



Health and Safety Policy

Document Control

Version	Author	Summary of Changes	Approved By	Date Published	Date of Review
V1			Governors	01/09/2024	01/09/2025

Contents:

Statement of intent

1. Legal framework
2. Roles and responsibilities
3. Training and first aid
4. Contacting the emergency services
5. Accident reporting and investigation
6. Active monitoring system
7. Risk assessment
8. Slips and trips
9. Fire safety
10. Sharps
11. Evacuation, invacuation, lockdown and bomb threat procedure
12. Visitors and contractors
13. Construction and maintenance
14. Personal protective equipment (PPE)
15. Work-related hazards
16. Maintaining equipment
17. Hazardous materials
18. Asbestos management
19. Cleaning
20. Infection control
21. Allergens and anaphylaxis
22. Medication
23. Smoking
24. Security and theft
25. Severe weather
26. School trips and visits
27. Near misses
28. Monitoring and review

Appendices

1. Managing Specific Infectious Diseases
2. Building Security

Statement of intent

At Saltersgate Infant School, we are committed to the health and safety of our staff, pupils and visitors. Ensuring the safety of our community is of paramount importance and this policy reflects our dedication to creating a safe learning environment.

We are committed to:

- Providing a productive and safe learning environment.
- Preventing accidents and any work-related illnesses.
- Compliance with all statutory requirements.
- Minimising risks via assessment and policy.
- Providing safe working equipment and ensuring safe working methods.
- Including all staff and representatives in health and safety decisions.
- Monitoring and reviewing our policies to ensure effectiveness.
- Setting high targets and objectives to develop the school's culture of continuous improvement.
- Ensuring adequate welfare facilities are available throughout our school.
- Ensuring adequate resources are available to address health and safety issues, so far as is reasonably practicable.

1. Legal framework

This policy has due regard to all relevant legislation including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Construction (Design and Management) Regulations 2015
- The Personal Protective Equipment at Work Regulations 1992
- The Education (School Premises) Regulations 1999
- The Ionising Radiation Regulations 2017 (IRR17)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

This policy has due regard to national guidance including, but not limited to, the following:

- DfE (2022) 'Health and safety: responsibilities and duties for schools'
- DfE (2017) 'Safe storage and disposal of hazardous materials and chemicals'
- HSE (2024) 'Sensible health and safety management in schools'
- DfE (2022) 'First aid in schools, early years and colleges'
- UK Health Security Agency (2024) 'Health protection in children and young people settings, including education'

This policy operates in conjunction with the following school policies:

- First Aid Policy
- School Uniform Policy
- Invacuation, Lockdown and Evacuation Policy
- Personal Emergency Evacuation Plan (PEEP)
- Emergency Action Plan
- Visitor Policy
- Contractors Policy
- Manual Handling Risk Assessment
- Manual Handling Policy
- Working at Heights Policy
- Lone Worker Policy
- **Mental Health Policy**
- Display Screen Equipment (DSE) Risk Assessments
- COSHH Policy
- Asbestos Management Procedures
- Food, Allergen and Anaphylaxis Policy
- Supporting Pupils with Medical Conditions Policy
- Administering Medication Policy
- Smoke-free Policy
- Data Protection Policy
- Adverse Weather Policy

- [Educational Visits and School Trips Policy](#)

2. Roles and responsibilities

The governing board, in conjunction with the headteacher, will:

- Ensure it provides a safe place for all users of the site, including staff, pupils and visitors.
- Oversee that staff receive training and instruction so that they can perform their duties in a healthy and safe manner.
- Ensure whole-school familiarity with the requirements of the appropriate legislation and codes of practice.
- Create and monitor a management structure responsible for health and safety in the school.
- Ensure there is a detailed and enforceable policy for health and safety, and that the policy is implemented by all.
- Assess the effectiveness of the policy and ensure any necessary changes are made annually.
- Identify the risks relating to possible accidents and injuries and make reasonable adjustments to prevent them occurring.
- Ensure the school has secured safe means of entry and exit for all site users.
- Ensure the school can provide equipment, grounds and systems of work which are safe.
- Ensure safe arrangements are made for the handling, storage and transportation of any articles and substances.
- Ensure staff have safe and healthy working conditions that comply with statutory requirements, codes of practice and guidance.
- Where necessary, ensure the school can provide protective equipment and clothing, along with any necessary guidance and instruction for safe use.

