



# Health and Safety Policy

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# Version Control

Version	Author	Date	Changes
Final V 1.0	Executive Headteacher	April 2024	Reviewed
Draft V 1.1	Executive Business Manager	August 2024	Updated to reformat and include version control and reference number.
Approved	ELT	19/9/24	Approved

# I. Statement of Intent

The provision aims to ensure that all risks that may cause injury or harm to staff, learners and visitors are identified, and all control measures that are reasonably practicable are in place to avoid injury or harm.

The Health and Safety policy is designed to:

- Ensure risk assessments are conducted and reviewed on a regular basis.
- Provide and maintain a safe and healthy environment.
- Prevent accidents and cases of work related ill health
- Manage health & safety risks in our workplace
- Provide clear instructions and information, and adequate training, to ensure employees are competent to do their work
- Provide personal protective equipment
- Consult with our employees on matters affecting their health & safety
- Provide and maintain safe plant and equipment
- Ensure safe handling and use of substances
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site
- Implement emergency procedures, including evacuation in case of fire or other significant incident

Signed:	Date:
Print name: Nikita Boydell	Role: Executive Headteacher

# 2. Legislation and guidance

This policy is based on the following legislation and Department for Education (DfE) guidance:

- Paragraph 16 of part 3 of [The Education \(Independent Provision Standards\) Regulations 2014](#), which requires proprietors to have a written risk assessment policy
- Regulations 3 and 16 of [The Management of Health and Safety at Work Regulations 1999](#) require employers to assess risks to the health and safety of their employees, including new and expectant mothers

- [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
- Regulation 4 of [The Control of Asbestos Regulations 2012](#) requires employers carry out an asbestos risk assessment
- Employers must assess the risk to workers from substances hazardous to health under regulation 6 of [The Control of Substances Hazardous to Health Regulations 2002](#)
- [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
- Under regulation 2 of [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), employers must assess the health and safety risks that display screen equipment pose to staff
- [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
- Regulation 9 of [The Regulatory Reform \(Fire Safety\) Order 2005](#) says fire risks must be assessed
- Regulation 4 of [The Manual Handling Operations Regulations 1992](#) requires employers to conduct a risk assessment for manual handling operations
- [The Work at Height Regulations 2005](#) say employers must conduct a risk assessment to help them identify the measures needed to ensure that work at height is carried out safely
- [DfE guidance on first aid in provisions](#) says provisions must carry out a risk assessment to determine what first aid provision is needed
- [DfE guidance on the Prevent duty](#) states provisions are expected to assess the risk of learners being drawn into terrorism
- [The Health and Safety Executive \(HSE\)](#) say provisions that manage their own pools must conduct a risk assessment
- DfE guidance on [health and safety: responsibilities and duties for provisions](#) says provisions must identify the measures needed to reduce the risks from public health incidents, including COVID-19, so far as is reasonably practicable

The provision follows [national guidance published by Public Health England](#) when responding to infection control issues.

### 3. Roles and responsibilities

#### Headteacher

The Executive Headteacher has the ultimate responsibility for health and safety. Day-to-day responsibility is delegated to the Executive Business Manager. This involves:

- Implementing the health and safety policy
- Ensuring there are enough staff to safely supervise pupils
- Ensuring that the company buildings and premises are safe and regularly inspected
- Providing adequate training for staff
- Reporting to the Executive SLT on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Executive Business Manager's absence, the Head of Centre assumes the above day-to-day health and safety responsibilities.

#### Health and safety leads

Centre health and safety coordinators will be responsible for promoting a positive health and safety culture within their Centre, ensuring this policy is put into practice. In their Centre, the H&S Coordinators are responsible for:

- Undertaking routine safety inspections
- Ensuring satisfactory arrangements for first aid.
- Ensuring safety in relation to fire risks and precautions.
- Initiate the appropriate incident investigation procedure following a serious or potentially serious accident/incident.
- Carry out termly safety checks to ensure a safe place of work.
- Carry out annual health and safety audits.
- Overall responsibility for implementing the Health and Safety policy at a local level.

- Bringing health and safety policy to the notice of employees.
- Monitoring health and safety performance within their area of responsibility.
- Local induction arrangements to include health and safety.
- Ensure risk assessments are in place for all activities/situations occurring

The nominated health and safety lead is the Executive Business Manager. In their absence it is the Head of Centre.

