



English Martyrs' Catholic Primary School

Health and Welfare Safety Policy

Our English Martyrs' School community aims to follow the example of Christ in welcoming, recognising, fostering and developing each individual as a unique and special gift of GOD with value and dignity

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Health and Welfare Safety Policy

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- **Aims**

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongs 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

- **Legislation**

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

- [The Health and Safety at Work 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 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 employer to control substances that are hazardous to health
- [The Reporting of injuries, Diseases and Dangerous Occurrences Regulations \(REDDOR\) 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 of the ass 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 form falls from height

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

3. Health and Safety Roles and Responsibilities

3.1 The Governing Body

The Governing Body is the employer in Voluntary aided and foundation schools. The Local Authority provides health and safety advice, undertakes a biennial health and safety audit and recommends this policy and related management and organisational arrangements to these types of school. However, the Local Authority is not responsible for the health and safety performance of these types of school. This responsibility rests with the Governing Body. The Governing Body has the ultimate responsibility for Health & Safety matters in school, but delegates day to day responsibility to the Head-Teacher.

As the employer, the Governing Body has a duty to:

- Devise and approve health and safety policy statement
- Assess the risks to staff and others affected by school activities in order 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
- There is access to competent health and safety advice
- There is affective consultation with the school work force
- Employees receive relevant information and training to manage risk on a day to day operational basis
- There are robust monitoring arrangements in place to ensure health and safety policy and procedures are followed
- There is a Governor responsible for Health & Safety

The Governor who oversees health and safety is Mr Julius Ogunmuyiwa

3.2 Head Teacher

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

- 3 Developing and implementing the health and safety policy**
- 4 Ensuring there is enough staff to safely supervise pupils**
- 5 Ensuring that the school building and premises are safe and regularly inspected**
- 6 Providing adequate training for school staff**
- 7 Reporting to the governing body on health and safety matters**
- 8 Ensuring appropriate evacuation procedures are in place and regular fire drills are held**
- 9 Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff**
- 10 Ensuring all risk assessments are completed and reviewed**
- 11 A lead Governor for health and safety is appointed**

12 Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Head Teachers absence the Deputy Heads assume the above day to day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the School Business Manager

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 (including members of the public) who may be affected by what they do at work**
- **Co-operate with the school to comply with any statutory requirements or provision on health and safety matters**
- **Work in accordance with training and instructions**
- **Inform the appropriate person (office manager/school business manager or premises officer) 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 schools' 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 Head Teacher 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

The Premises officer/Premises assistant 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.

The Premises officer/Premises assistant are key holders and will respond to an emergency.

5. Fire and Emergencies

- 1. Fire risk assessments are conducted by a competent assessor using the council's fire risk assessment template and kept under regular review**
- 2. Identified remedial measures are implemented**
- 3. Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices, and free from obstruction. Emergency evacuations are practised at least once a term.**
 - 3a. Fire risk assessments of the premises will be reviewed regularly**
- 4. Robust evacuation and emergency procedures are developed and appropriate training and instruction is provided to staff, visitor, service users, pupils and contractors**
- 5. Drills/practices are arranged to a set schedule**
- 6. Appropriate fire alarm, fire fighting, and fire detection equipment is installed in all workplaces and regularly inspected, tested and maintained. The fire alarm is a loud continuous bell. Fire alarm testing will take place once a week.**

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**
- 7. Staff and pupils will congregate at the assembly points. These are signposted in the playgrounds in building 1 and building 2.**
 - 8. The office manager will take a register of all staff**
 - 9. Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter**
 - 10. A fire safety checklist – Appendix 1**

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. (Refer Personal Emergency Evacuation Plan (PEEP))

6. Control of Substances to Hazardous to Health (COSHH)

Schools are required to control hazardous substances

This includes:

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

Control of substances hazardous to health (COSHH) risk assessments are completed by Premises Officer & Premises Assistant, 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.

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

1. The use, handling, storage and transportation of hazardous substances is safe and without risks to health
2. The premises officer has an inventory of all hazardous substances hazardous to health that staff, service users, pupils, contractors or members of the public are exposed to through work activities.
3. All employees are given adequate information, instruction, training and supervision for working with hazardous substances/possible exposure to pathogens
4. Guidance from Public Health England (PHE) is followed for control and notification of infection in schools and other settings

Emergency procedures, including procedures for dealing with spillages are displayed near where hazardous products are stored and in areas where they are routinely used.

5. Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipe work, appliances and flues are regularly maintained

- All rooms with gas appliances are checked to ensure that they have adequate ventilation
- Statutory annual gas checks are conducted and records maintained

7. Water Safety – Legionella

- Water systems are operated in accordance with HSE Guidance HSG274 and the Approved Code of Practice and Guidance L8 – Legionnaires disease ‘The control of legionella bacteria in water systems’ <http://www.hse.gov.uk/pubns/books.18.htm>
- A risk assessment is conducted to identify and assess potential sources of legionella bacteria
- A site specific scheme of control is in place and implemented
- Recommended maintenance and/or monitoring is undertaken by competent external contractors

8. Asbestos

- The School is asbestos free as indicated in

9. Equipment

9.1 Electrical 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 containers and areas. All containers are labelled with the correct hazard sign and contents
- All electrical installations, systems and appliances are safe for use and free from mechanical and electrical defect when in use
- 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 external electrical contractors at least every 2 years
- All isolators switches are clearly marked
- 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
- A statutory five yearly check of the electrical system is carried out by a competent person, recommended remedial action is completed and records maintained

9.2 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 PE leader or Premises Officer

9.3 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 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)

9.4 Specialist equipment

- Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

10. Lone working

Lone working may include:

The term 'lone working' applies to staff where working practices mean that they are solitary and/or when there is no close or direct supervision.

- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

Lone working is discouraged at English Martyrs' School. The premises officer/assistant should always be available on site.

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 and have adequate access to first aid provision and means of raising the alarm and escalate process in the event of an emergency situation.

11. 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

- Work at height is avoided where possible
- Work equipment or other controls are put in place to prevent falls where working at height cannot be avoided
- Where they cannot eliminate the risk of a fall, use work equipment or other measures to minimise the distance and consequences of a fall should one occur
- All work at height is properly planned and organised
- Those involved in work at height are trained and competent to do so
- The risks from work at height are assessed and appropriate work equipment is selected and used
- The risks from fragile surfaces are properly controlled and equipment for work at height is properly inspected and maintained
- The Premises Officer retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff should inform another person if they are using a ladder and should wear appropriate clothing and footwear
- 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

12. 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 and with appropriate lifting equipment where possible.

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.
- Control measures are put in place to reduce or control the risk
- Risk assessments are carried out by competent persons

13. 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 school mobile phone, a portable first aid kit, information about the specific medical needs of pupils
- EVOLVE, the online portal for the safe planning, recording and approval of off site visits/activities is use for approving all adventurous, overseas or residential off site visits/activities
- Visits/activities are submitted for approval by the outdoor education adviser at least 4 weeks prior to the visit
- An educational visits coordinator is appointed and trained
- 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
- There will always be at least one first aider on school trips and visits

14. Lettings

This policy applies to lettings. The Governors have not permitted the school to be let.

15. Violence at work

Before 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.

16. Smoking

Smoking is not permitted anywhere on the school premises

17. Infection prevention and control

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

17.1 Handwashing

- **Wash hands with liquid soap and warm water, and dry with paper towels**
- **Always wash hands after using the toilet**
- **Cover all cuts and abrasions with waterproof dressings**

17.2 Coughing and sneezing

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

17.3 Personal protective equipment (PPE)

- **A risk assessment is conducted to identify the PPE needs**
- **All equipment identified is provided and replaced as identified in the assessment**
- **PPE is compatible with other items of PPE to be worn and is comfortable to use**
- **PPE selected is maintained and cleaned to ensure continued effective use**
- **Sufficient stock of PPE is provided to protect staff and visitors to the area**
- **Appropriate storage is provided when not in use**
- **Staff are trained in the correct use of PPE**
- **PPE is provided free to staff and is used as instructed**
- **Clean the environment, including toys and equipment, frequently and thoroughly**

17.4 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**

17.5 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

17.6 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 all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

17.7 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.

17.8 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.

18. New and expectant mothers

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

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

- 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

19. 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

We comply with Southwark Council policy, wellbeing strategy and guidance for the management of occupational stress and

- Be aware of the symptoms of stress
- Identify all workplace stressors and conduct risk assessments
- Implement measures to reduce stress
- Encourage a culture where stress is not seen as a weakness

20. Accident record book

- An accident form will be completed as soon as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident template can be found in appendix 2
- 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 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 Payment) Regulations 1979, and then securely disposed

20.1 Reporting to the Health and Safety Executive

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

The Office Manager 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 cruse 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**
 - **Where an accident leads to someone being taken to hospital**
 - **Where something happens that does not result in an injury, but could have done**
 - **Near-miss events that do not result in an injury but could have done**
- Examples of near-miss events relevant to schools, 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](https://www.hse.gov.uk/riddor/report.htm)

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

20.2 Notifying parents

The Admin Assistant 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.

20.3 Reporting to Ofsted and child protection agencies

The Admin Assistant 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 accident.

