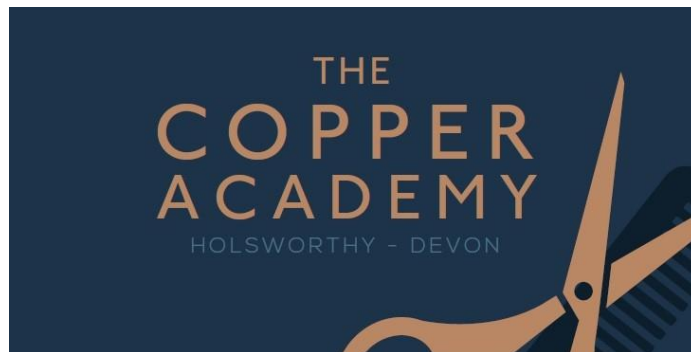


Health and Safety Policy



Approved by:	Headteacher
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Last reviewed on:	January 2023
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Next review due by:	January 2024
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1. Aims

Our school aims to:

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

2. Legislation

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

- › [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- › [The Management of Health and Safety at Work Regulations 1992](#), which 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 UK Health Security Agency \(formerly Public Health England\)](#) when responding to infection control issues, and [Actions for schools during the coronavirus outbreak](#), which provides guidance on what schools need to do during the COVID-19 pandemic.

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 Emma Hosie.

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.

3.2 Headteacher

The headteacher Emma Hosie 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

In the headteacher's absence, Poppy Quartermain-Winsor assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Emma Hosie.

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

Emma Hosie is the key holder 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 bell.

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.
- › Lead fire officer will take a register of pupils, which will then be checked against the attendance register of that day
- › 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.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Headteacher or Office Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary. The Headteacher Emma Hosie will make any arrangements needed for appropriate and needed staff training in line with this policy.

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.

7. Equipment

- › All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- › When new equipment is purchased, it is checked to ensure 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

7.1 Electrical equipment

- › All staff are responsible for ensuring 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 Emma Hosie 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

- › 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

7.4 Specialist equipment

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

Oxygen cylinders are stored in a designated space, and staff are trained in the removal, storage and replacement of oxygen cylinders.

8. Lone working

Lone working may include:

- › Late working
- › Home or site visits
- › Weekend working
- › Remote working, self-isolation and/or remote learning

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 they are medically fit to work alone.

9. 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.

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

10. 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 on school trips and visits
- › For other trips, there will always be at least one first aider on school trips and visit.

11. 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.

12. Smoking

Smoking is not permitted anywhere on the school premises.

13. Infection prevention and control

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

13.1 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

13.2 Coughing and sneezing

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

13.3 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
- › Use personal protective equipment (PPE) to control the spread of COVID-19 where required or recommended by government guidance and/or a risk assessment

13.4 Cleaning of the environment

- › Clean the environment frequently and thoroughly

13.5 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

13.6 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

13.7 COVID-19 management

We will ensure adequate risk reduction measures are in place to manage the spread of COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively. Control measures will include steps to:

- › Restrict non-essential activities where a COVID-19 risk has been identified
- › Where possible, replace risky activities with other suitable activities without introducing new hazards
- › Design measures to control the risk of COVID-19 in school, including administrative procedures to improve safety

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.

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.

Asymptomatic testing

We will encourage staff and students to follow government guidance on the use of lateral flow tests, and report results to NHS Test and Trace. When recommended by government guidance, we will ask parents and visitors to the school to test before they arrive.

Face coverings

We will ask pupils, staff, and visitors to wear suitable face coverings in communal areas, in line with government guidance.

13.10 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.

13.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance.

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

14. 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 an antenatal care team 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 meets measles or German measles (rubella), she should inform her antenatal care team 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
- COVID-19 may affect pregnancy, especially if the mother is not vaccinated. Pregnant women are considered part of the moderate risk group (clinically vulnerable) by the NHS

15. 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.

16. Accident reporting

16.1 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.
- 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.

16.2 Reporting to the Health and Safety Executive

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

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

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs, and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space, which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- › Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- › 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 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

RIDDOR policy states that there must be a designated '[responsible person](#)' whose role it is to record and report any accidents or injuries. This is the job of Emma Hosie, the Headteacher or in her absence Poppy Quartermain-Winser.

