

# Health & Safety Policy

## Dormers Wells Primary School

**Article 24:** You have a right to the best health possible and to medical care and to information that will help you to stay well



## Believe Aspire Flourish

**Diversity, Opportunity, Resilience, Moral values, Excellence, Respect,  
Self-Belief**

Last reviewed, ratified and adopted by Full Governing Body	December 2024
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This policy will be reviewed every year.

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## 1. Aims

### Rationale

Dormers Wells Primary School recognises and accepts its responsibility to take all reasonable steps to secure the health and safety of pupils, staff and others using the school premises or participating in school sponsored activities. It believes that the prevention of accidents, injury or loss is essential to the efficient operation of the school and is part of the good education of its pupils.

The Governing Body and Head teacher believe that only the adoption of safe methods of work and good practice by every individual can ensure everyone's personal health and safety. The Governing Body and Head

teacher will take all reasonable steps to identify and reduce hazards to a minimum, but all staff and pupils must appreciate that their own safety and that of others also depends on their individual conduct and vigilance.

DWIS will adhere to all relevant health and safety legislation.

#### **Our school aims to:**

- Provide and maintain a safe and healthy environment for staff, pupils and visitors.
- 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 [health and safety in schools](#) , guidance from the Health and Safety Executive (HSE) on [incident reporting 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 require employers to assess 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, plan 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 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.
- **The Health and Safety (Display Screen Equipment) Regulations 1992**, 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 UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) when responding to infection control issues.

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#)..

This policy complies with our funding agreement and articles of association.

## **3. Roles and responsibilities**

### **3.1 The governing board**

The governing board has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to **the Headteacher Toni George**.

The governing board 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 Academy trust, **Dormers Wells Learning Trust (DWLT)** 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.
- Ensure that Health and Safety regulations are always followed.
- Ensure that there is an effective and enforceable policy for the provision of health and safety throughout the school and that this is reviewed each year.
- Ensure Health and Safety inspections are carried out by the Site Manager and Designated Governor each term.
- Identify and evaluate all risks relating to accidents, health, and school sponsored activities.

The governor who oversees health and safety is **Harpal Grewal**.

### 3.2 Headteacher

The headteacher 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.
- Staff and visitors are aware of procedures and the precautions to follow.
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff.
- 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, **Nicola Simpson, Deputy Head** assumes the above day-to-day health and safety responsibilities.

### 3.3 Health and safety lead

The nominated health and safety lead is **Angela Roughan- Finance and Site Manager for DWHS**.

The day to day responsibility for all school health, safety and welfare matters and activity rests with the Health and Safety Lead who will:

- a. Be the focal point for reference on health, safety and welfare matters and to give advice or indicate source of advice
- b. Liaise with and report directly to the Head teacher on all matters of health and safety
- c. Ensure the day to day implementation of this Policy including the maintenance of appropriate risk assessments for school and seeking approval of the Head teacher for meeting the financial implications of identified control measures.
- d. Ensure that all certification and statutory inspections are kept up to date
- e. To investigate accidents, dangerous occurrences and near misses, ensure correct completion of the IRIS online accident reporting system
- f. Issue updates as required to all holders of health and safety policy documents.
- g. To liaise with Corporate health and safety in regard to health and safety matters

### 3.4 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 the 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.

### **3.5 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 headteacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

The Catering staff are responsible for the safety of the kitchen areas and of notifying the Health & Safety Lead of any hazards.

All contractors should report to the school office on arrival.

Also see SAFETY CODE FOR CONTRACTORS WORKING IN EDUCATION SITES (Ealing May 2004) and Code of Practice and Guidance notes on Health and Safety for Contractors working on School Sites (Ealing April 2015)

### **3.7 Site manager**

The Site Manager (or equivalent) has particular responsibility to ensure:

- a. Required premises related risk assessments are undertaken and regularly reviewed, including specific hazards such as Asbestos, Legionella and electric supply/appliance risk assessments;
- b. Where alterations are proposed to site activities or to the layout of the premises, the fire risk assessment for the premises is up-dated with the assistance of Corporate Health & Safety;
- c. Risk assessments of harmful substances used in the maintenance of the premises, are implemented and available to staff working in the premises and first aiders;
- d. Procedures and necessary resources are available to make safe any spillage or breakage that could lead to exposure to persons of hazardous substances or materials;
- e. Premises related safety systems and procedures are effectively established and regularly reviewed, appliances and plant are serviced within the required timeframes and required records are maintained and available for inspection;
- f. Emergency procedures are established and maintained to the council standard;
- g. An emergency team is appointed that includes trained responsible person, fire marshals and first aiders, and that sufficient information on a buildings emergency arrangements is given to staff to ensure they know how to respond in an emergency;
- h. Emergency fire alarm, detection and lighting systems are regularly serviced and tested and safety signage is appropriate and in place;
- i. Termly emergency building evacuation exercises (fire drills) are carried out;
- j. Escape routes and passageways are without obstruction and free from trip or slip hazards, especially cabling and other service supply lines;

