

Health and Safety

Due to the 2020-21 Pandemic please review The Pace Centre Covid 19 risk assessments to show additional actions taken to support this overarching Health and Safety policy for the Pace Centre Ltd.

[Changes to school covid 19 risk assessment from 9th May 2022 - info for staff.docx](#)

[Covid 19 Secure RA](#)

[Pace School Covid-19 RA phased approach](#)

[C&F Procedures for safe practice](#)

1. Aims
2. Legislation
3. Site
4. Site security
5. Fire
6. COSHH
7. Equipment
8. Lone working & WFH working from home
9. Working at height
10. Manual handling
11. Off-site visits
12. Lettings
13. Violence at work
14. Smoking
15. Infection prevention and control
16. New and expectant mothers
17. Accident reporting
18. Training



19. Monitoring

20. Links with other policies

Appendix 1. Fire safety checklist

Appendix 2. Recommended absence period for preventing the spread of infection

STATEMENT OF INTENT

The Board of Trustees of The PACE Centre is committed to high standards of health, safety and wellbeing and will take all reasonable steps to meet its responsibilities under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the DfE guidance Health and Safety: Advice on Legal Duties and Powers 2014, other relevant health and safety legislation and the Regulatory Reform (Fire Safety) Order and also to ensure the Centre's health and safety policies and procedures are implemented with regard to the provision of:

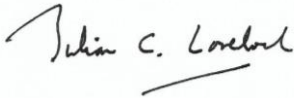
- a safe and healthy working environment with adequate control of health and safety risks arising out of the school's activities
- an effective local organisation within the school to implement the policy
- full and effective consultation with employees on matters affecting their health and safety
- effective communication throughout the school on health and safety matters
- competent specialist advice on health and safety matters when this is not available in the school
- sufficient information, instruction, and training for staff on health and safety
- staff who are competent to carry out their work to meet their health and safety responsibilities and have been provided with adequate training and development to do this
- the effective management of contractors
- the effective monitoring and review of the implementation of the health and safety policy and health and safety performance.

This statement sets out how these duties will be conducted and includes a description of the school's organisation and arrangements for dealing with different areas of risk. Details of how these areas of risk will be addressed are given in the arrangements section.

This policy will be brought to the attention of, and/or issued to, all members of staff and will be contained within the Policy Section of the Staff Handbook. The policy statement and the accompanying organisation and arrangements will be reviewed on an annual basis.

This policy statement supplements:

- The PACE Centre Staff Handbook
- The PACE Centre Child Care Policies and Procedures
- The PACE Centre Educational Visits Documentation
- The PACE Policy Safer Recruitment Policy and Procedures.



Julian Lovelock **Chair of Trustees**



Ian Sansbury **Chief Executive**

Date 23/5/2022

Date 23/5/2022

1. Aims

Our school aims to:

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

2. Legislation

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

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties' employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which requires employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which states that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which requires 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 requires 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 Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters at The Pace Centre, but delegates day-to-day responsibility to the Chief Executive and Headteacher.

The Board of Trustees has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Board of Trustees is responsible for ensuring health and safety management systems are in place and effective.

As a minimum these systems should adhere to The Pace Centre's health and safety policy, procedures and standards as detailed in this Manual.

A Health and Safety Trustee has been appointed to receive relevant information, monitor the implementation of policies and procedures and to feedback health and safety issues and identified actions to the Board of Trustees.

The School's Health and Safety Trustee is Julian Lovelock

The Board of Trustees receives regular reports from the Chief Executive or other nominated member of staff in order to enable it to provide and prioritise resources for health and safety issues.

Where required the Board of Trustees will seek specialist advice on health and safety matters which the establishment may not feel competent to deal with without such advice.

Pace, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

Responsibilities of the Chief Executive

Overall responsibility for the day-to-day management of health and safety rests with the Chief Executive.

