Frederick Bremer School



Health & Safety Policy 2024

Person Responsible	Shermaine Lewis
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1. Policy Overview

Frederick Bremer School is committed to providing a healthy and safe environment for all stakeholders and we, therefore, strive to provide the highest possible standards of care towards all pupils, employees, visitors and members of the public during their involvement with the school This policy sets out the ways in which the school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on <u>health and safety in schools</u> and the following legislation:

- <u>The Health and Safety at Work etc. Act 1974</u>, which sets out the general duties employers have towards employees and duties relating to lettings
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to make an assessment of the risks to the health and safety of their employees
- <u>The Management of Health and Safety at Work Regulations 1999</u>, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- <u>The Control of Substances Hazardous to Health Regulations 2002</u>, which require employers to control substances that are hazardous to health
- <u>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013</u>, 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
- <u>The Health and Safety (Display Screen Equipment) Regulations 1992</u>, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- <u>The Gas Safety (Installation and Use) Regulations 1998</u>, which require work on gas fittings to be carried out by someone on the Gas Safe Register
- <u>The Regulatory Reform (Fire Safety) Order 2005</u>, which requires employers to take general fire precautions to ensure the safety of their staff
- <u>The Work at Height Regulations 2005</u>, which requires employers to protect their staff from falls from height

As a school, we also follow <u>national guidance published by Public Health England</u> when responding to infection control issues.

3. Roles and responsibilities

3.1 The local authority and governing board

The London Borough of Waltham Forest has ultimate responsibility for all health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing body.

3.2 The governing board

The governing body has responsibility for the strategic management of the school's health and safety processes. In fulfilling this responsibility, the governing body will:

- Act in accordance with the processes established within this policy and all associated guidance/policies.
- Support the school in completing its strategic assessment of risks to pupils, staff and other members of the school community in order to ensure that school implements appropriate risk management strategies.
- Ensure that appropriate monitoring processes are in place to evaluate the school's health and safety practices and procedures

The governing body delegates operational matters and day-to-day management of the school's processes to the Headteacher and staff members.

3.3 Headteacher

The Headteacher is responsible for ensuring the effective implementation of the school's health and safety process and day-to-day management of all health and safety matters. In fulfilling this responsibility, the Headteacher will:

- Ensure the effective implementation of the health and safety policy.
- Ensure there is enough staff to safely supervise pupils.
- Ensure that the school building and premises are safe and regularly inspected.
- Ensure that appropriate training is provided to all school staff.
- Ensure that appropriate procedures are in place to report to the governing body on health and safety matters.
- Ensure that appropriate evacuation procedures are in place and regular practice evacuations are completed.
- Ensure that appropriate risk management processes are in place to effective manage any risks relating to activities taking place throughout the school.

In the Headteacher's absence, the Health and Safety Lead (Shermaine Lewis: School Business Manager) assumes the above day-to-day health and safety responsibilities.

3.4 Health and Safety Lead

The Health and Safety Lead has responsibility for implementing the school's health and safety processes and ensuring the day-to-day environment remains safe and healthy. In fulfilling this responsibility, the Health and Safety Lead will:

- Implement the school's health and safety policy, including monitoring of all relevant risk management strategies.
- Co-coordinate relevant all staff training (including all staff health and safety training, fire evacuation training, etc.)

- Liaise regularly with the site management company (Equans) to ensure that the school buildings and premises are safe and free from risk.
- Report regularly to the Headteacher and governing body in relation to all matters related to health and safety.

The nominated Health and Safety Lead is Shermaine Lewis (School Business Manager)

3.5 Subject Leaders

All subject leaders have a responsibility for ensuring that all learning activities within their subject area(s) take place within a safe and healthy environment and in accordance with the school's health and safety processes. In fulfilling this responsibility subject leaders should ensure:

- Appropriate risk management strategies are in place to respond to the needs of the relevant subject's curriculum learning aims (including specialist subject areas).
- Any specialist or subject specific training is provided to subject staff through liaising with the school's Health and Safety Lead.
- That they work in accordance with specialist training and instructions and model safe and healthy
 practices in relation to specialist equipment to other subject staff.
- That any situation relating to danger arising from specialist equipment is reported (in accordance with guidance) any that remedial action can be taken.
- Health and safety is a standing item on meeting agendas and every half term health and safety audit forms must be completed, although all issues should already have been reported.

