Health & Safety Policy

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1. Statement of Intent

Our school aims to:

- St Richard's CE Primary School is committed to providing a safe, healthy and secure environment for all pupils, staff, governors, volunteers, visitors and contractors. The health, safety and wellbeing of everyone within our school community is a fundamental priority and is integral to the effective operation of the school.
- We recognise our responsibility to take all reasonably practicable steps to prevent accidents, injuries, ill health and avoidable risks. We will identify and assess hazards, implement appropriate control measures

and regularly review our arrangements to ensure that they remain effective and proportionate to the risks presented.

- The school will comply with relevant health and safety legislation, guidance and local authority requirements and will ensure that appropriate policies, procedures, risk assessments and emergency arrangements are in place. Particular attention will be given to safeguarding children and to the needs of pupils, staff and visitors who may require additional support or reasonable adjustments.
- All staff have a responsibility for their own health and safety and that of others who may be affected by their actions. Staff will be provided with appropriate information, instruction, training and supervision to enable them to carry out their duties safely. Pupils will be taught to recognise risks and develop safe behaviours appropriate to their age and understanding.
- We will maintain our buildings, grounds, equipment and facilities to a safe standard and ensure that appropriate arrangements are in place for first aid, fire safety, emergency procedures, hazardous substances, educational visits, contractors and other foreseeable risks.
- Health and safety is a shared responsibility. We encourage staff, pupils, parents, governors, volunteers and visitors to raise concerns promptly and contribute to creating a positive culture in which risks are identified, reported and managed effectively.
- The Governing Body and Headteacher will monitor the effectiveness of the school's health and safety arrangements and ensure that this policy is reviewed regularly and updated when circumstances, legislation or guidance change.
- Our aim is to ensure that everyone in our school community can learn, work and participate in school life in a safe, healthy and supportive environment.

2. Legislation

This policy is based on advice from the Department for Education (DfE) on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to visitors on your premises
- 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 (HSE) 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 require employers to protect their staff from falls from height

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) and government guidance on living with COVID-19 when responding to infection control issues.

Sections of this policy are also based on the statutory framework for the Early Years Foundation Stage.

3. Roles and responsibilities

3.1 The Governing Body

The Governing Body has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

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

The Governing Body as the employer, also has a duty to:

- 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

The governor who oversees health and safety is Richard Simpson

3.2 Health and safety lead/competent person

While the Headteacher has ultimate accountability for health and safety, the School Business Manager is delegated day-to-day responsibility for the operational management of health and safety procedures and compliance.

This involves:

- Implementing the health and safety policy
- Ensuring there are 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 Caretaker Roles and Responsibilities

The Caretaker has a number of health and safety related jobs to perform on site

Daily Health and Safety Checks

- Premises Inspection – walk the school building and grounds daily to spot and clear hazards, damage or cleaning issues
- Security Management – lock doors, set intruder and fire alarms, on call for alarm call outs
- Route clearance - Keep paths, exits, and car parks clear of litter, ice, snow, or wildlife waste
- Utility monitoring**:** Check heating, ventilation, and hot/cold water systems to ensure safe working conditions

Routine Safety Compliance Tasks

- Fire safety checks: Inspect fire doors to ensure they are free of obstructions and check fire extinguishers, emergency lights and alarm call points
- Legionella water testing: flush little used taps weekly, holiday flushing, descaling taps and shower heads, supervise water temperature checking
- Playground: regular checking of playground equipment and grounds
- Equipment testing: Oversee Portable Appliance Testing (PAT) and monitor routine maintenance of plant and electrical items.
- Hazardous substances (COSHH): Store and use cleaning materials and chemicals safely according to guidelines
- Statutory testing support: Assist with scheduled checks for risks like asbestos and legionella compliance

Repairs and Maintenance

- Minor fixes: Carry out basic DIY repairs (like fixing leaking taps or replacing light tubes) to prevent accidents.
- Contractor oversight: Supervise and coordinate external specialist contractors for major repairs or refurbishments.
- Record keeping: Maintain accurate logs of safety checks, tests, and maintenance work.

