



## Health and Safety policy

### Statement of intent:

Step By Step School is committed to maintaining a healthy and safe place of work for employees, as well as taking all reasonable steps to ensure that pupils, parents and members of the public are exposed to the lowest practicable level of risk. In addition we will ensure that best practices are shared and our policies comply with the Health & Safety at Work Act 1974.

## Contents

1. Aims .....	2
2. Legislation.....	3
3. Roles and responsibilities .....	3
4. New Build Site .....	5
6. Cosh.....	5
7. Equipment.....	5
8. Lone working .....	6
11. Off-site visits .....	7
12. Lettings .....	<b>Error! Bookmark not defined.</b>
13. Violence at work .....	7
14. Smoking.....	7
15. Infection prevention and control .....	7
16. New and expectant mothers .....	8
17. Occupational stress .....	9
18. Accident reporting.....	<b>Error! Bookmark not defined.</b>
19. Training.....	9
20. Monitoring .....	9
21. Links with other policies.....	9
Appendix 1. Recommended absence period for preventing the spread of infection.....	<b>Error! Bookmark not defined.</b>

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## 1. Aims

Our school aims to:

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

## 2. Legislation

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

- › [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- › [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- › [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- › [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- › [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- › [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and state users' entitlement to an eyesight test
- › [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- › [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- › [The Work at Height Regulations 2005](#), which require employers to protect their staff from falls from height

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

## 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 activities on or off the school premises.

The governing board, 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 Jill Moss.

### **3.2 Headteacher**

The Headteacher is responsible for health and safety day-to-day. However they will delegate this role to the School Business Manager.

This involves:

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

In the Headteacher's absence, the School Business Manager assumes health and safety responsibilities.

### **3.3 Health and safety lead**

The nominated health and safety lead is the School Business Manager.

### **3.4 Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- › Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- › Co-operate with the school on health and safety matters
- › Work in accordance with training and instructions
- › Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- › Model safe and hygienic practice for pupils
- › Understand emergency evacuation procedures and feel confident in implementing them

### **3.5 Pupils and parents**

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

### **3.6 Contractors**

Contractors will agree health and safety practices with the Headteacher and/or the School Business Manager 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. Health & Safety of new build site for 2020 / 21

Allstair Gould of A.G Building Services will be responsible for the Health and Safety of all construction site workers and of the area of site under construction. There will be regular meetings to liaise with the school and for reporting any concerns. Breaches of Health and Safety Laws and protocols must be reported to either the Headteacher or School Business Manager without delay.

## 6. COSHH

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

- › Chemicals
- › Products containing chemicals
- › Fumes
- › Dust
- › 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 Health & Safety 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 substances will be stored in the flammable yellow cabinet in the Caretaker's shed away from all unauthorised staff.

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.

### 6.1 Legionella

- › A water risk assessment has been completed on 16 August 2018 by Reef Water Solutions. The school Caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log slip on the School Pod.
- › This risk assessment will be reviewed when significant changes have occurred to the water system and/or building footprint
- › The risks from legionella are mitigated by the following: Weekly water temperature checks put in place and carried out by the Caretaker and Health & Safety managers based in each classroom.

## 7. Equipment

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

## 7.1 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 School Business Manager immediately
- › Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- › Only trained staff members can check plugs
- › Where necessary a portable appliance test (PAT) will be carried out by a competent person every two years
- › All isolator switches are clearly marked to identify their machine
- › Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- › Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- › Any second hand electrical equipment must be PAT tested prior to it being used on site

## 7.2 PE & GYM equipment

- › Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- › Any concerns about the condition of the gym floor or other apparatus will be reported to the School Business Manager

## 7.3 Display screen equipment

- › Please see separate DSE Policy.

## 8. Lone working

Lone working has to be approved by the Headteacher or School Business Manager prior to work commencing

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, the member of staff must inform the delegated Senior Leader when they begin work and check out with that same member of staff when they leave. Emergency procedures will be evoked where there are concerns that the employee may have come to harm. This will include contacting the emergency services if required.

For home visits only, the member of staff will be expected to text the nominated member of the SLT when arriving, give an approximate timeframe for leaving and text the SLT member when they leave. The SLT member will phone the member of staff if they fail to respond at the agreed leaving time. A code word agreed prior to the visit will be used if the member of staff is at risk of potential harm and emergency procedures will be evoked, which will include calling the emergency services as necessary.

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

## 9. Off-site visits

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

- › Risk assessments will be completed where off-site visits and activities require them
- › All off-site visits are appropriately staffed
- › Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils, along with the parents' contact details
- › There will always be at least one first aider on school trips and visits
- › For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- › For other trips, there will always be at least one first aider on schools trips and visits

## 10. 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.

The school has a range of other policies and procedures in place for recording and reporting, i.e. Staff Handbook, Whistleblowing Policy

## 11. Smoking

Smoking is only permitted in designated areas on the school premises.

## 12. 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.

### 12.1 Handwashing

- › Wash hands with liquid soap and warm water, and dry with paper towels
- › Always wash hands after using the toilet, before eating or handling food, and after handling animals
- › Cover all cuts and abrasions with waterproof dressings

### 12.2 Coughing and sneezing

- › Cover mouth and nose with a tissue
- › Wash hands after using or disposing of tissues
- › Hand gel is provided to all classes and staff as part of proactive control measures

### 12.3 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

## **12.4 Cleaning of the environment**

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

## **12.5 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

## **12.6 Laundry**

- › Wash laundry in one of the school's washing machines
- › 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

## **12.7 Clinical waste**

- › Always segregate domestic and clinical waste, in accordance with local policy
- › Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- › Remove clinical waste with a registered waste contractor
- › Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

## **12.8 Animals**

- › Wash hands before and after handling any animals who visit the school

## **12.9 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 chicken pox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

Pupils will have detailed health plans and staff must follow guidance within these.

## **12.10 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 1. In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

## **13. 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:

- Chicken pox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to their antenatal carers and GP at any stage of exposure. Shingles is caused by the same virus as chicken pox, so anyone who has not had chicken pox 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 carers 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 carers and GP as this must be investigated promptly

## **14. 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.

Please see our Stress Management Policy for further details

## **15. Training**

Our staff are provided with health and safety training as part of their induction process. All classes have a Health & Safety manager to answer any day to day concerns.

## **16. Monitoring**

This policy will be reviewed by the Headteacher and the School Business Manager every year.

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

## **17. Links with other policies**

This health and safety policy links to the following policies:

- First aid
- Fire Safety
- Risk assessment
- Offsite Visits Policy
- Supporting pupils with medical conditions
- Accessibility plan
- Stress Management
- Staff Code of Conduct
- Whistle Blowing Policy

## Appendix 1. 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
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<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 nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
<b>Cold sores</b>	None.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	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.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	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.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	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 factsheets to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).

<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	Children and adults with diarrhoea or vomiting should be excluded until 24 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	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.
<b>Food poisoning</b>	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).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	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.
<b>Whooping cough (pertussis)</b>	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.
<b>Conjunctivitis</b>	24 hours.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).

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

<b>Policy</b>	<b>Health &amp; Safety</b>
<b>Statutory requirement?</b>	<b>Yes</b>
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