## Staff

All staff have a duty to take care of learners 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 Company 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 learners
- Understand emergency evacuation procedures and feel confident in implementing them

## Learners and parents

Learners and parents are responsible for following the company's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

## Contractors

Contractors will agree health and safety practices with the health and safety lead before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

## 4. Site security

The Executive Headteacher and the Executive Business Manager are responsible for the security of the company site in and out of business hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Executive Business Manager will make adequate security arrangements for the grounds and buildings, including, but not limited to, ensuring:

- Each building is securely locked and alarmed each night.
- Each building has a secure entrance.
- The centre's perimeters are sufficiently secure.

The centre's security arrangements are based on a risk assessment, which is regularly reviewed by the centre manager and SLT, that explicitly considers the:

- Location of the centre.
- Physical layout of the centre.
- Movements needed around the site.
- Arrangements for receiving visitors.

The Executive Headteacher and the Heads of Centres are key holders and will respond to an emergency.

## 5. Fire

The Executive Leadership Team will ensure a fire risk assessment is carried out for all premises.

Implementation of any recommendations both from the Senior Leadership Team or from the fire service inspection staff is the responsibility of the Health and Safety Coordinator in each centre.

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.

The Executive Business Manager is responsible for ensuring the maintenance and testing of fire alarms and fire-fighting equipment. The actual maintenance of the equipment will be the subject of an annual contract with a specialist firm.

Emergency evacuations are practised at least once a term.

The fire alarm is an automatic fire alarm and detection system.

Fire alarm testing takes place weekly.

New staff will be trained in fire safety and all staff and learners 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
- In the event of a fire alarm being activated or in any other emergency situation, all persons must leave the building by the nearest available exit and assemble at the designated assembly point
- The centre Fire Marshall will supervise evacuation and liaise with the emergency services.
- Teachers are responsible for the safe evacuation of young people in their group and must carry out a roll call at the assembly point to ensure all young people are accounted for and report their findings to the Centre Fire Marshall. Likewise, Heads of Centre must carry out a roll call of their staff on site, as well as any visitors recorded in the visitors' book, to ensure all staff and visitors are accounted for and report their findings to the Centre Fire Marshall.
- 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 learners will congregate at the assembly point. This point is clearly labelled with a fire assembly point sign.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The SLT team will take a register of all staff
- Staff and learners will remain outside the building until the emergency services say it is safe to re-enter

The centre 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.

## Emergency Lighting

In order to be compliant with emergency lighting requirements, there needs to be enough emergency lighting for people to be able to leave the premises in the event of an emergency. Emergency exits have an emergency exit luminaire above the door, as well as signage to the emergency exit. There also needs to be lighting for every change in direction leading to an escape door. UK legal emergency lighting regulations require there to be an emergency lighting system which covers the following:

- Each exit door
- Any trip hazards (i.e. stairs)
- Any changes in direction
- First aid equipment

- Fire alarm triggers
- Fire extinguishers
- Power supplies
- Escape routes, including lifts
- Intersection of corridors
- Outside each final exit and on external escape routes
- Emergency escape signs
- Stairways so that each flight receives adequate light
- Changes in floor level
- Windowless rooms and toilets exceeding 8m<sup>2</sup>
- Fire fighting equipment
- Fire alarm call points
- Equipment that would need to be shut down in an emergency.

## 6. COSHH

Companies 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 a suitably qualified person within the centre, and signed off by the Health & Safety Lead 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.

All hazardous products are stored in a locked cupboard.

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. Gas safety

- Installation, maintenance and repair of gas appliances and fittings is 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

## 8. Legionella

- The risks from legionella are mitigated by the following: weekly flush tests before use, temperature checks and disinfecting all taps.
- Legionella risk assessment reports are completed for each centre.

## 9. Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the centre 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 centre site

## 10. 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

## 11. Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely

- Any learner or volunteer who handles electrical appliances does so under the supervision of the member of staff who directs them
- Any potential hazards will be reported to the health & safety lead 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. These are carried out on an annual basis.
- Five year fixed electrical inspections are carried out by a suitably qualified contractor.
- 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

## 12. PE equipment

- Learners are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- PE Equipment will be serviced annually or as required by the manufacturer.

## 13. 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)

## 14. Lone working

Lone working may include:

- Late working
- Home or site visits
- 1:1 working with a learner
- Weekend working

- Transporting a learner
- 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.

Red Folder Protocol - If the lone worker believes themselves to be at risk of harm, they will call any member of SLT and notify them of their location and that they have left the 're folder' behind. The member of staff receiving the call will immediately call 999 for the Police and give them the location of the lone worker stating they are at imminent risk of harm.

The lone worker will ensure that they are medically fit to work alone.

## 15. 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:

- The Provision 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 roofs, is only permitted by trained persons

## 16. 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 company will ensure that proper mechanical aids and lifting equipment are available in the centre, 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.