The Chief Executive has responsibility for:

- Co-operating with the Board of Trustees to enable health and safety policy and procedures to be implemented and complied with
- Communicating the policy and other appropriate health and safety information to all relevant people including contractors
- Ensuring effective arrangements are in place to manage health and safety pro-actively by conducting and reviewing inspections and risk assessments and implementing required actions
- Reporting to the Board of Trustees on health and safety performance and any safety concerns/ issues which may need to be addressed by the allocation of funds
- Ensuring that the premises, plant, and equipment are maintained in a safe and serviceable condition
- Reporting to the Board of Trustees any significant risks which cannot be rectified within the establishment's budget
- Ensuring all staff are competent to carry out their roles and are provided with adequate information, instruction, and training

- Monitoring purchasing and contracting procedures to ensure health and safety is included in specifications and contract conditions

The Senior Management Team will:

- Apply the School's health and safety policy to their own department or area of work
- Ensure staff under their control are aware of and follow relevant published health and safety guidance (from sources such as DfES Advice on Health and Safety for Schools)
- Ensure health and safety risk assessments are undertaken for the activities for which they are responsible and that identified control measures are implemented
- Ensure that appropriate safe working procedures are brought to the attention of all staff under their control
- Take appropriate action on health, safety and welfare issues referred to them, informing the Chief Executive of any problems they are unable to resolve within the resources available to them
- Carry out regular inspections of their areas of responsibility and report / record these inspections
- Ensure the provision of sufficient information, instruction, training, and supervision to enable staff and pupils to avoid hazards and contribute positively to their own health and safety
- Ensure that all accidents (including near misses) occurring within their area of responsibility are promptly reported and investigated

3.2 Headteacher

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

- Implementing the health and safety policy
- Ensuring there are enough staff to safely supervise pupils
- Ensuring that the school buildings and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the Board of Trustees on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Headteacher's absence, the joint heads of school assume the above day-to-day health and safety responsibilities.

3.3 Health and Safety Lead

The current nominated health and safety lead is Ross Bonson. Facilities Manager

3.4 Staff

Under the Health and Safety at work Act 1974 all employees have general health and safety responsibilities. All employees are obliged to take care of their own health and safety whilst at work along with that of others who may be affected by their actions.

All employees have responsibility to:

- Take reasonable care for the health and safety of themselves and others in undertaking their work
- Comply with the School's health and safety policy and procedures at all times
- Report all accidents, incidents or near misses in line with the Accident Reporting Procedure
- Co-operate with School management on all matters relating to health and safety
- Not intentionally to interfere with or misuse any equipment or fittings provided in the interests of health, safety and welfare
- Report all defects in the condition of premises or equipment and any health and safety concerns immediately to their line manager
- Ensure that they only use equipment or machinery that they are competent / have been trained to use
- Make use of all necessary control measures and personal protective equipment provided for safety or health reasons

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

Responsibilities of Health and Safety Champions

Each Pace group has a nominated 'Health and Safety Champion'.

The Health and Safety Champion is a volunteer position. The role is designed to enable the person to represent colleagues on matters of Health and Safety.

The main responsibilities are:

- 1) To help ensure the effective implementation of The Pace Centre's Health and Safety Policy and procedures within the Centre / Group
- 2) To represent colleagues on matters concerning health and safety
- 3) To be an effective member of the Health and Safety Committee within the Centre
- 4) To ensure that information relating to health and safety is notified to all staff within their team
- 5) To liaise with the Health and Safety Officer
- 6) To attend regular health and safety meetings
- 7) To ensure that the minutes of such meetings are circulated to all staff within the team
- 8) To ensure that health and safety training requirements are notified to the Head of Training
- 9) To raise health and safety issues at staff / team meetings
- 10) To discuss the implications of health and safety within the group and ensure that staff are aware of action to be taken
- 11) To champion fire safety and to play an active role in the safe evacuation of pupils as per the FEEP for their respective site

3.5 Pupils and Parents

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

3.6 Contractors

Contractors will agree health and safety practices with the Chief Executive 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

Ross Bonson (Facilities Manager) is responsible for the security of the school site in and out of school hours. He is responsible for visual inspections of the site and for the intruder and fire alarm systems.

External contractor Risk Management are key holders and will respond to an emergency out of hours. Additional LT and SMT have additional access if required.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud (continuous) bell. 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 Fire Emergency Evacuation Plan (FEEP) for each site will be followed accordingly.

The school will have special arrangements in place for the evacuation of children and staff with mobility needs. Personal Emergency Evacuation Plans (PEEPs) are in place for all children and applicable staff and must be followed during an evacuation. These are on clear display in the classroom and are reviewed annually or as **required**.

Commented [JL1]: Ditto

Commented [JL2]: Is this the case now children move around more?

Commented [RB3R2]: I understand that students PEEPs travel with the students between classrooms as they move around the buildings.

A fire safety checklist can be found in appendix 1.

Please also refer to 'Fire Risk Assessment' completed by Chris Bailey in October 2017.

6. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapors
- 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 Ross Bonson (Facilities Manager) and circulated to all employees who work with hazardous substances. Staff are also 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

- Installation, maintenance and repair of gas appliances and fittings is carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained

All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

- A water risk assessment report has been completed by 'Compliance Surveys' 2014. The Facilities manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's waterlog book.
- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: running of taps, temperature checks, heating of water, disinfection of showers, etc.

6.3 Asbestos

- Asbestos analysis survey undertaken by Scopes Asbestos Analysis Services Ltd at 156 Wendover Road, HP22 5TE O2/O3/12 – NADIS – No Asbestos detected in sample/s
- Asbestos analysis survey undertaken by Compliance Surveys – at The Pace Centre, Coventon Road HP199JL 12/O5/2014 – NADIS – No Asbestos detected in sample/s
- 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 asbestos that has been found on the school site.

Commented [JL4]: Is there any asbestos in any building and do we have a register?

Commented [RB5R4]: Asbestos register is maintained which currently states that there are no asbestos with the building structures. Fiber board a similar product is located in the admin building providing fire proofing for the steel structure.

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
- Fixed accessibility, medical and therapeutic equipment is maintained under LOLAR, PUWER legislation and MHRA (Medicines and Health care products regulatory agency)

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 so directs them
- Any potential hazards will be reported immediately to the Facilities Manager.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators' switches are clearly marked to identify their machine
- Electrical apparatus and connections must not be touched by wet hands and may 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 Display Screen Equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

8. Lone Working & WFH working from home.

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, must not be undertaken when working alone. If there are any doubts about the task to be performed, then the task must be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member must be informed about where the member of staff is and when they are likely to return.

The lone worker must ensure that they are medically fit to work alone.

[Off site and lone worker policy 2021-2022.docx](#)

WFH – Working from home.

In addition to lone working and the increase in Pace staff members working in a hybrid manner after the Covid 19 Pandemic. Pace has introduced flexible working policy and procedures. Pace has a duty of care to home workers this is covered by Including home working in the health and safety induction process, DSE and ergonomic assessment undertaken on site by SMHT – Safer manual handling team and appropriate risk assessments.

[Flexible working policy and procedures 2021 - 2022.docx](#)

Commented [RB6]: Inclusion of working from home policy and process. 23/05/22

9. Working at Height

We ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The facilities manager retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff must 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 staff.

10. Manual Handling of Equipment and Furniture

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 must ask for assistance.

The School must 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 most 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

If in doubt, seek advice from the manual handling team.

11. Off-site Visits (see also: Procedure to be Followed for Taking Children out on Outings.)

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

- Risk assessments are completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone (or leave their own mobile phone number), a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage

12. Lettings

Pace occasionally hires out its premises for private lettings out of hours. 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. They will also adhere to the Pace Lettings policy and to their responsibilities as the hirer. See Lettings policy for more information.

Commented [JL7]: Playaway? Others?

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 must report any incidents of aggression or violence (or near misses) directed at 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.

15. Infection Prevention and Control

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

- The environment, including toys and equipment, is cleaned frequently and thoroughly by appointed cleaners and staff members as appropriate.

15.5 Cleaning of Blood and Body Fluid spillages

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

15.6 Laundry

- Laundry is washed in a separate dedicated facility
- Soiled linen is washed separately and at the hottest wash the fabric will tolerate
- Staff must wear personal protective clothing when handling soiled linen
- Staff bag children's soiled clothing to be sent home, never rinse by hand

15.7 Clinical Waste

- Domestic and clinical waste is segregated, in accordance with local policy
- Used nappies/pads, gloves, aprons, and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Clinical waste is removed with a registered waste contractor
- Clinical waste bags are removed when they are two-thirds full and stored in a dedicated, secure area while awaiting collection

15.8 Animals

- Where applicable, staff and children must wash hands before and after handling any animals

- In the event that an animal is kept onsite (such as a class pet):
 - the animals' living quarters must be kept 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 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. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 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.

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. Accident Reporting

17.1 Accident Record Book

- An accident form must be completed 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 must be supplied when reporting an accident
- Information about injuries must also be kept in the pupil's educational record
- Records held in the first aid and accident book must 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.
- Follow up incident and near miss reports are filled out by staff members and reported to appropriate senior staff member i.e SMT school management team for investigation and follow-up action creating positive continual improvement.