3.6 All Staff

All staff have a duty to take care of pupils in the same way that a prudent parent would do so. In particular all staff should:

- Understand and adhere to the school's health and safety policy and all associated guidance.
- Take reasonable care of their own health and safety and that of others who may be affected by any
 actions or omissions whilst completing their duties at work.
- Ensure that they work in accordance with training and instructions and model safe and healthy practices to pupils.
- Understand emergency evacuation procedures and feel confident in implementing them.
- Report any situation representing an immediate danger so that remedial action can be taken. Equans can be contacted on 3365 or by emailing <u>wfs.helpdesk.uk@equans.com</u>.

3.7 Pupils

Pupils have a responsibility to ensure that they act in accordance with the school's health and safety advice at all times when on-site, engaged in school activities or travelling to/from school. In fulfilling this responsibility pupils should:

- Take reasonable care of their own health and safety and that of others who may be affected by any
 actions or omissions whilst on-site, engaged in school activities or travelling to/from school.
- Understand emergency evacuation procedures and adhere to these during all emergency evacuations procedures.
- Report (in accordance with guidance) any situation representing an immediate danger so that remedial action can be taken

3.8 Parents and visitors

Parents and visitors have a responsibility to ensure that they act in accordance with the school's health and safety advice at all times when on-site. In fulfilling this responsibility parents and visitors should:

- Take reasonable care of their own health and safety and that of others who may be affected by any
 actions or omissions whilst on-site, engaged in school activities or travelling to/from school.
- Understand emergency evacuation procedures and adhere to these during all emergency evacuations procedures.
- Report (in accordance with guidance) any situation representing an immediate danger so that remedial action can be taken

3.9 Equans Site Management

Equans Site Management, as the school's PFI management company, are responsible for maintaining the school buildings, premises and specific equipment detailed within their service level agreement. In fulfilling this responsibility Equans Site Management should:

- Understand to and adhere to the school's health and safety policy and all associated guidance.
- Take reasonable care of their own health and safety and that of others who may be affected by any
 actions or omissions whilst on-site, engaged in their normal work activities.
- Ensure that all contracted risk assessment processes are kept up-to-date and are used within the regular, day to day working practices of all their staff.
- Ensure that all elements of the buildings, premises and identified equipment are maintained in accordance with the agreed schedules set out within the service level agreement and appropriate regulatory bodies.
- Complete regular inspections of the buildings, premises and equipment (including annual testing of equipment) to ensure a safe and healthy environment for all.
- Ensure that any situations which might affect the safety of pupils, staff, visitors or members of the local community are communicated to the Headteacher and Health and Safety Lead.

3.10 Contractors

Contractors will agree health and safety practices with the Headteacher or Equans Site Management 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

Equans Site Team are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. Nominated key holders are available *and will respond to an emergency*.

5. Emergency Evacuation and Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud siren.

Fire alarm testing will take place each Monday between 8am and 8.15am.

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

In the event of a fire or emergency evacuation:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately (Staff and pupils should ensure they follow the designated evacuation routes indicated in each room)
- 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 and pupils will congregate at the assembly point. The assembly point for pupils is within their year group specified area. Staff to assemble along the fence between the MUGA and main playground.
- Form tutors will take a register of pupils, which will then be checked against the attendance register of that day.
- Staff and visitors and contractors (Equans contractors are registered by Equans) will also be registered at the assembly point by members of the admin team.
- Staff and pupils will remain outside the building until the emergency services say it is safe to reenter
 - The school has specific arrangements in place for the evacuation of people with mobility needs (PEEPs) and fire risk assessments also pay particular attention to those with disabilities.

A fire safety checklist can be found in appendix 1.

6. COSHH

Schools 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 Heads of Departments where relevant and are available 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.

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

In accordance with wider legislation all installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. All rooms with gas appliances are checked to ensure that they have adequate ventilation. Gas pipework, appliances and flues are regularly maintained

6.2 Legionella

- A water risk assessment is completed quarterly by Clira. Bill Kesby who is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.
- The risks from legionella are mitigated by the following: e.g. temperature checks, heating of water, disinfection of showers, flushing the system, descaling. Checks are conducted by the site team four times per week.

