional competence and safeguarding frameworks.
  - Where needed, sessions may be rescheduled or adapted to meet the needs of clients while managing reduced staff capacity.
4. Managing Visitors and External Services
  - Visitors, including facilitators, therapists, and other external professionals, will be limited to essential visits only.
  - Visitors will be asked to follow all infection prevention measures, including hand sanitising and mask-wearing (if required).
  - Non-essential activities (e.g., after-service clubs, social events) will be suspended or moved online.
  - External trainers and staff development sessions may be held virtually to minimise risks.
  - Contact logs will be maintained for all visitors to facilitate contact tracing if needed.
5. Reallocation of Staff Roles
  - Staff may be asked to take on different duties to ensure essential functions can continue.
  - Teaching and non-teaching staff may support with supervision of clients and other roles appropriate to their training and safeguarding clearance.
  - Staff will be briefed and supported when redeployed to ensure they are working within their competence and confidence.
6. Remote Education and Therapy Provision
  - In the event of a service closure, remote education and therapy will be offered where possible, using online platforms, or pre-recorded materials.
  - Therapists and education staff will adapt sessions for home delivery, ensuring they remain

accessible and effective.

- Regular contact will be maintained with clients and their families to monitor wellbeing and provide support.
- Remote risk assessments will be conducted to ensure the suitability and safety of online provision for individual clients.

#### 7. Communication with Families and Staff

- Clear and regular communication will be maintained with families and staff regarding changes to service provision, health and safety measures, and expectations during a pandemic.
- Updates will be shared via email, text message, telephone, and the service website/social media as appropriate.
- A named contact (Clinical Lead or Deputy) will be available for parents/carers to raise concerns and seek clarification.

#### 8. Review and Adaptation of Plan

- This pandemic plan will be reviewed regularly in line with Government and local authority advice.
- Amendments will be communicated promptly to all staff and families.
- Debriefs will be held to evaluate the effectiveness of measures and to improve the plan if needed.

## APPENDIX 9 - BOMB THREATS AND SUSPECT PACKAGES

### Bomb threat prompt card for staff

Action to be taken	X when complete
Stay calm	
Make a note of: <ul style="list-style-type: none"> <li>• The code word: "Mrs Green is coming to visit".</li> <li>• the exact time of the call</li> <li>• the caller's sex and approximate age</li> <li>• Any accent the person has, or any distinguishing feature about their voice e.g., speech impediment, state of drunkenness etc.</li> <li>• any distinguishable background noises</li> </ul>	
When they have finished the message, try to ask as many of the following questions as you can, being cautious to avoid provoking the caller: <ul style="list-style-type: none"> <li>• Where is the bomb?</li> <li>• What time is it due to go off?</li> <li>• What kind of bomb is it?</li> <li>• What does it look like?</li> <li>• What will cause it to explode?</li> <li>• Why are you doing this?</li> </ul>	
Dial 1471 - you may get the details of where the phone call was made from, especially in the case of a hoax caller	
Report the call to the police and the Clinical Lead immediately. In the extremely unlikely event that there was a code word with the message, and the location of the bomb was given as a location other than the service, follow the same procedure - report the call immediately to the police, and then notify the Clinical Lead.	

### Guidance on suspect packages

The likelihood of a service receiving a postal bomb or suspected biological/chemical package is very low, however, you should be aware of the immediate steps to be taken if you receive a suspect package or come into contact with a biological or chemical substance.