Commented [RB8]: incident and near miss reporting process included 23/05/22

17.2 Reporting to the Health and Safety Executive

Ross Bonson will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death

- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs, and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Injuries where an accident leads to someone being taken to hospital
- Injuries 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

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

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

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

17.3 Notifying Parents

The team leader will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Specifically:

- Parents will be contacted by telephone by a member of the team as soon as reasonably practicable after the incident, particularly in the event of a head injury.
- Parent/carer will be informed of the accident at pick-up time.
- A copy of the accident form will go home in the home-school book.

17.4 Reporting to Ofsted and Child Protection Agencies

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify social services of any serious accident or injury to, or the death of, a pupil while in the school's care.

18. Training

Our staff are provided with health and safety training as part of their induction process.

19. Monitoring

Accident/ incidents are recorded in the appropriate accident books and follow up incident near miss reports filled out and reported to senior member of staff asap.

All incidents are then brought to half termly health and safety meeting at both Coventon road and Wendover Road sites by the health and safety champions. Including any follow up actions required which are managed via MS Planner. H&S meeting minutes are distributed to Directors & Trustees for further review at Trustee meetings.

This policy will be reviewed by the Headteacher and Health and Safety lead annually.

At every review, the policy will be approved by the nominated Trustee overseeing health and safety and CEO for policy sign off.

20. Links with Other Policies/Documents

This health and safety policy links to the following policies:

- First aid

Commented [RB9]: included monitoring process, recording, incident reports and meetings. Policy review process. 23/05/22



- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Manual Handling Risk Assessment
- Fire Risk Assessment (FRA)
- Covid 19 risk assessment
- Lone working
- Flexible working

Date: May 2022

Review Date: September 2022

Owner: Headteacher/Facilities Manager

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.



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.
the Spread of Infection

Recommended

Absence Period for Preventing

This list of recommended absence periods for preventing the spread of infection is taken from [non-statutory guidance for schools and other childcare settings](#) from Public Health England (PHE).

Rashes and Skin Infections

| Infection or complaint | Recommended period to be kept away from school or nursery | Comments |
|------------------------------------|---|--|
| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended. |
| Chickenpox | Until all vesicles have crusted over | Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection. |
| Cold sores (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting. |

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

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| Roseola (infantum) | None | |
| Scabies | Child can return after first treatment | Household and close contacts require treatment. |
| Scarlet fever* | Child can return 24 hours after starting appropriate antibiotic treatment | Antibiotic treatment is recommended for the affected child. |
| Slapped cheek syndrome/fifth disease (parvovirus B19) | None (once rash has developed) | Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly. |

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| Shingles | Exclude only if rash is weeping and cannot be covered | Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox. |
| Warts and verrucae | None | Verrucae should be covered in swimming pools, gymnasiums and changing rooms. |

Diarrhoea and vomiting illness

| Infection or complaint | Recommended period to be kept away from school or nursery | Comments |
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| Diarrhoea and/or vomiting | 48 hours from last episode of diarrhoea or vomiting | |

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| E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery) | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting | Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice |
| Cryptosporidiosis | Exclude for 48 hours from the last episode of diarrhoea | Exclusion from swimming is advisable for two weeks after the diarrhoea has settled |

Respiratory infections

| Infection or complaint | Recommended period to be kept away from school or nursery | Comments |
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| Flu (influenza) | Until recovered | Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. |

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| Tuberculosis* | Always consult your local PHE centre | Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. |
| Whooping cough* | Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment | Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary. |

Other infections

| Infection or complaint | Recommended period to be kept away from school or nursery | Comments |
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| Conjunctivitis | None | If an outbreak/cluster occurs, consult your local PHE centre. |
| Diphtheria* | Exclusion is essential. Always consult with your local HPT | Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary. |

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| Glandular fever | None | |
| Head lice | None | Treatment is recommended only in cases where live lice have been seen. |
| Hepatitis A* | Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) | In an outbreak of hepatitis A, your local PHE centre will advise on control measures. |
| Hepatitis B*, C*, HIV/AIDS | None | Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills. |
| Meningococcal meningitis*/ septicaemia* | Until recovered | Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or |

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| | | without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed. |
| Meningitis* due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed. |
| Meningitis viral* | None | Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required. |
| MRSA | None | Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre. |
| Mumps* | Exclude child for five days after onset of swelling | Preventable by vaccination |
| Threadworms | None | Treatment is recommended for the child and household contacts. |
| Tonsillitis | None | There are many causes, but most cases are due to viruses and do not need an antibiotic. |

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

Health and Safety 2021-2022