21. Training

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

- **Health and safety training needs are identified for all posts**
 - **Health and safety training (initial and refresher is provided to ensure staff are competent for the tasks they are required to undertake**
 - **Records of health and safety training are maintained**

22. Swimming Pool Safety

Pool operators are responsible for ensuring the health and safety of pupils, staff and others. Practical guidance on how to comply with the law relating to the management of health and safety in swimming pools is available from the HSE179 Managing health and safety in swimming pools <http://www.hse.gov.uk/pubns/priced/hsg179.pdf> Following this guidance will help schools to prevent/reduce accidents and incidence of ill health. The guidance also outlines the steps required to implement suitable maintenance arrangements, technical information and details on pool water treatment systems

HSE guidance HSG 179 is followed and ensure that

- Risks are identified, assessed and controlled to prevent harm. The risk assessment will need to include not only the physical hazards but those hazards relating to swimmers and swimming related activities
- Pools are designed to provide a safe facility
- Pools are adequately supervised. Arrangements for each location must be determined by the risk assessment.
- There is regular and correct maintenance of building, plant and equipment. Procedures and frequency should follow manufacture's recommendations.
- As written Safety Pool Operating Procedure (PSOP) and Emergency Action (EAP) is developed and shared with staff/hirers
- National and best practice is followed for the delivery of safe and effective swimming lessons

<http://www.swimming.org/schoolswimming/useful-school/swimming-resources-teachers/>

23. Visitors

All visitors on arrival to report to reception. The visitor should sign in and be provided with a security pass which must be worn at all times. The DBS is checked. The member of staff who invites, or escorts the visitor is responsible for informing them of any hazards that are likely to affect them and must escort them from the premises when the visit is concluded. They must also ensure that the visitor is informed of the action to take in the event of the fire or other emergency.

Any person with disabilities who has concerns about evacuation procedures or their ability to evacuate the premises in an emergency situation should make their host aware of such concerns.

24. On-Site vehicle movements

- The risks from vehicle movements are assessed

- Risk assessments consider vehicle movements immediately outside premises which may be associated with work activities i.e. staff arriving and delivery vehicle
- Risks are managed in line with current workplace transport guidance
- Arrangements are made to segregate vehicles and people
- There are safe working practices for loading and unloading vehicles
- All staff bringing vehicles onto premises comply with site speed restrictions and signage
- Vehicles are only to be parked in designated parking spaces
- Pedestrians only use pathways or designated pedestrian routes and must keep clear of traffic routes

25. Workplace Safety

- Workplaces are kept clean, tidy and free from hazards
- Access and egress routes are kept clear and free from any obstructions and floor/traffic routes are maintained in good condition
- Adequate ventilation and reasonable temperatures are maintained
- Adequate levels of lighting is provided
- Suitable and sufficient toilet facilities, washing facilities and drinking water are provided
- Suitable rest and change facilities are provided
- Where necessary, for reasons of safety, glazing is protected against breakage and/or safety glazing is installed
- Restrictions are fitted to windows where there is the risk of falls and are properly maintained
- Finger guards are fitted where risk of entrapment has been identified
- Measures are in place to ensure there is adequate protection from the risk of burns and scalding

- Formal recorded health and safety inspections of premises are carried out termly
- Hazard checklists are developed to reflect the type, nature and complexity of the school/work area to be inspected. Schools are recommended to adopt the HSE classroom checklist for classroom inspections <http://www.hse.gov.uk/risk/classroom-checklist.htm>

26. Health and Safety Audits

Every school and service area will be audited on health and safety performance at least every two years by Southwark Local Authority

27. First Aid and Supporting Medical Needs

- There are an adequate number of trained first aiders and first aid provision for all on site and off site activities
- There are sufficient number of trained paediatric first aiders for early years foundation stage
- There are effective management systems in place to manage medication

28. Risk Assessment

- Sufficient numbers of competent risk assessors are appointed and trained
- Risk assessments are carried out for all activities undertaken within their area of control
- Actions identified through the assessment are implemented
- Specific assessments are conducted for hazards in the workplace, which include Display Screen Equipment, manual handling, stress, noise, violence and lone working and workplace equipment
- Individual assessments are conducted for specific categories of employees i.e. new and expectant mothers, young persons, and employees with medical condition or disability

- Risks to service users/pupils and members of the public posed by the activities of their operation are assessed
- Risk assessments are reviewed if there is any reason that they are no longer valid but as a minimum every two years

29. Monitoring

This policy will be reviewed by the Head-teacher and H&S Committee every 2 years

At every review, the policy will be approved by the Head-teacher

18. Links with other policies

This health and safety policy is linked to the

- **First aid policy**
- **Risk assessment policy**
- **Policy on supporting pupils with medical conditions**
- **Accessibility plan**
- **Safeguarding**
- **PEEPs**

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 store 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. Recommended absence period for preventing the spread of infection

The 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. |
| 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) 1. 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 |
| Roseola (infantum) | None | |

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|--|---|--|
| 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. |
| 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 cent. 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 onto already ha 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 |
|---|--|--|
| Diarrhoea and or vomiting | 48 hours from last episode of diarrhoea or vomiting | |
| 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 |
|------------------------|---|--|
| 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. |
| 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 |
|----------------------------------|---|---|
| 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 |
| 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 blood borne 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 |

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|--------------------------|---|---|
| | | 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. |
| 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 modifiable disease. It is a statutory requirement that doctors report a modifiable 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.**