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent/carer 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/carers

Pupils and parents/carers 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

The school recognises that contractors working on the premises must be considered as part of the school's first aid and emergency arrangements.

Contractors will be informed of the school's first aid arrangements, including how to contact the school office, how to report an accident or injury, and the location of first aid facilities. Contractors must report any accident, injury or near miss occurring on school premises to the school as soon as possible.

Where contractors are undertaking higher-risk work, the school will ensure that appropriate risk assessments and control measures are in place before work begins. Contractors will be expected to have their own suitable first aid arrangements where appropriate to the nature of their work.

Contractors must follow the school's site safety procedures and cooperate with staff in the event of an emergency or evacuation. The school will ensure that contractor activities do not unnecessarily compromise access to first aid equipment, emergency exits or emergency services.

Regular contractors will be subject to periodic checks to ensure that relevant insurance, qualifications and safety certifications remain current.

4. Site security

The Caretaker is responsible for the security of the school site in and out of school hours. The Caretaker is responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Caretaker, School Business Manager, Headteacher and Teaching Assistant living in the school house are key holders and will respond to an emergency. They will be called by the alarm receiving centre in the event of a fire or intruder alarm being activated.

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.

Fire alarm testing will take place once a week

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately

- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident, they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points. These are in the school playground.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Headteacher or member of SLT if Headteacher is no available 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 has special arrangements in place for the evacuation of people with mobility needs and fire risk assessments we pay particular attention to those with disabilities. We create Personal Emergency Evacuation Plans (PEEP) for anyone who has mobility issues

A fire safety checklist can be found in appendix 1.

6. Risk Assessments

The school will undertake suitable and sufficient risk assessments to identify hazards, assess the level of risk and put appropriate control measures in place to protect pupils, staff, visitors and contractors.

Risk assessments will be completed for significant activities, areas and identified hazards, taking into account the age, needs and abilities of pupils and any specific circumstances that may increase risk. Where appropriate, staff will be involved in the risk assessment process and made aware of the control measures they are expected to follow.

Risk assessments will be reviewed regularly and whenever there is a significant change in circumstances, following an accident or incident, or when existing control measures are no longer considered adequate.

All staff are responsible for following agreed control measures and reporting new hazards or concerns to the Headteacher or designated member of staff.

7. COSHH

Schools are required to control hazardous substances, which can take many forms, including but not limited to:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases

- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by School Business Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Any hazardous products are stored in the COSHH cupboard adjacent to the boiler room. Pupils are not to access this room.

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.

7.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure they have adequate ventilation

7.2 Legionella

- A water risk assessment has been completed on 7th April 2025 by PH Water and Air Technologies organized by the School Business Manager. The School Business Manager] 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 every two years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: monthly water temperature monitoring, weekly flushing of little used taps, holiday water flushing, water testing, disinfection and descaling of showers, annual servicing of TMV's.

7.3 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site

7.4 Statutory Inspections

The school will ensure that equipment, systems and facilities subject to statutory inspection or examination are inspected at the required intervals by suitably competent and, where necessary, appropriately qualified persons.

Statutory inspections will be recorded, and any recommendations or remedial actions identified will be followed up within an appropriate timescale. Where an inspection identifies an immediate or significant safety concern, the equipment or system will be taken out of use until appropriate action has been taken.

The school will maintain records of inspections, certificates and any remedial work undertaken. Inspection schedules will be monitored to ensure that required inspections are completed within the relevant timescales.

Examples of equipment and systems that may require statutory inspection or examination include **pressure systems, gas appliances, electrical installations, fire safety equipment and other equipment where inspection is required by legislation or the manufacturer**.

7.5 Site Monitoring

The school will carry out regular monitoring of the premises to identify hazards and ensure that health and safety standards are maintained.

Routine checks will include the condition of buildings, classrooms, corridors, playgrounds, outdoor areas, equipment, access routes, fire exits and security arrangements. Any hazards identified will be reported promptly and appropriate action taken.

