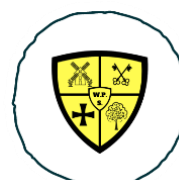


# SOKE EDUCATION TRUST

## Health & Safety Policy

Approved via Governorhub

Approved date	December 2023
Review date	December 2024



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## ***Document Issue and other information:***

Issue Date: October 2023

Review Date: October 2025

Chair of Board: Claire Spooner

Chief Executive Officer: *Cathy Carlisle*

## ***Schools Included in this policy:***

Alderman Jacobs School

Gunthorpe Primary School

John Clare Primary School

Northborough Primary School

Werrington Primary School

Wittering Primary School

## Health & Safety Policy

### Aims

Our Trust 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.

### Legislation

This policy is based on advice from the Department for Education on health and safety in schools and the following legislation:

**The Health and Safety at Work etc Act 1974:** which sets out the general duties' employers have towards employees and duties relating to lettings

**The Management of Health and Safety at Work Regulations 1992:** which requires employers to make an assessment of the risks to the health and safety of their employees.

**The Management of Health and Safety at Work Regulations 1999:** which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

**The Control of Substances Hazardous to Health Regulations 2002:** which require employers to control substances that are hazardous to health

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013:** which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

**The Health and Safety (Display Screen Equipment) Regulations 1992:** which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test

**The Gas Safety (Installation and Use) Regulations 1998:** which require work on gas fittings to be carried out by someone on the Gas Safe Register

**The Regulatory Reform (Fire Safety) Order 2005:** which requires employers to take general fire precautions to ensure the safety of their staff

**The Work at Height Regulations 2005:** which requires employers to protect their staff from falls from height

The school follows national guidance published by Public Health England when responding to infection control issues.

This policy complies with our funding agreement and articles of association.

## Statement of General Policy on Health, Safety and Welfare

Soke Education Trust believes that health and safety is paramount in all areas of its business activities. The Trust and its Local Governance Committee complies with the Health & Safety at Work Act 1974 and Management Regulations 1999. The Trust is committed to providing its employees with safe places of work that do not impact negatively on their health and well-being. The Soke Education Trust is also committed to conducting its undertakings in such a way as to not adversely affect the health and safety of its customers, partners, contractors, visitors or anyone else that could be negatively impacted by its school activities.

The Trust aims to achieve this commitment by adopting the following principles:

- Putting policies, arrangements and procedures in place to promote effective health and safety management;
- Taking a risk-based approach to school activities to identify sensible, realistic and effective control measures which facilitate the safe delivery of the school's aims and objectives;
- Providing resources, including time, finance and competent advice, to facilitate the delivery of the school's health and safety aims and objectives;
- Involving employees from all levels of the organisation in the delivery of health and safety aims and objectives;
- Providing information, instruction, training and supervision so that all personnel are aware of their health and safety responsibilities and the hazards and risks posed by their work and working environment;
- Regularly reviewing and auditing performance to maintain desired standards, to identify any potential areas of weakness and to promote continuous health and safety improvement throughout the organisation.

The Directors regard the promotion of health and safety at work to be of the utmost importance for all personnel that attend as pupils, work in and visit any of its schools.

It is Trust policy to ensure that every reasonable step is taken to prevent injury and ill-health to personnel by protecting individuals from hazards at work. This also includes pupils and visitors to the school whether it is for pursuance of their employment or other activities.

This is approached by:

- assessing and controlling risk as part of the day-to-day management of school activity
- providing and maintaining safe, healthy and secure working conditions, training and instruction so that personnel are able to perform their various tasks safely and efficiently
- ensuring that a constant awareness with regard to health and safety at work is maintained in respect of all activities within the school and during out-of-school activities
- periodic review of the safety policy as school activities and the associated risks change

The senior leadership team are accountable for the management of health and safety and for the implementation of the school's health and safety policy in their areas of control.

Employees have a duty to protect themselves and others by working safely, co-operating with the senior management team, observing all relevant information and instructions and reporting any health and safety matters to their line managers.

## **Roles and Responsibilities**

Responsibilities of individuals within the Trust are as follows:

**Directors.** The ultimate responsibility for all aspects of health and safety at work within the Soke Education Trust rests with the Directors through the safety organisation.

**Local Governance Committees** - The LGC has delegated responsibility to monitor the implementation of health & safety and staff wellbeing in its school.

**Headteacher** - The Headteacher is responsible for the effective implementation of the safety policy in their school and for encouraging staff, through regular monitoring, to implement health and safety arrangements.

**Safety adviser** - Soke Education Trust appoints an external safety adviser to provide information and advice on health, safety and welfare within its schools.

**Line managers** - Deputy Headteachers, Assistant Headteachers of Phases Finance and Office Manager, Site Officer/Caretakers are responsible for ensuring that the day-to-day requirements regarding health and safety at work are met within their areas of concern. Where any new process, operation or substance is introduced into the area of their responsibility, they should ensure that the associated risks are assessed and any precautions deemed necessary are implemented. They are to ensure that all new members of staff and pupils under their control are instructed in their own individual responsibility with regard to the Health and Safety at Work Act (1974)

**Staff** - The responsibility of applying safety procedures on a day-to-day basis rests with all staff. All accidents will be investigated by them in accordance with current procedures in order that the cause of any accident can be identified and remedial action taken as appropriate. They frequently make inspections of their area of responsibility, taking prompt remedial action where necessary.

