

Clipston Endowed VC Primary School

Health and Safety Policy



Be Kind ~ Be Your Best ~ Be Happy

Health and Safety Policy and Procedures

Adopted by the Governing Body: June 2021

Proposed Review: Summer 2022

In this policy, the role of the governor states that they are responsible for ensuring the effective implementation, monitoring and evaluation of the policy. This - in practical terms - means that this is a day to day management responsibility usually overseen by the Head Teacher, and governors receive a report on the effectiveness of the policy when a policy is reviewed.

Signed

Mrs Helen Bellamy: Chair of Governors

Contents

1. Aims.....	Error! Bookmark not defined.
2. Legislation	3
3. Roles and responsibilities.....	4
4. Site security.....	5
5. Fire.....	5
6. COSHH	6
7. Equipment.....	7
8. Lone working.....	7
9. Working at height.....	8
10. Manual handling	8
11. Off-site visits.....	8
12. Lettings.....	9
13. Violence at work	9
14. Smoking.....	9
15. Infection prevention and control.....	9
16. New and expectant mothers.....	11
17. Occupational stress.....	11
18. Accident reporting	11
19. Training	12
20. Monitoring	12
21. Links with other policies	12
Appendix 1. Fire safety checklist	14
Appendix 2. Recommended absence period for preventing the spread of infection.....	15

1 Our Mission, Ethos and Aims

Our Mission

Be Kind ~ Be Your Best ~ Be Happy

Ethos

Recognising its historic foundation, Clipston Primary School seeks to serve its community by providing a rounded, connected and coherent education of the highest quality.

We endeavour to preserve and develop our distinct religious character in accordance with the principles of the Church of England.

The school lives out its Christian virtues – Thankfulness, Kindness, Justice, Love, Forgiveness, Responsibility and Courage – and all those essential human values, which are common to good, kind and tolerant people of all faiths and none, through the experiences it offers to all its pupils.

Aims

The school's aim, through its Christian ethos, is the creation of a safe, happy learning environment, which supports all children on their journey towards becoming:

- Successful engaged learners, who enjoy learning, who are knowledgeable and skilled, and who make progress and achieve their best;
- Confident, articulate individuals who can lead safe, healthy and fulfilling lives in the communities in which they live now and in the future;
- Responsible, happy citizens of the world who have the capacity to make positive contributions to society.

“Do to others as you would have them do unto you” Luke 6:31

To achieve these aims, staff and governors will work in partnership with parents, carers and the local community for the benefit of all our pupils.

The aims of this policy are 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 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 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 Public Health England](#) when responding to infection control issues.

3. Roles and responsibilities

3.1 The local authority and governing board

Northamptonshire Local Education Authority has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

The governor who oversees health and safety is David Wilford.

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
- ❑ 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

3.3 Health and Safety lead

The nominated health and safety lead is the Head Teacher, Emma Mercer.

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.

4. Site security

The Site Supervisor is responsible for the security of the school site during the working week. They are responsible for visual inspections of the site during their contracted early morning hours, and for making occupier checks (e.g. of the fire alarm systems etc.).

All other Key holders may be required to 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 practised at least once per long term (three times per year).

The fire alarm is a loud continuous bell in the main building. The mobile classrooms do not have an electronic alarm system – they are alerted to a fire by a hand bell rung by office staff who will come over from the main building.

Fire alarm testing will take place once a week.

All staff will be trained in fire safety annually, 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, 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 playground
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The office staff 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

The Control of substances hazardous to health (COSHH) Register is completed by the Head Teacher with support from the Site Supervisor, and checked by Governors. Staff will 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 containers, with clear labelling and product information.

Any hazardous products are disposed of in accordance with specific disposal procedures.

6.1 Gas safety

- There is no gas supply at Clipston School.

6.2 Legionella

- A water risk assessment is completed by a reputable contractor, organised by the Bursar.
- The Site Supervisor is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log 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 the taps at the beginning of term after a school holiday.

6.3 Asbestos

- The location of any asbestos in the school is recorded on the Asbestos Register.
- 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

7. Equipment

- All equipment and machinery is maintained in accordance with the manufacturer's instructions.

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 the Head Teacher immediately
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported to the Head Teacher.
- Equipment is serviced annually by a competent outside agency, arranged by the Bursar.

7.3 Specialist equipment

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

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

Work should be properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The site supervisor 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, unless it is in the old building to reach the attics when the school ladder will be offered
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as outside roofs, is only permitted by trained persons

10. Manual handling of furniture and equipment

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 endeavour to provide proper mechanical aids and lifting equipment

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 school mobile phone, 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

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 we will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the Head Teacher. 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 organisations when responding to infection control issues – see appendix 2. 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 / the hand dryer
- Always wash hands after using the toilet, before eating or handling food, and after handling animals (there may be additional handwashing requirements as advised by Gov.uk e.g. during the Covid-19 pandemic and these are outlined in the Covid-19 Risk Assessment).

15.2 Coughing and sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is not generally tolerated. Parents will be informed if spitting has taken place.

15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

- Clean the environment, including toys and equipment, frequently and thoroughly

15.5 Cleaning of blood and body fluid spillages

- Spillages of bodily fluids onto floors will be sprayed with cleaning spray and covered with sawdust, awaiting the cleaner's attention.
- Clearing such spillages uses products that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ideally they will be effective against bacteria and viruses and suitable for use on the affected surface
- Mops should not be used for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

15.6 Laundry

- Wear personal protective clothing when handling soiled clothes
- 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 after handling any animals, ideally using running water (or wet wipes if not)
- Supervise pupils when meeting / interacting with animals
- There will be a separate policy on "Keeping Animals in School" should there ever be a situation where animals are kept in school as pets.

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. We will 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 organisations, e.g. as summarised in appendix 2.

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

16. New and expectant mothers

Risk assessments will be carried out as advised by the school's HR provider, whenever an 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

17. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

The school will act upon the advice of our HR provider when supporting staff's needs and concerns and this may include referrals to Occupational Health.

18. Accident & Incident reporting

18.1 Accident & Incident record book

- An Accident & Incident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it
- Pupil forms are paper based. Adult forms are completed online using the LA's procedures
- Pupil Forms will be collated and passed to the Head Teacher for monitoring periodically
- Adult forms require a response which will be sent by email from the LA to the Head Teacher
- Pupil accident records will be retained by the school for a minimum of 25 years, in accordance with LA policy

18.2 Reporting to the Health and Safety Executive

Any notifiable disease or accident which results in a reportable injury or dangerous occurrence will be reported to the LA, and the LA will decide what further action, if any, is required e.g. reporting to the Health and Safety Executive

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
 - Where an accident leads to someone being taken to hospital directly from school
 - 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

18.3 Notifying parents

The school will inform parents of any accident or injury sustained by an EYFS pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Parents of all pupils sustaining a “head injury” (above the shoulder) will be informed on the same day

19. Training

Our staff are provided with this policy as part of their induction process.

20. Monitoring

This policy will be reviewed by the Board of Governors annually.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid & Intimate Care
- HR’s Lone Working
- Online Safety
- Off-site Visits

- Supporting pupils with medical conditions and our First Morning Response procedures

Appendices

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. Recommended absence period for preventing the spread of infection

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

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are

	excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.

E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).

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