The most important thing to remember when considered whether a school incident is reportable is that RIDDOR only applies to accidents, diseases or dangerous occurrences that arise out of or in direct connection with work. For example, if a staff member faints because of a [hazardous substance](#) in the workplace then the incident is RIDDOR reportable, whereas if they faint because of having the flu it is an incident unrelated to work.

RIDDOR in schools applies to three different types of incidents: injuries and illness involving employees, injuries involving pupils and visitors, and dangerous occurrences.

16.3 Notifying parents

The Headteacher Emma Hosie 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.

17. Training

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

All employees will be provided with:

- a) induction training in the requirements of this policy
- b) updated training in response to any significant change in roles and responsibilities
- c) training in specific skills needed for certain activities as identified by the relevant risk assessment
- d) refresher training where required

Each member of staff is also responsible for drawing the Headteachers attention to their own personal needs for training and for not undertaking duties unless they are confident that they have the necessary competence. This would ordinarily be achieved through the supervision and appraisal process. All employees shall undertake work tasks as instructed and trained.

18. Monitoring

This policy will be reviewed by the headteacher Emma Hosie every year.

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

19. Risk Assessments

The underlying process which informs safety management is risk assessment. Assessments of significant risks will be made with those persons responsible for the activity/area affected and the significant findings of these decisions will be recorded in writing.

The A1 format will be used to record the significant findings of risk assessments. Wherever possible, affected staff will be included in the risk assessment process. Relevant staff will be briefed in the risk assessment findings.

Risk assessment records will be reviewed either annually or every 3 years depending upon the levels of risk. This will be identified on the risk assessment record. This review must be undertaken by the Headteacher or office manager.

20. Moving and Handling

The risk assessment of significant manual handling tasks is undertaken as described in the risk assessment section above. Staff engaged in these activities will be provided with information on safe moving and handling techniques and will receive specific training where the need is identified in the risk assessment.

All moving and handling of pupils will be risk assessed by the Headteacher and recorded in a specific Handling Plan for the individual concerned. All staff who move and handle students will receive appropriate training both in the controls listed in the Handling Plan and specific training on any lifting equipment that they may be required to use.

21. First Aid

First Aid equipment has been provided in the schools Medical Room.

First Aid treatment is provided through trained First Aiders.

All new employees complete a pre-employment screening questionnaire and a separate pre-employment medical form.

The Headteacher will ensure that a suitable number of staff are qualified to administer first aid in an emergency. The need for first aiders, their level of training required and for first aid equipment will be ascertained through a first aid assessment.

First aid boxes are situated throughout the school and are clearly identified. The contents will be checked on no less than a monthly basis by a nominated first aider and all deficiencies made good.

A record will be kept of every occasion when any member of staff, pupil or other person receives first aid treatment whether on school premises or as part of a school-related activity

22. Management of Medication

For pupils to receive the best possible care, parents are requested to advise the school of any conditions that may require medical intervention during the school day. Information provided to the school, either by parents or health care professionals is treated in the strictest confidence.

Information is only shared with members of staff whose role may lead to them providing treatment or other intervention as agreed with parents. The Headteacher agrees with the parent who else should have access to records and other information about the child.

Prescription and non-prescription medicines

Medicines are only administered when essential; that is where it would be detrimental to a child's health if the medicine were not taken during the school day. Parents complete an 'Administering Medication' form that can be obtained from the school office.

No medication will be administered to a child unless this form has been completed. Medicines must be in the original container as dispensed and include instructions for administration and dosage. We encourage parents to administer medicines at home (three doses a day can be before school, after school and at bedtime).

Any member of staff administering medicine must be trained to administer that medicine. Written records are kept each time medicines are given. If a child refuses to take the medicine, we do not force them to do so. This is recorded and parents are informed. Staff should never administer non-prescription medicines with or without written permission from parents

Emergency procedures in the event of an emergency, office staff will contact emergency services and parents. A member of staff will accompany a child taken to hospital in an ambulance and will stay there until a parent arrives. Health professionals are responsible for any decisions on medical treatment until a parent arrives.

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 the 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 COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from The Copper Academy
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 student return to the Academy.</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	Students are safe to return to the academy 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 student or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Students can return to the Academy 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 Academy, the health protection team will assist with letters and a 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)	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. 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.
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 if 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 the Academy 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	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 student has been treated and has recovered, they can return to the Academy.
Meningitis	Once the student has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.