**Contractors** - It is the responsibility of contractors and their employees to read and comply with the school health and safety policy.

## Arrangements

### Site security

Each school has a Site Officer or Caretaker who is 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. In the event of the Site Officer or Caretaker being absent a member of the Senior Leadership team will assume responsibility for ensuring the security of the building.

### Evacuation

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 two-tone 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 designated assembly points.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- A member of Administrative team will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services (or designated Fire Officer during a practice) 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.

*The details of who will assist and the route they will take is outlined in their personal emergency evacuation plan (PEEPs).*

A fire safety checklist can be found in appendix 1. A Full Fire and Safety Evacuation Plan can be seen in each school.

### Doors

Fire doors are fitted throughout the school. Doors are closed in the event of an evacuation and at night during the security checks.



## **Invacuation & Bomb Alerts**

An invacuation procedure exists to ensure the safety and wellbeing of staff, pupils and visitors in the event of an incident such as poor air pollution, dangerous animals or a bomb threat. During the year the invacuation procedure will be practiced so that it is a familiar procedure. On hearing the designated sound, adults will support children to make an orderly line and promptly return to the school building. Doors will be locked and will remain in a 'lockdown' until otherwise notified.

In the event of a bomb alert the Headteacher, a Deputy Headteacher or designated person must:

- Ring the fire alarm to activate the evacuation of the premises of all adults and children (see fire drill procedure)
- Phone 999 for the fire service and police
- Check that the evacuation procedure has been followed
- Remain at the front of the school to meet the fire service/police and direct them to the incident
- All children and adults must remain outside
- Only when the all clear has been given will registers be sent back to classes enabling children and adults to re-enter the premises

If the alert is a practice, then the fire service need not be informed.

## **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 Site Officer 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 will be stored in a locked cupboard and decanted into single use bottles. 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.

## **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

### **Legionella**

- A water risk assessment has been completed by Lakeside Water, water treatment and hygiene specialists. The Site Officer or Caretaker 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
- The risks from legionella are mitigated by the following: Control measures are as follows.
- All showers are to be turned on and left running for five minutes weekly.
- The water temperature is to be below 20 degrees C or above 55 degrees C and this is to be checked monthly.
- Records are to be maintained of all cleaning and temperature checks carried out.
- Water storage tanks are to be covered.
- Records are to be maintained of any maintenance, water treatments or disinfection.

### **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
- The asbestos register will be shown to contractors and they 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 and is available for all staff and visitors to see.

### **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

### **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 Site Officer or Caretaker immediately. In their absence see the Office Manager.
- 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

### **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 and perform final safety checks prior to the equipment being used.
- Any concerns about the condition of the gym floor or other apparatus, including the outdoor PE and gym equipment will be reported to the Site Officer or Caretaker

### **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

### **Specialist equipment**

Where applicable, parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs and will notify parents of any concerns.

### **Lone working**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site Officer/Caretaker 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, must 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.

### **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 Site Officer/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 roofs, is only permitted by trained persons

- Elephant feet are provided for staff to use.

### **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

### **Off-site visits**

When taking pupils off the school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- There will always be at least one first aider on school trips and visits
- 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.

### **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.

### **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.

### **Smoking**

Smoking is not permitted anywhere on the school premises. No-smoking signs are clearly displayed around the building

## **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.

### **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

### **Coughing and sneezing**

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

### **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

### **Cleaning of the environment**

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

### **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

### **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

### **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

### **Animals**

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

### **Pupils vulnerable to infection**

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

### **Exclusion periods for infectious diseases and sickness**

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.

### **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 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

### **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.

Senior leaders receive training in how to recognise stress and the school provides information and advice about support agencies.

The school subscribes to an Occupational Health provider and will refer as required.

Wellbeing activities for staff to voluntarily be involved in are organised both in and outside school hours.

## **Use of vehicles**

Only those persons authorised and in possession of the appropriate licence are to drive vehicles on school business.

## **Car Parking**

Car parking is a hazard for those who use the school and for neighbours who live within the vicinity of the school. Drivers parking cars at the school, near it or dropping or collecting children at the school should at all times have consideration for the safety of pedestrians, other road users and the immediate community. In particular, the road markings near the school crossing should be observed at all times.

Owners park their vehicle at their own risk.

Where there is provision for disabled parking, only staff members who are blue badge holders should use these spaces. At no time should the space reserved for any school transport be obstructed.

There is regular contact with traffic police and the road safety officer who will talk to parents and children and provide leaflets and posters to display and send out.