6.3 Asbestos

- The school building was constructed in 2008 and does not contain Asbestos within any element of the construction specification and there is, therefore, minimal risk of risks arising as a result of asbestos.
- Any department that brings in equipment should have this checked to ensure that it does not contain asbestos.

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

- Staff are discouraged from bringing in personal electronic items
- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who directs them
- Any potential hazards must be reported immediately using the guidance provided.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed. A fixed wire test is carried out every 5 years
- Only trained staff members can check plugs
- An annual a portable appliance test (PAT) will be carried out by a competent person
- 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

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported by the relevant supervising staff.
- PE equipment is checked annually by an external provider.

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)

7.4 Specialist equipment

- Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.
- Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

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.

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:

- Ladders owned by Equans/sub-contractors should not be operated by anyone not employed by Equans. If work at height is required you must liaise with Equans to arrange the work
- Pupils are prohibited from using ladders or any other method of working at height
- Ladders can be purchased by heads of departments if necessary but must be agreed with SBM
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

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

Staff and pupils 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. Educational Visits

When planning or executing any educational visit, this policy should be read in conjunction with the school's Educational Visits Policy which sets out the full process and requirements associated with educational visits.

12. Lettings

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

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 should report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises – Staff should refer to the Code of Conduct for further details and information relating to the school's expectations in this area.

15. Infection prevention and control

We follow national guidance published by Public Health England when responding to infection control issues.

We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels or hand dryers
- 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

- Contact Equans immediately if there is blood or bodily fluid spillage
- 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

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 pupils 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 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

Following good hygiene practices

• We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime

• We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned [twice a day]

Keeping rooms well ventilated

• We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

15.10 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

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

16. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

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 school for responding to individual concerns and monitoring staff workloads.

18. Accident reporting

This guidance is about reporting accidents and incidents and should be read in conjunction with LCoP1-Accident Reporting

18.1 Accident recording

- Accidents and/or injuries involving pupils must be recorded in the pupil's record on SIMS by the member of staff or first aider who deals with it
- Accidents involving staff must be reported online via the <u>MyCompliance</u> online accident form as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- An accident which results in or could have resulted in physical harm to people or damage to property or both or violence perpetrated against an employee or other persons in the workplace whether or not an injury occurs must also be reported using the Accident and Incident Reporting Line. More details can be found in Appendix 2

• Records held in SIMS and on MyCompliance will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

18.2 Reporting to the Health and Safety Executive

The School Business Manager 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 School Business Manager will report these to the LBWF Health and Safety Team as soon as is reasonably practicable and in any event within 24 hours of the incident. The LBWF Health and Safety Team will ensure RIDDOR reports are made on behalf of the school.

School staff: reportable injuries, diseases or dangerous occurrences

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)
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health

An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a educational visit)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

How to make a RIDDOR report, HSE

19. Training

All staff are provided with health and safety training as part of their induction process. In addition, annual training is also provided to all staff; whether as face to face training in September or through a recognised e-learning provider.

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

20. Monitoring

This policy will be reviewed by the health and safety lead every 3 years and will be approved by the Governing Body on an annual basis.

At every review, the policy will be approved by the Headteacher and ratified by the Governing Body.

21. Links with other policies and procedures

This health and safety policy links to the following policies or procedures:

- Safeguarding Policy
- Educational Visits Policy
- Fire Safety Management Policy
- Accessibility plan
- First Aid & Medicine Policy
- Mini Bus Policy
- Critical Incident Policy

Appendix 1: Fire safety checklist

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



Appendix 2: Accident Reporting using My compliance online form:

When creating a new incident report provide your name, all fields marked with * are mandatory

Modules Modules	5 🕶
Dashboards - Incidents - Areas - Options -	
New Incident Report	
Report created by: Dave Garioch	
Who reported or noticed the incident?*	
Reported by	
Category*	
Select Category	
Severity	
N/A ·	
Incident date*	
Incident Date	

