



Health and Safety Policy

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1. Introduction and Statement of Intent

The Health, Safety and Welfare of all the people that work or learn at our school are of fundamental importance.

Our School aims to provide and maintain a safe and healthy place of work for employees, as well as taking all reasonable steps to ensure that pupils, parents and members of the public (that may be affected by its work) are exposed to the lowest practicable level of risk.

We aim to establish and maintain safe working procedures amongst staff, pupils, volunteers and all visitors to the school site as well as having in place effective procedures in case of fire, other emergencies and for evacuation of the school premises.

2. Legislation

This policy is based on advice from the Department of Education on health and safety in schools and the following legislation:

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

The School follows national guidance published by Public Health England when responding to infection control issues.

3. Roles and Responsibilities

3.1 The Local Authority and Governing board

Suffolk County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for strategic management and such matters to the school's Governing board.

3.2 Headteacher

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

- Implementing the Health and Safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed

3.3 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions
- Inform an appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.4 Pupils and Parents

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

3.5 Contractors

Contractors will agree health and safety practices with the Headteacher before starting work. Before work begins the contractor will provide evidence that they have an adequate risk assessment of all their planned work.

4. Site Security

The Headteachers are responsible for the security of the school site in and out of school hours. They are responsible for the visual inspections of the site and the extra vigilance required before any school holiday.

Keyholders are responsible for the locking and securing of the school site at the end of the school day.

The fire alarm systems are maintained and regularly checked by the office staff.

5. Fire

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

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing takes place once a week.

New staff 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:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will begin immediately.
- Fire extinguishers may be used by staff, and only 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. This is to the left of the playground (facing away from the school)
- Class teachers will take registers of pupils, which will then be checked against the attendance register of that day
- The Headteacher will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

6. COSHH

Schools are required to control hazardous substances, which may take many forms, including:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis and legionnaires disease

All hazardous substances used at the school are kept within the caretakers cupboard which is kept locked and inaccessible to staff and pupils. The key for this cupboard is stored in a key safe located in the school office. The Control of Substances Hazardous to Health (COSHH) sheets are printed and stored in a folder within the caretakers cupboard.

Our staff use 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.

6.1. Legionella

A water risk assessment has been completed on 4th March 2020 by Jordan Environmental. The Office staff are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.

The risk assessment is reviewed every year and when significant changes have occurred to the water system and/or building footprint.

The risks from legionella are mitigated by the regular temperature checks and flushing of outside taps and heating of water.

6.2 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it.

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work.

Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe.

A record is kept of the location of the asbestos that has been found on the school site.

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers or areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical equipment

All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.

Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who directs them.

Any potential hazards will be reported to the Headteacher/s immediately.

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

Only trained staff members can check plugs.

PAT tests are carried out yearly by Calbarrie Ltd.

All isolator switches are clearly marked to identify their machine.

Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.

7.2 PE equipment

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

Any concerns about the condition of the PE equipment should be reported to the Headteacher/s.

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:

- Any ladders are locked away in caretakers cupboard
- Children are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

It is up to the 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 an injury or exacerbate an existing concern, 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 that you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11. Off-site visits

When taking pupils off school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will have access to a mobile phone, a portable first aid kit, information about specific medical needs of pupils along with the parents contact details
- There will always be at least one first aider on school trips and 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 schools Health and Safety policy, and will have responsibility for complying with it.

13. Violence at work

We believe that staff should not be in danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the Headteacher/s immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Drugs

The school does not permit the possession, use or supply of any illegal or legal drug (unless authorised legal drug) within the school boundaries. This covers on or near the school premises, within the school day and during term-time, on school visits, school journey/residential and at school events. These rules apply equally to staff, pupils, parents and carers, governors and those working at or visiting the school.

The school will permit the administering of medicines at school to pupils but only with the written consent of their parents or carers. Further details of administering medicines can be found in the school's First Aid policy.

15.1 Managing drug related incidents

A drug related incident includes any incident involving any drug that is unauthorised and therefore not permitted within the school boundaries. These can involve a parent or carer collecting their child while under the influence of alcohol, misusing another pupils inhaler; disclosing concerns about a family member who is abusing drugs; giving medicines to another pupil and a member of staff finding drugs, or related items, on school premises.

In drug related incidents the following principles will apply:

- The Headteacher(s) will be informed immediately
- All situations will be carefully considered before deciding on a response, taking into account the needs of the pupil and the needs of the school as a whole
- Parents and carers will be involved at an early stage
- Support agencies, including the police, will be involved as appropriate
- Incidents will be reported to the Chair of Governors

16. Infection prevention and control

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

See separate policy for Covid-19 infection control.

16.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and Sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is discouraged

16.2 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 bloody/body fluids
- Use the correct personal protective equipment when handling cleaning chemicals

16.3 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected area
- Never use mops for cleaning up blood or body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills

16.4 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used gloves, aprons and soiled dressings should be stored in correct clinical waste bags in a foot-operated bin
- 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

16.5 Animals

- Wash hands before or 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

16.6 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 chicken pox, 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.

16.7 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

17. New and expectant mothers

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

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

- Chicken pox can affect pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer or GP at any stage of exposure. Shingles is caused by the same virus as chicken pox, so anyone who has not had chicken pox 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 or 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 carer and GP as this must be investigated promptly.

18. 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.

19. Accident reporting

19.1 Accident report folder

- An accident form will be completed as soon as possible after the accident occurs by a member of staff or first aider who deals with it. An accident form template can be found in Appendix 2.

- As much detail as possible will be supplied when reporting an accident
- Records held in the accident folder will be retained by the school for the following:
 - Pupils: Date of birth +25 years
 - Adults: Date of accident +12 years

19.2 Reporting to the Health and Safety Executive

The school office 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 Office Administrator will report these to the Health and Safety Executive as soon as reasonably practicable and in any event within 10 days of the incident.

Reporting injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs or toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any loss of consciousness caused by a head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done.
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to the school include, but are not limited to:
 - The collapse or failure of load-bearing parts or lifts and lifting equipment
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion.

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

How to make a RIDDOR report – <https://www.hse.gov.uk/riddor/report.htm>

19.3 Notifying parents

The Office Administrator will inform parents of any accident or injury sustained by a pupil in the school and any first aid treatment given, on the same day.

20. Training

Our staff are provided with first aid training every 3 years and fire awareness training every 2 years.

21. Monitoring

This policy will be reviewed by the Headteacher/s annually.

At every review the policy will be approved by the full Governing body for the school.

22. Links with other policies

This health and safety policy links with the following policies:

- First aid
- Risk assessment
- Accessibility plan
- Security 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 report



Bealings School
01473 622376

Accident Form

Name of Child:	
Date of Incident/Accident:	
Time of Incident/Accident:	
Name of First Aider:	
Location of Accident: Playground (P), classroom©, Field (F), etc	
Description of Injury and Location (left arm, etc): Head bump (HB), Cut (C), Burn (B), Graze (G), Sprain(S), Nose bleed (NB), or other (Please state)	
Actions taken: Ice Pack (IP), Plaster(P) , Cleaned wound(CW) Other- Please State	
Class teacher informed: YES/NO	
Parents notified: YES/NO If Yes, how were parents informed? (Telephone/email/letter home to parents)	
Parent Signature and Date: (for head bumps and more serious injuries)	

Appendix 3. Asbestos record

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment

Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>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.</p> <p>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.</p>
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome,	None (not infectious by the time the rash has developed).

Parvovirus B19, Fifth's disease	
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)	<p>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.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
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.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