Postal bombs or biological/chemical packages may display any of the following signs:

- Grease marks or oily stains on the envelope or wrapping
- An unusual odour including but not restricted to almonds, ammonia or marzipan
- Discolouration, crystals on surface or any powder or powder-like residue on the envelope or wrapping (suspect biological/chemical threat)
- Visible wiring or tin foil
- The envelope or package may feel very heavy for its size
- The weight distribution may be uneven
- Delivery by hand from an unknown source or posted from an unusual place
- If a package, it may have excessive wrapping
- There may be poor handwriting, spelling or typing

- It may be wrongly addressed, or come from an unexpected source
- No return address or postmark that does not match return address
- There may be too many stamps for the weight of the package

**If you suspect that a letter or a package may contain a bomb:**

- Stay calm
- Put the letter or package down gently and walk away from it
- Do not put the letter or package into anything (including water) and do not put anything on top of it
- Ask everyone to leave the area (including classes if necessary)
- Notify the police and the Clinical Lead immediately
- Do not use mobile phones or sound the alarm using the break glass call points

**If you suspect that a letter or a package may contain a biological or chemical threat:**

- Stay calm
- Do not touch the package further or move it to another location
- Shut windows and doors in the room and leave the room, but keep yourself separate from others and available for medical examination
- Notify the Clinical Lead immediately

**The Clinical Lead should then:**

- Notify the police immediately on 999
- Ensure that any air conditioning system in the building has been turned off, and that all doors (including internal fire doors) and windows have been closed
- Evacuate the building, keeping people away from the contaminated room as far as possible
- Keep all persons exposed to the material separate from others and available for medical attention
  
- If anyone is experiencing symptoms of chemical exposure (e.g., streaming eyes, coughs and irritated skin) seek medical attention immediately

If anyone believes they have been exposed to biological/chemical material, they should be encouraged to:

- remain calm
- do not touch eyes, nose or any other part of the body
- wash your hands in ordinary soap where facilities are provided



## APPENDIX 10 - LOG KEEPING

### *How to write the log:*

- Note all relevant facts in chronological order
- Stick to the FACTS - do not include any assumptions (if you are noting down assumptions to show your reasoning for deciding, make this clear)
- If you make a mistake, cross it out with a single line | so that what is underneath is still visible, and initial it
- Do not leave blank spaces - or if you do, rule them out with a line
- Do not overwrite – if you make a mistake, cross it out, initial it and start again
- Do not leave large blank spaces between words or between entries
- Do not use correction fluid
- Unused space after the end of a series of entries should be ruled through, then signed in full, dated and timed
- Avoid approximations and abbreviations

**Log Sheet**

Incident:	
Location of incident:	

Date	Time	Event/Action Taken	Initials

**APPENDIX 11 - TRAINING AND EXERCISING**

*Training record:*

Date	Training	Areas covered	Attendees

*Exercise record:*

Date	Brief details of exercise	Actions identified	Outcome of actions	Aspects of plan tested

## APPENDIX 12 - BUSINESS CONTINUITY

Business continuity planning is the process involved in ensuring that a business or organisation can continue with its critical functions after a disaster or emergency. In the case of services, one of these functions is to continue clients' education. It is essential to identify what is required to continue these functions and which vital records or data need to be duplicated or backed up.

Statistically, the emergency most likely to be experienced by a service is one that affects the service building, such as a fire or flood. Having an inventory of the contents of the service is invaluable for calculating losses for insurance claims. This section is divided into three tables for completion by the service.

### 1. Equipment Inventory

This table should include key items such as IT, electrical equipment, and any other specialist, large, or expensive items. Everyday items like desks and chairs do not need to be listed in detail.

Description	Make	Model Number	Serial Number	Purchase Price	Purchase Date

### 2. IT Data and Systems

All important data stored on service computers should be backed up in accordance with a separate IT Disaster Recovery Plan. (Refer to your IT services supplier and/or Data Protection Officer for further information). This table allows the recording of essential data sets and IT systems, and where they are backed up.

Data/System	Number of Users Requiring Access	Backed Up? (Y/N)	Where Backup is Held

### 3. Paper-Based Records

Services will have at least some essential paper-based records, which could be easily damaged or destroyed in a fire or flood. These should be listed in the table below along with the locations of back-up copies, which should be stored off-site. This includes your emergency plan.

Document	Location	Duplicated? (Y/N)	Where Are Duplicates

			Held?

#### 4. Staff Awareness and Psychological Impact

Staff should be encouraged to consider where they store lesson plans and clients' coursework, as loss of these could have a significant psychological impact on both staff and clients. Where possible, copies of lesson plans and essential client work should be stored digitally with appropriate backups in place.