You then choose which category of incident is from the following choices:

ategory*	
Select Category	•
Select Category	^
Accident	
H&S Incident	
H&S Near Miss	
H&S Potential RIDDOR	
III Health	
H&S Property Damage	Ŧ

Accident - where someone has been injured

H&S Incident - where there was the foreseeable potential for injury

H&S Near Miss - where there was no foreseeable potential for injury but something went wrong

H&S Potential RIDDOR - where a member of staff has an accident resulting in broken bones or is likely to have sickness absence of over 7 days. It is also where a member of the public, including students is taken from the scene of the incident directly to hospital for treatment

Ill Health - where someone feels unwell and does not need to be an accident

H&S Property Damage - where an incident results in property being damaged/lost

Depending on which category you choose with then bring up various fields to be completed, please remember those marked with a * are mandatory. If you do not know the age of the person enter 0. You do not need to enter the injured persons home address unless it is a potential RIDDOR report.



Choose Severity from the dropdown list

beventy	
N/A	•
N/A	•
1 - Critical	
2 - Major	
3 - Moderate	
4 - Minor	Ŧ

Critical - where there has been a death, multiple injuries, significant ill health which will result in over 7 days absence **Major** - where there has been a major injury or ill health that will result in between 3 and 7 day absence

Moderate - where there has been injury that requires first aid treatment or ill health that will result in less than 3 days absence

Minor - where there has been no injury, or an injury not requiring first aid, feeling unwell but able to remain at work

(For Accident category only)

Provide details of where the person was injured (tick all relevant areas)

Injured Area

Soverity

Abdomen	Ankle	Arm
Back	Chest	Ear
Elbow	Еуе	Face
Fingers	Foot	Groin
Hand	Head	Нір
Knee	Leg	Mouth
Neck	Nose	Shoulder
Toes	Wrist	

Provide details of the location of the incident, e.g. Outside the front steps of Walthamstow Town Hall. Then provide weather details if relevant. Next choose the incident type from the dropdown list.

Incident type*		
Other		-
]	
Other		A
Aggression	Ill Health	Other Road User
Collision with Another Person	Lack of Hazard Awareness	Play
Contaminated/Broken Floor Surface	Made a Mistake	Poor Lighting / Glare, etc.
Fall from Height	Multi-tasking	Rushing
Faulty Equipment	Near Miss	Security Incident
Handling Technique	Not Identified	Slip, Trip, Fall same level
	Other Road User	Sport 👻

Now provide factual details of what led up to and included the incident. By providing details of what happened before the incident the manager investigating is more likely to be able to identify the root cause of the incident.

In this box please do not enter actual names of people, instead use:



IP for injured Party, if there is more one person injured use IP1, IP2, etc
AP for Affected Party, if there is more one person injured use AP1, AP2, etc
W1, W2 for witness 1, 2 etc.
AG1, AG2 for Aggressor 1, 2 etc.
FA for the first aider

In the next box detail what immediate action was taken to address the situation, e.g. provision of first aid, preserving the scene of the incident, gathering witness statements...

You now get the opportunity to put down how you thought it happened by selecting an Root cause from the dropdown list

Root cause category		
Other		-
Other		^
Aggressive member of the public	Lack of information/instruction	
Aggressive service user/student	Lack of risk assessment	
Correct PPE not available	Lone working	
Faulty Equipment	Not wearing correct PPE	
Lack of adequate supervision	Risk assessment not checked	
Lack of hazard knowledge	Rushing to get the job done	•

You can then indicate why you thought that was the root cause, this will help the manager with their investigation.

Now press submit to enter the incident onto your register.



Appendix 3: Recommended absence period for preventing the spread of infection

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

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

Infection or complaint	Recommended period to be kept away from school or nursery	
Athlete's foot	None.	
Campylobacter	Until 48 hours after symptoms have stopped.	
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.	
	A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.	
Cold sores	None.	
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	
Rubella (German measles)	5 days from appearance of the rash.	
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.	
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.	
Ringworm	Exclusion not needed once treatment has started.	
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.	
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.	
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).	



Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.
	For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.
	If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None
	I



Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
None
If the child has been treated and has recovered, they can return to school.
Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
None.
None.
5 days after onset of swelling (if well).
None.
Until 48 hours after symptoms have subsided.