Staff are encouraged to report hazards, defects, accidents and near misses as soon as they are identified. The school will record significant issues and monitor any actions required to ensure they are completed.

Where maintenance or remedial work is required, the school will assess the level of risk and take appropriate temporary measures where necessary to protect pupils, staff and visitors until the issue is resolved.

Site monitoring will also consider the activities of contractors and other external organisations using the school premises, ensuring that agreed health and safety arrangements are followed.

The School Business Manager and other designated staff will undertake or arrange appropriate site checks and will review any recurring issues to identify areas requiring further action or improvement.

8. 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.

8.1 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 School Business Manager 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
- All isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

8.2 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 School Business Manager

8.3 Display screen equipment

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

9. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Caretaker duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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 they are medically fit to work alone.

10. 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.

We will ensure that there is a suitable and sufficient working at height risk assessment in place and that any person working at height follows the control measures identified in the risk assessment to minimise the risk of harm from the work activity.

In addition:

- The Caretaker retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as a roof, is only permitted by trained and competent persons

11. Manual handling

The procedures related to manual handling apply to activities where there is a foreseeable risk of injury.

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they must seek further assistance.

We will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and that those who may be involved in manual handling activities are required to read it. We will make sure proper mechanical aids and lifting equipment are available in the school, and that staff are trained in how to use them safely.

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

12. 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, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/corers' contact details
- There will always be at least 1 first aider on school trips and visits
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least 1 first aider with a current pediatric first aid certificate
- For other trips, there will always be at least 1 first aider on school trips and visits

13. 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.

14. 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 at themselves to their line manager/headteacher immediately. This applies to violence from pupils, visitors or other staff.

15. Smoking and Vaping

Smoking and vaping arenot permitted anywhere on the school premises.

16. 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.

16.1 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

16.2 Coughing and sneezing

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

16.3 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 (e.g. 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 infectious diseases where required or recommended by government guidance and/or a risk assessment

16.4 Cleaning of the environment

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

16.5 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

16.6 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

16.7 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

16.8 Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals

- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet

16.9 Infectious disease management

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

We will follow local and national guidance on the use of control measures including:

Following good hygiene practices

- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned daily during days when the school is in use.

Keeping rooms well ventilated

- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

16.10 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.

16.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

In addition to general cleaning guidance:

16.12 Preventing and controlling infections in EYFS

In addition to general cleaning guidance, we will:

- Ensure all toys carry a BS, BSI or CE mark and where possible buy toys and equipment that can be easily cleaned
- Store toys in a clean container
- Not let children take toys into toilet areas

- Store reusable equipment that has been cleaned but is not in use separately from used equipment and away from where equipment cleaning takes place

Where nappies are used:

- Have a designated changing area away from the play facilities, and any area where food or drink is prepared or consumed
- Staff take the appropriate measures to wash and dry their hands after every nappy change
- Wrap soiled nappies in a plastic bag before disposing in the general waste
- Clean the children with a disposable wipe, and do not share nappy creams and lotions amongst the children
- Clean the changing mats with soapy water or a detergent wipe after each use and at the end of the day

Where potties are used:

- Have a designated sink for cleaning these (which is not a hand wash basin) and wash them in hot soapy water and dry
- Wear disposable gloves to flush contents down the toilet
- Store potties upside and not inside each other
- Wash hands using soap and warm water and dry after removing disposable gloves

17. 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 an 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
- Some pregnant women will be at greater risk of severe illness from COVID-19

18. 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.

The school recognises that workplace stress can affect the health, wellbeing and effectiveness of staff. We are committed to promoting a supportive working environment and to identifying and addressing sources of work-related stress wherever reasonably practicable.

Staff are encouraged to raise concerns about workload, working relationships, working conditions or other factors that may be contributing to stress with their line manager or the Headteacher at an early stage.

Where concerns are raised, the school will seek to understand the underlying causes and consider appropriate measures to reduce or manage workplace stress. This may include reviewing workload, priorities, working arrangements or available support.

Where appropriate, individual stress risk assessments may be undertaken to identify specific workplace stressors and agree suitable control measures. These will be reviewed regularly and particularly where circumstances change.