## 17. Off-site visits

When taking learners 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 learners along with the parents' contact details
- There will always be at least one first aider on trips and visits

## 18. Lettings

This policy applies to lettings. Those who hire any aspect of the company site or any facilities will be made aware of the content of the company's health and safety policy, and will have responsibility for complying with it.

## 19. 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 learners, visitors or other staff.

## 20. Smoking

Smoking or vaping is not permitted anywhere on the company's premises.

## 21. Infection prevention and control

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

## 22. 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

## 23. Coughing and sneezing

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

## 24. Personal protective equipment (PPE)

- 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

## 25. Cleaning of the environment

- Clean the environment frequently and thoroughly

## 26. 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

## 27. Laundry

In the event that any laundry tasks need to be undertaken the provision will:

- 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

## 28. 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

## 29. 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 pet

## 30. Learners vulnerable to infection

Some medical conditions make learners vulnerable to infections that would rarely be serious in most children. The provision will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

### Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

## 31. New and expectant mothers

Risk assessments will be carried out whenever any employee or learner 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 their 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

## 32. Office, classroom and workspace safety

Offices and classrooms, though generally regarded as low-risk areas, still present their own risks to health and safety. Please see HSE guidelines for working in an office environment and using VDUs for more information. Staff concerned about the working environment (temperature, lighting etc.), facilities (toilets, eating, washing, changing etc.), cleaning or general safety should advise their Centre H&S Coordinator of their concerns. Centre H&S Coordinators should seek advice from the EBM if required and arrange for a specific risk assessment to be completed and resulting action taken.

## 33. 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 centres for responding to individual concerns and monitoring staff workloads.

## 34. Accident reporting

### 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 and stored in the staff/learner file. Accident forms are kept securely online. An accident form template can be found in appendix I.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the learner'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.

## Reporting to the Health and Safety Executive

The Senior Leadership Team 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 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

## Notifying parents

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

## Reporting child protection agencies

The SLT Team will notify IFD (Integrated Front Door) of any serious accident or injury to, or the death of, a learner while in the provisions care.

## Reporting to Ofsted

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

## 35. 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 learners with special educational needs (SEN), are given additional health and safety training.

## 36. Risk assessments

Risk assessments will be carried out for all activities that are undertaken. Any resulting actions will be implemented and staff informed and where necessary will receive appropriate training. Risk assessments will be reviewed at least annually and following any changes to the activity or environment by the centre H&S Coordinator . For any new activities to be undertaken, a risk assessment will be carried out, actions implemented and the risk assessment approved by the Health and Lead before the activity is carried out.

## 37. Snow and ice clearance

In the event of snowfall or icy conditions, where practicable, the Centre H&S Coordinator will arrange for someone to clear a path from the main road to the doors into the premises and treat it with a mixture of sand and salt. Paths into all buildings should be cleared and treated as above.

## 38. Monitoring and workplace inspections

This policy will be reviewed by the Executive SLT every year.

Health & safety monitoring inspections are carried out termly by the health & safety lead (EBM).

## 39. Links with other policies

This health and safety policy links to the following policies:

- First aid

- Risk assessment
- Accessibility plan
- Premises management document

# Appendix I

NAME OF INJURED PERSON		STUDENT/STAFF/VISITOR/ CONTRACTOR	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
NAME OF PERSON FILLING IN RECORD		OCCUPATION OF PERSON FILLING IN RECORD	
INCIDENT DETAILS - WHERE - HOW - CAUSE - INJURY DETAILS			
WAS FIRST AID APPLIED	YES/NO		
IF YES, WHAT WAS DONE			
FOLLOW-UP ACTION			
PARENT/CARER NAME CONTACTED			
DETAILS OF CONVERSATION			
NAME OF PERSON REPORTING CONCERN			
SIGNATURE		DATE	
COMPLETE THIS BOX IF INCIDENT IS REPORTABLE UNDER RIDDOR	HOW WAS IT REPORTED?		
PRINT NAME:	DATE:		

## Appendix II - Recommended absence period for preventing the spread of infection

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

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

Scabies	The infected learner or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Learners 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 centre, the health protection team will assist with letters and factsheets to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the learner or food handler returning to the centre.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from the centre are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).

Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Learners and staff with infectious TB can return to the centre after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Learners and staff with non-pulmonary TB do not require exclusion and can return to the centre as soon as they are well enough.
Whooping cough (pertussis)	A learner or staff member should not return to the centre until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from the centre 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 the centre and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.

Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to the centre.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to the centre. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.