



Health and Safety Policy
Including First Aid Policy
and Risk Assessment Policy

Contents

1. Aims	2
2. Legislation	2
3. Roles and responsibilities	3
4. Risk Assessments	4
5. Site security	5
6. Fire	5
7. COSHH	5
8. Equipment	7
9. Lone working	7
10. Working at height	7
11. Manual handling	7
12. Off-site visits	7
13. Lettings	8
14. Violence at work	8
15. Smoking	8
16. Infection prevention and control	8
17. New and expectant mothers	9
18. Occupational stress	9
19. First aid procedures	9
20. Accident reporting	10
21. Training	11
22. Monitoring	12
23. Links with other policies	12
Appendix 1. Statutory risk assessments checklist	13
Appendix 2. List of trained first aiders	14
Appendix 3. First aid training log	175
Appendix 4. Fire safety checklist	16
Appendix 5. Accident report	17
Appendix 6. Recommended absence period for preventing the spread of infection	18

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
- Ensure that staff and governors are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes
- All risks that may cause injury or harm to staff, pupils and visitors are identified, and all control measures that are reasonably practicable are in place to avoid injury or harm
- Risk assessments are conducted and reviewed on a regular basis

2. Legislation

This policy is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [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 Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent School Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils
- [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
- Paragraph 16 of part 3 of [The Education \(Independent School Standards\) Regulations 2014](#) which requires proprietors to have a written risk assessment
- Regulation 4 of [The Control of Asbestos Regulations 2012](#) requires that employers carry out an asbestos risk assessment
- Regulation 4 of [The Manual Handling Operations Regulations 1992](#) requires employers to conduct a risk assessment for manual handling operations
- [DfE guidance on the prevent duty](#) states that schools are expected to assess the risk of pupils being drawn into terrorism

The school follows [national guidance published by Public Health England](#) when responding to infection control issues. This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

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

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 School 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 Mr Philip Sack.

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
- Ensuring that an appropriate number of first aid personnel are present in the school at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary

In the Headteacher's absence, Mrs Verity Jaffray assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Mr Graham Nagel-Smith.

3.4 Appointed person(s) and first aiders

The school's appointed person is Mr Graham Nagel-Smith (Headteacher). They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Our school's first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

3.5 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
- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports for all incidents they attend to where a First Aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

3.6 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.

3.7 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. Risk Assessments

4.1 Definitions

Risk assessment	A tool for examining the hazards linked to a particular activity or situation, and establishing whether enough precautions have been taken in order to prevent harm from them based on their likelihood and their potential to cause harm
Hazard	Something with the potential to cause harm to people, such as chemicals or working from height
Risk	The chance (high or low) that people could be harmed by hazards, together with an indication of how serious the harm could be

4.2 Risk assessment process

When assessing risks in the school, we will follow the process outlined below.

We will also involve staff, where appropriate, to ensure that all possible hazards have been identified and to discuss control measures, following a risk assessment.

Step 1: identify hazards – we will consider activities, processes and substances within the school and establish what associated-hazards could injure or harm the health of staff, pupils and visitors.

Step 2: decide who may be harmed and how – for each hazard, we will establish who might be harmed, listing groups rather than individuals. We will bear in mind that some people will have special requirements, for instance pupils with special educational needs (SEN) and expectant mothers. We will then establish how these groups might be harmed.

Step 3: evaluate the risks and decide on control measures (reviewing existing ones as well) – we will establish the level of risk posed by each hazard and review existing control measures. We will balance the level of risk against the measures needed to control them and do everything that is reasonably practicable to protect people from harm.

Step 4: record significant findings – the findings from steps 1-3 will be written up and recorded in order to produce the risk assessment. A risk assessment template can be found in appendix 2 of this policy.

Step 5: review the assessment and update, as needed – we will review our risk assessments, as needed, and the following questions will be asked when doing so:

- Have there been any significant changes?
- Are there improvements that still need to be made?
- Have staff or pupils spotted a problem?
- Have we learnt anything from accidents or near misses?

Step 6: retaining risk assessments – risk assessments are retained for the 3 years after the length of time they apply. Risk assessments are securely disposed of.

5. Site security

Mr Graham Nagel-Smith (Headteacher) and Mrs Sheila Youings (Chair of Governors) are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Mr Graham Nagel-Smith (Headteacher), Mrs Sheila Youings (Chair of Governors) and Mr Philip Sack (Health and Safety Governor) are key holders and will respond to an emergency.

6. 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 a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take place once a week.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points. These are the lower playground area at the front of the School.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The School Admin Officer 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 3.

7. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Headteacher 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. They are stored in the Cleaners' Cupboard or under the sink in the kitchen area or staff room. All of these areas are out of bounds for unsupervised children

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 that they have adequate ventilation

7.2 Legionella

- A water risk assessment has been completed on 11.06.2013 by Andy Dance of Thames Valley Water Services. The Headteacher 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 2 years and when significant changes have occurred to the water system and/or building footprint – this is next scheduled for 05.01.2018
- The risks from legionella are mitigated by the following: temperature checks, heating of water, running of taps after periods of unuse eg. after holidays.

7.3 Asbestos

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

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 that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

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

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 Headteacher

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
- 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.

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.

In addition:

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

11. Manual handling

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

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

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

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

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, 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.

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

15. Smoking

Smoking is not permitted anywhere on the school premises.