All staff have a responsibility to contribute to a positive and supportive working environment and to take reasonable steps to look after their own health and wellbeing.

The school's approach to supporting staff wellbeing and managing work-related stress is set out in the Staff Wellbeing Policy, which should be read alongside this Health and Safety Policy.

19. Accident reporting

19.1 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. An accident form 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 in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

19.2 Reporting to the Health and Safety Executive

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

The Attendance, Welfare and Wellbeing Officer will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Attendance, Welfare and Wellbeing Officer will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include, but are not limited to:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in a reportable injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity
- An injury that arose from, or was in connection with, a work activity and the person is taken directly from the scene of the accident to hospital for treatment

An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

19.3 Notifying parents/carers

The EY Teacher will inform parents/carsia of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

19.4 Reporting to child protection agencies

The EY Teacher will notify Single Point of Access (SPA) of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

19.5 Reporting

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care, and any incident of food poisoning affecting 2 or more pupils while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident. See section 18 for RIDDOR reportable accidents.

20. First Aid

The school provides adequate and appropriate **first-aid provision** to ensure the health, safety, and welfare of all pupils, staff, and visitors.

- **First Aid Policy:** This section provides a high-level overview. Full details regarding personnel, training, and specific protocols are detailed in the standalone **School First Aid Policy**.
- **First Aiders:** A sufficient number of certified **First Aiders** and **Paediatric First Aiders (PFA)** are maintained on-site and for off-site trips to meet statutory Early Years Foundation Stage (EYFS) and Health & Safety Executive (HSE) requirements.
- **Facilities & Kits:** Fully stocked first aid kits are located in the **School Office, Medical Room, and Staffroom**. A designated Medical Room is available on-site for treatment and short-term care.
- **Emergency Procedures:** For serious injuries or medical emergencies, staff will immediately call **999** and notify the Headteacher and parents/carers. All head bumps require an immediate notification slip or call home.
- **Accident Recording:** Every instance of first aid administration must be logged in the **Accident Book**. Serious incidents involving staff or pupils will be reported externally under **RIDDOR** or to **Ofsted** where statutory thresholds are met.

20. Training

Our staff are provided with health and safety training as part of their induction process. Most of the health and safety training is provided via the local authorities training programme.

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

21. Monitoring

This policy will be reviewed by the Resources Committee every annually.

At every review, the policy will be approved by the Headteacher and Chair of Governors.

22. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Remote learning
- Emergency or critical incident plan
- Stress Policy
- Allergies Policy

Signed…… …….. Date: ……

Chair of Governing Body

Signed…… …….. Date: ……

Headteacher

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. Accident report

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

Appendix 3. Asbestos record

Location	Description	Type of asbestos	Date of removal	Company who did the works	Removal Certificate received

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 infectious disease we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Conjunctivitis	None.
Cryptosporidiosis	Until 48 hours after symptoms have stopped. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Diarrhoea and/or vomiting (Gastroenteritis/norovirus)	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 adviser or environmental health officer will advise.

Infection or complaint	Recommended period to be kept away from school or nursery
Diptheria	Exclusion is essential. Contact your local UKHSA health protection team about any cases in your setting. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.
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.
Flu (influenza)	Until recovered.
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).
Giardiasis (giardia)	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
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.
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.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

Infection or complaint	Recommended period to be kept away from school or nursery
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.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	Until recovered.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Mpox	Until recovered and deemed safe to return by their clinician or in line with current guidance.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Ringworm	Exclusion not needed once treatment has started.
Rotavirus	Until 48 hours after symptoms have stopped.
Rubella (German measles)	5 days from appearance of the rash.
Salmonella	Until 48 hours after symptoms have stopped.
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 a factsheet to send to parents or carers and staff.

Infection or complaint	Recommended period to be kept away from school or nursery
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Threadworm	None.
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.
Typhoid and Paratyphoid fever	Inform your local health protection team as soon as possible. Seek advice from environmental health officers or the local health protection team on required exclusion periods.
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.