- k. All building and service contractors are employed in accordance with the council's Procurement Code;
- l. Asset management are consulted before any arrangements are initiated involving contractors undertaking work regarding:
  - alteration to a buildings structure or its grounds;
  - substantial change to a buildings use (whether partially or wholly);
  - significant change to a buildings water or energy supply or environmental control systems; or
  - alteration or removal from service (whether partially, wholly or temporary), a buildings fire alarm, detection or sprinkler system;
- m. Contractor Authorisation Forms are in place and are subject to periodic monitoring to confirm they function correctly;
- n. An Education Asbestos Management Plan is compiled, comprising details of location and condition of any asbestos that may be present, and is always available for inspection;
- o. Common areas are safety inspected at least once per quarter;
- p. High standards of housekeeping and tidiness are maintained and cleaning staff are properly informed about local fire procedures and the required health and safety standards; and

Systems for environmental control are regularly serviced and are without risk to health

### 3.7 Pupils

All pupils must be encouraged to follow all safe working practices and observe all school safety rules.

All pupils will:

- a. Follow all instructions issued by any member of staff in the case of an emergency.
- b. Ensure that they do not intentionally or recklessly interfere with equipment provided for safety purposes e.g. fire extinguishers etc.
- c. Inform any member of staff of any situation which may affect their safety.

## 4. Site security

Site Manager and Assistant Caretaker, **Fadeel Cornelius and Amardeep Singh**, 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.

**Fadeel Cornelius, Rani Nandhra (Cleaner)**, are key holders and will respond to an emergency.

## 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 regularly.

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take 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 also begin immediately.
- 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 points. These are on the field or Junior playground.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- A member of the Admin Team 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 fire risk assessments will 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 **Fadeel Cornelius, Site Manager** and circulated 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.

Appropriate environmental monitoring will be carried out at suitable intervals and managed by Site Manager. The type of frequency of the monitoring is kept under review and considered within the guidelines set by COSHH Regulations. Annual reports/results of any monitoring will be kept and made available for inspection.

Scheduled poisons and dangerous chemicals will be kept in a locked cupboard (Site workshop or cleaners' cupboards) and a record kept of quantities used. Care must be taken when handling flammable liquids.

Substances will be used in accordance with the guidance given in "Be Safe" from the ASE; in the CLEAPSS booklet LP5, "Safe Use of Household and Other Chemicals"; and in accordance with the manufacturers' instructions and advice on the label.

Any substance, which it is proposed to use for a purpose not covered in either of the above texts, should be the subject of further advice (from CLEAPSS) and to the consent of the COSHH Manager.

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 will be carried out by a competent Gas Safe registered engineer and will be certified by an annual LGSR (Land Gas Safety Record),
- 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 has been completed on **March 2022 by Ben Wright of Rochester Midland Corporation. Fadeel Cornelius, Site 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 every **6-8 weeks** and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following controls and checks: temperature checks, heating of water, disinfection of showers, flushing etc.

### 6.3 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 asbestos that has been found on the school site.

## 7. Equipment

- All equipment and machinery are 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.
- The Site Manager must ensure that there is a system of inspection to identify and safeguard against defective furniture and equipment.
- All damage, signs of wear and discovered defects must be reported to the Site Manager, who should take immediate remedial action where necessary. Any item reported should be logged in the Premises log (red folder, 2022-Shared drive) along with details about measures taken to make immediately safe, and any medium- or long-term plans to permanently make good any notified defects.
- All defective equipment must be taken out of use immediately and reported to head teacher / DHT.

### 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 to **Fadeel Cornelius, Site Manager and Amardeep Singh, Assistant Caretaker** immediately
- 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, every year
- 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.

- All staff must visually check all electrical appliances prior to their use, and report any defects as detailed above.

## 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 to the **Site Manager, Assistant Caretaker**.

## 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).

## 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:

- The **Site Manager and Assistant Caretaker** retains ladders for working at height
- Pupils 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 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. Off-site visits

When taking pupils off the 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 take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate.
- For other trips, there will always be at least one first aider on schools' 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 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 will 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.

## 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
- 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 PPE**

- › 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, including toys and equipment, frequently and thoroughly.

The School premises are cleaned by our cleaning staff. The specification for the cleaning regime is held by the Site Manager. Any problem relating to the cleaning should be made to Site Manager.

### **15.5 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 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**

- › 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 once 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 any 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 UK Health Security Agency and other government guidance, summarised in **appendix 4**.