16. Infection prevention and control

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

16.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels or hand dryer
- 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 (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

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

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

16.9 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. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

16.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 5.

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

17. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal 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

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.

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

19. First aid procedures

19.1 In-school procedures

In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified first aider, if appropriate, who will provide the required first aid treatment
- The first aider, if called, will assess the injury and decide if further assistance is needed from a colleague or the emergency services. They will remain on scene until help arrives
- The first aider will also decide whether the injured person should be moved or placed in a recovery position
- If the first aider judges that a pupil is too unwell to remain in school, parents will be contacted and asked to collect their child. Upon their arrival, the first aider will recommend next steps to the parents

- If emergency services are called, the Headteacher or Senior member of staff will contact parents immediately
- The first aider will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury. If the first aider was not present at the time of the injury they will ensure that they have a clear understanding of how the injury was sustained from adults (and children) who were

19.2 First aid equipment

A typical first aid kit in our school will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape
- Safety pins
- Disposable gloves
- Antiseptic wipes
- Plasters of assorted sizes
- Scissors
- Cold compresses
- Burns dressings

No medication is kept in first aid kits. First aid kits are stored in:

- The disabled toilet in the main admin corridor
- All classrooms
- All minibuses

20. Accident reporting

20.1 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 4
- 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.

20.2 Reporting to the Health and Safety Executive

The Headteacher 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 Headteacher 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 hrs
- 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 directly 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

Information on how to make a RIDDOR report is available here:
[How to make a RIDDOR report, HSE](#) [Incident reporting in schools](#)

20.3 Notifying parents

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

20.4 Reporting to Ofsted and child protection agencies

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

The Headteacher will also notify Wiltshire Council of any serious accident or injury to, or the death of, a pupil while in the school's care.

21. Training

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

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.

All school staff are able to undertake first aid training if they would like to.

All first aiders must have completed a training course, and must hold a valid certificate of competence to show this. The school will keep a register of all trained first aiders, what training they have received and when this is valid until (see appendix 2).

Staff are encouraged to renew their first aid training when it is no longer valid.

At all times, at least 1 staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

22. Monitoring

This policy will be reviewed by the Health and Safety Governor every two years.

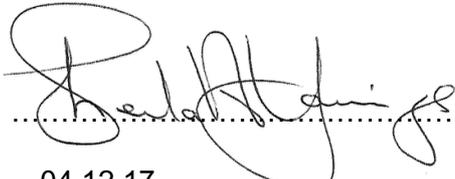
At every review, the policy will be approved by the Full Governing Body.

23. Links with other policies

This health and safety policy links to the following policies:

- Supporting pupils with medical conditions
- Accessibility plan

Agreed by the Governing Body

Signed  (Chair of Governors)

Date ...04.12.17.....

Policy History/Review Log

Effective Date	Reason for change or revision	Authored/Reviewed by	Next review date
December 2017	Revision of School's H&S procedures	GNS	January 2020

Appendix 1: statutory risk assessments checklist

The following table lists the risk assessments that schools are required to have in place.

Statutory or mandatory risk assessment	✓	Completed by	Date of review
Health and safety	✓	G. Nagel-Smith & P. Sack	End of Term 4 2018
Workers under the age of 18		N/A	
Asbestos	✓	S. Cooper (AC&MS Ltd) 15.4.10	All Asbestos removed
Substances hazardous to health			
Display screen equipment			
Fire	✓	Ian Rennie 03.05.16	Jan 2018
First aid	✓	G. Nagel-Smith 27.11.17	Nov 2020
Manual handling	✓	G. Nagel-Smith 27.11.17	Nov 2020
Working at height	✓	G. Nagel-Smith 22.11.17	Nov 2020
Children being drawn into terrorism	✓	G. Nagel-Smith 22.11.17	
Swimming pools (if applicable)		N/A	

Appendix 2: list of trained first aiders

Staff member's name	Role	Contact details
Elizabeth Jacobs	Admin Officer	
Verity Jaffray	Senior Teacher	
Linda Long	Teaching Assistant	
Fiona Heydari	Teacher	
Victoria Bond	Pre School	
Sarah Sack	Teaching Assistant	
Rebecca Chalk	Pre School	
Laura Holt	Teacher	
Lynne Yardley	Pre School	
Wendy Hayes	Pre School	
Julie McDevitt	Teaching Assistant	
Jasmine Allen	Teacher	
Chris Adlam	Teaching Assistant	

Appendix 3: first aid training log

Name/type of training	Staff who attended (individual staff members or groups)	Date attended	Date for training to be updated (where applicable)
<i>Paediatric First Aid</i>	Sarah Sack, Rebecca Chalk, Lyne Yardley, Laura Holt, Victoria Bond, Julie McDevitt, Wendy Hayes, Elizabeth Jacobs	18.10.16	18.10.19
<i>Paediatric First Aid</i>	Fiona Heydari, Linda Long, Jasmine Allen, Chris Adlam, Pam Vinney	23.11.15	23.11.18
<i>Paediatric First Aid</i>	Verity Jaffray	10.02.15	10.02.18
Epi Pen Training	Jasmine Allen, Hannah Elson, Laura Holt, Julie McDevitt, Linda Long, Sarah Sack, Verity Jaffray	12.10.17	

Appendix 4. 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 5. 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 6. 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 (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should

		immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
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Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Date of next review: _____ (At least every two years)