Regular letters to parents emphasise the following:

- Care of our neighbours
- Use of the crossing patrol instead of driving right up to school
- Not parking on yellow lines
- Dropping children off at their gates then driving on to keep the traffic flow moving, rather than parking and waiting

Trips – try to arrange coach time before or after 9.00am

Personal contact with any adult who continually parks in an obstructive way (by Headteacher or Site Officer).

## **Accident reporting**

### **Accident records**

- An accident form will be completed using the school's logging procedure as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held 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 [*You should check whether your insurer requires accident records to be retained for a longer period of time*]

### **Reporting to the Health and Safety Executive**

A member of the Administration 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).

A member of the Administration Team 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, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

### **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 the LADO of any serious accident or injury to, or the death of, a pupil while in the school's care.

### **First Aid in School**

All trained first-aiders are responsible for dealing with minor incidents requiring first aid. If there is any concern about any first aid which should be administered then the qualified first aiders must be consulted.

All first aid given is non-invasive. For example no foreign bodies will be removed from skin, no treatment can be given to eyes.

A list of qualified first aiders is available from the office of each school.

### **Safety/HIV Protection**

Always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable (yellow) bag and



fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

### **Recording Accidents**

All accidents must be recorded and a copy will be sent to parents.

### **First Aid Boxes**

<i>Contents:</i>	Scissors	Sterile gauze swabs
	Vent Aid	Non-adherent pads
	Eye pad	Disposable gloves
	1 Bandage	Triangular bandage
	Micropore tape	Clinical waste bags

### **First Aid Supplies**

Extra and additional more specialised equipment for first aid boxes is kept by {Name}

Supplies are also kept of:

Sterilising wipes	Plasters (for use by adults)
Bandages	Foil Blanket
Slings	
Bite and sting relief	
antihistamine cream	

A member of the Administration Team is responsible for checking the contents of the first aid boxes on a regular basis and for placing orders to replenish stock. All staff are responsible for notifying the Administration Team if the supplies in any of the first aid boxes are running low.

### **Allergies/Long Term Illness**

A record is kept in the School Office of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example asthma, and details on any child whose health might give cause for concern. Lists are provided to all teachers.

### **Administration of Medicines during School Hours**

From time to time, parents request that the school should dispense medicines which need to be administered at regular intervals to children.

These requests fall into two categories:

- Children who require emergency medication on a long-term basis because of the chronic nature of their illness (for example, asthma and epilepsy).
- Children who are suffering from casual ailments.

Generally, no member of staff will administer medicine to children.

Parents are responsible for the administration of medicine to their children and if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the medicine.

For casual ailments it is often possible for doses of medication to be given outside school hours. Schools do not administer medicines for casual ailments.

If it is unavoidable that a child has to take medicine in school for treatment for a long term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

In each school one staff member may offer, on a voluntary basis, to administer prescription medicines (4 doses per day) prescribed by a doctor only when it is not practical for a parent to visit and administer - check with individual schools. This is a gesture of goodwill. For medicines to be administered the medicine must be brought into school in a properly labelled container which states:

The name of the medicine

The dosage

The time of administration.

Staff are not able to find children who do not come for medicines.

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration. A consent proforma will be issued.
- The medicines must be brought into school in a properly labelled container which states:
- (a) The name of the medicine, (b) The dosage, (c) The time of administration and (d) The child's name.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements. Please note we have no medical fridge.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. If staff training is required the Headteacher will ensure it is provided.

Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

No invasive treatments can be given for example the removal of splinters or the administration of eye drops.

### **Use of Volunteers**

All volunteers must complete a DBS check and read the policies related to induction. All volunteers will be provided with a welcome leaflet detailing the information they need to know related health & safety

### **Physical Intervention for Staff Working with Children in School**

Specific training is given for any adults working with challenging children and general guidance is given to all staff working in school. Statutory guidance is shared with all staff and the Trust has adopted specific policies – see Positive Handling & Use of Reasonable Force policy

### **Training**

Our staff are provided with health and safety training as part of their induction process. Staff who work in high-risk environments or with high risk resources eg woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

### **Monitoring**

This policy will be reviewed every two years.

At every review, the policy will be approved by the Board of Directors.

### **Links to other policies**

- Adult Behaviour – Minimising Aggression
- Anti-bullying policy
- Behaviour & discipline policy
- Education Visits policy
- Fire Safety and Evacuation policy
- Invacuation policy
- First Aid policy
- Invacuation policy
- Lone Working policy
- Manual Handling policy
- Positive Handling and Use of Reasonable Force policy
- Risk Assessment policy
- Staff Induction policy
- Vehicle and Pedestrian Access policy

**Appendix 1 – Fire Safety Checklist**

<b>Issue to check</b>	<b>Yes/No</b>
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 Reporting

Please always complete the school accident report as required and supply all the required information to parents as required.

For more serious accidents, incidents and near misses please complete the attached online form using the following link, or scanning the QR Code. This will then alert H21 Safety who will be able to support as required.

[Click Here or Scan below](#)





**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 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. This list is not exhaustive and a final decision will need to be discussed with the school about individual cases.

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)	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.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.



Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None once treatment has started
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