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

### 15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4. [Amend this sentence if removing appendix 4]

In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency 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 care 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 care 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.

The school supports staff wellbeing via a range of resources, including the Employee Assistance Programme (EAP).

## 18. Accident reporting

### 18.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- Accidents are recorded in either Medical Tracker (minor accidents) or using Ealing Council Accident Report Book or online/School pro-forma (major accidents and staff accidents). Accident form templates can be found in **appendix 2**.

Every case of injury, accident or incident must be fully and accurately reported. Accident report forms are kept in the school office.

- As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the pupil's educational record.
- Records held in the first aid and accident book 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 **Attendance & Welfare Officer, Kim Scott** 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 **Attendance & Welfare Officer, Kim Scott** 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- except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: 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) which:
    - 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.
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the **Kim Scott, Attendance and Welfare Officer**, will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
- Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g. from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent

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 field trip)
- 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 – <http://www.hse.gov.uk/riddor/report.htm>

### **18.3 Notifying parents**

The **Attendance & Welfare Officer, Kim Scott or Pupil & Family Worker, Rabia Cornelius** will inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

### **18.4 Reporting child protection agencies**

**The Senior DSL Pupil & Family Worker, Rabia Cornelius**, will notify Ealing child protection agencies (e.g. ECIRS, LADO etc.) of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

## 18.5 Reporting to Ofsted

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

## 19. Training

Our staff ([as detailed above in red](#)) are provided with health and safety training, as part of their induction process, [and ongoing, as appropriate](#).

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

## 20. Monitoring

This policy will be reviewed by the Governing Body every year.

At every review, the policy will be approved by the full governing board.

## 21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessments
- Supporting pupils with medical conditions
- Accessibility plan
- Safeguarding Child Protection Policy
- Lettings Policy
- Emergency or critical incident plan

## 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 (including the lift) from all areas?	
Is the fire alarm tested weekly?	

## Appendix 2a

July 2019 Template



### Schools Internal Accident Report form

**Note:** The majority of schools in Ealing report accidents/incidents to Ealing Council using the online system Info-Exchange (Alcumus). Some schools first gather the accident information on a hand-written form and then enter the information onto Info-Exchange. The form below is designed for such schools.

#### Part 1 - Accident/Incident Details

Name of person completing report		Contact number and email	
<b>a) When, where and who</b>			
Date of Accident/Incident		Time of Accident/Incident	
Full Name of injured person		Telephone number	
Date of Birth: (under 18)		Age:	
Address where accident occurred?		Gender:	
		Exact location:	
Home Address		Postcode	
		Job Title	
Department		Directorate	

<b>b) Was the injured person...</b> (Please tick only one option)			
Member of the public	<input type="checkbox"/>	Pupil	<input type="checkbox"/>
Employee	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
	<input type="checkbox"/>	Contractor	<input type="checkbox"/>

<b>c) What was the incident...</b> please tick			
Injury Accident	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Other incident	<input type="checkbox"/>	Violence and Intimidation	<input type="checkbox"/>

<b>d) Accident/Incident Type...</b> please tick			
Fatality	<input type="checkbox"/>	Major-hospital/time lost	<input type="checkbox"/>
Minor- no treatment	<input type="checkbox"/>	Minor- first aid	<input type="checkbox"/>
Other	<input type="checkbox"/>		

<b>e) Consequences of accident / incident</b> (What did the above named do after the event)			
Returned to work/class	<input type="checkbox"/>	Went home	<input type="checkbox"/>
Admitted to hospital more 24 hours	<input type="checkbox"/>	Self-treated	<input type="checkbox"/>
Admitted to hospital less than 24 hours	<input type="checkbox"/>	Recommended to visit A&E / GP	<input type="checkbox"/>
		GP visit	<input type="checkbox"/>

<b>f) Describe what happened, including details leading up to and after the event.</b>
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## Appendix 2b. Accident report

<b>Name of injured person</b>		<b>Role/class</b>	
<b>Date and time of incident</b>		<b>Location of incident</b>	
<b>Incident details</b>			
Describe in detail what happened, how it happened and what injuries the person incurred.			
<b>Action taken</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
<b>Follow-up action required</b>			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.			
<b>Name of person attending the incident</b>			
<b>Signature</b>		<b>Date</b>	

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 UK Health Security Agency. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.](#)

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	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.
<b>Cold sores</b>	None.
<b>Respiratory infections including coronavirus (COVID-19)</b>	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.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot, and mouth</b>	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.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	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.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	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.

<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<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>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	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.
<b>Food poisoning</b>	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).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	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.
<b>Whooping cough (pertussis)</b>	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.
<b>Conjunctivitis</b>	None.

<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	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.
<b>Hepatitis B</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.
<b>Hepatitis C</b>	None.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.