## APPENDIX 13 - IT Disaster Recovery Plan

The IT Disaster Recovery Plan forms part of the overall Business Continuity Plan for Pony Partnerships CIC. Its purpose is to ensure that essential IT systems, data, and communications can be restored quickly and effectively following a disaster, emergency, or significant IT failure. This plan aims to safeguard client information, maintain service delivery, and support the continuation of critical functions.

### 1. Scope of the IT Disaster Recovery Plan

- All essential IT infrastructure, systems, networks, and data used by Pony Partnerships CIC
- Systems hosted both on-site and in the cloud.
- Backup systems, including off-site and cloud-based storage.
- Communications systems including email and telephone lines.
- Client management, safeguarding, and education systems.

### 2. Objectives

- Minimise disruption to service delivery caused by IT failures.
- Ensure swift restoration of critical IT services.
- Protect client data and maintain data security and confidentiality.
- Maintain communication with staff, clients, and stakeholders during recovery.
- Prevent loss of essential data, including safeguarding and therapy records.

### 2. Risk Assessment and Potential IT Disasters

- Cyber-attack or ransomware.
- Server or network failure.
- Loss or theft of devices containing sensitive data.
- Accidental deletion or corruption of data.
- Physical damage to IT infrastructure due to fire, flood, or vandalism.
- Power outages affecting access to digital systems.

### 4. Roles and Responsibilities

- Clinical Lead: Overall responsibility for activating the IT Disaster Recovery Plan.
- Deputy Safeguarding Lead: Support with safeguarding-related data recovery and communication.
- IT Support Provider (Evolve): Responsible for technical recovery, restoring systems, and ensuring backups are operational.
- Business Support/Admin: Communication with staff, clients, and stakeholders; maintaining records of recovery process.

### 5. Backup Procedures

- Daily automated backups of all critical systems and data, including client records, therapy notes, and safeguarding files.
- Backups stored securely off-site and in encrypted cloud storage.
- Regular testing of backup systems to ensure data integrity.
- Documented backup schedule and verification logs maintained by IT Support Provider.

### 6. Recovery Procedures

In the event of IT system failure or data loss:

1. Notify Clinical Lead and IT Support Provider immediately.
2. Assess the nature and extent of the failure or breach.
3. Activate appropriate backup systems to restore critical functions:
  - a. Restore client records and safeguarding data from encrypted backups.
  - b. Re-establish email and communications systems.
  - c. Restore access to shared drives, client management systems, and therapy records.
4. IT Support Provider will monitor systems for stability and security following restoration.

5. Staff will be updated on progress and expected timescales.
6. Incident logged in service's incident records.

#### 7. Communication during IT Recovery

- Use designated mobile phones for critical communication if email or internal messaging is unavailable.
- Notify staff and clients of service disruptions and estimated recovery times.
- Inform data protection authorities (e.g., Information Commissioner's Office) in case of significant data breaches.
- Use alternative methods for client contact (e.g., personal mobile numbers) until systems are restored.

#### 8. Data Security and Confidentiality

- All recovered data will be checked for integrity and completeness.
- Confidential data will only be restored and accessed by authorized personnel.
- Any suspected data breaches will be managed under GDPR compliance and safeguarding policies.
- Any temporary storage devices used during recovery will be encrypted and securely wiped after use.

#### 9. Testing and Reviewing the Plan

- The IT Disaster Recovery Plan will be tested annually in collaboration with IT Support Provider (Evolve).
- Any lessons learned from incidents or testing will inform updates to the plan.
- Staff will be made aware of any changes to IT recovery procedures.
- The plan will be reviewed as part of the annual review of the Critical Incident and Business Continuity policies.

#### 10. Contact Information

- IT Support Provider (Evolve): 0800 640 6343 / 01332 497240.
- Clinical Lead: Danielle Mills - 07505951793.
- Deputy Safeguarding Lead: Claire Jacob - 07768185391.