The headteacher will:

- Have overall responsibility for the day-to-day development and implementation of safe working practices and conditions for all staff, pupils and visitors.
- Set the direction for effective health and safety management.
- Introduce management systems and practices that ensure risks are dealt with sensibly, responsibly and proportionately.
- Review this policy and its effectiveness annually.
- Take all reasonably practicable steps to ensure this policy is implemented by the heads of the appropriate departments and other members of staff.
- Designate a competent person who will be responsible for ensuring the school meets its health and safety duties – the competent person will be the health and safety officer.

The health and safety officer (Catherine Mitchell) will:

- Assist with the creation and implementation of this policy.
- Be responsible for investigating accidents and incidents, to understand causes and amend risk assessments as required.

- Support staff with any queries or concerns regarding health and safety.
- Identify hazards by conducting risk assessments.

Supervisory staff will:

- Be familiar with the requirements of health and safety legislation.
- Be responsible for the implementation and operation of the school's Health and Safety Policy in their department, and for areas of responsibility delegated by the headteacher.
- Be responsible for adhering to the aspects of health and safety that are outlined in their job descriptions.
- Take a keen interest in the Health and Safety Policy and assist in ensuring all staff, pupils and visitors comply with its requirements.

All members of 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.
- Cooperate with their employers on health and safety matters.
- Carry out their work in accordance with training and instructions.
- Inform the employer of any work situation representing a serious and immediate danger, so that remedial action can be taken.
- Familiarise themselves with the Health and Safety Policy and aspects of their work related to health and safety.
- Avoid any conduct which puts themselves or others at risk.
- Be familiar with all requirements laid down by the governing board.
- Ensure that all staff, pupils and visitors are applying health and safety regulations and adhering to any rules, routines and procedures in place.
- Ensure all machinery and equipment is in good working order and safe to use, including adequate guards, and ensure such equipment is not used improperly.
- Use the correct equipment and tools for the job and any protective clothing supplied.
- Ensure any toxic, hazardous or flammable substances are used correctly, and stored and labelled as appropriate.
- Report any defects in equipment or facilities to the designated health and safety officer.
- Take an interest in health and safety matters, and suggest any changes that they feel are appropriate.
- Make suggestions as to how the school can reduce the risk of injuries, illnesses and accidents.
- Exercise good standards of housekeeping and cleanliness.
- Adhere to their common law duty to act as a prudent parent would when in charge of pupils.

Pupils will:

- Exercise personal responsibility for the health and safety of themselves and others.
- Dress in a manner that is consistent with safety and hygiene standards.
- Respond to instructions given by staff in an emergency.
- Observe the health and safety rules of the school.

- Not misuse, neglect or interfere with items supplied for their, and other pupils', health and safety.

3. Training and first aid

The school will ensure that staff are provided with the health and safety training they need for their job. This may not always mean attendance at training courses; it may simply involve providing staff with basic instructions and information about health and safety in the school.

Staff will be provided with regular training opportunities and have access to support where needed. Staff are expected to undertake appropriate CPD in order to further contribute to the running and success of the school.

Staff will be trained on how to:

- Assess risks specific to their role.
- Meet their roles and responsibilities identified within this policy.

Where relevant to their role, staff will receive specific training in:

- Managing asbestos.
- Having responsibility for the storage and accountability for potentially hazardous materials.

First aid

The school will act in accordance with the First Aid Policy at all times. The school will ensure that ample provision is made for both trained personnel and first-aid equipment on-site.

The school will carry out a first aid needs assessment in order to help inform the First Aid Policy and to assess the first aid needs appropriate to the circumstances of the school.

When conducting a first aid needs assessment, the school will consider:

- The school site.
- Pupils and staff members.
- The hazards and risks present.

The school will teach Health Education to pupils.

The headteacher will ensure that there is an appropriate number of first-aid trained staff members working within in each classroom.

All other staff are trained in Emergency First Aid

First aid is available in the First Aid Room.

The name of the first aider/appointed person is clearly displayed on the First Aid signs.

The person responsible for administering the accident reporting procedure, the notification of serious accidents causing death or major injury and dangerous occurrences is the School Business Manager, who will contact City of Doncaster Council Health and Safety if required. .

The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff.

4. Contacting the emergency services

The headteacher will certify that procedures for ensuring safety precautions are properly managed are discussed, formulated and effectively disseminated to all staff.

Staff will contact the emergency services in an emergency. Staff will alert their colleagues to the incident, if it is safe and appropriate to do so.

Where an ambulance is called for a pupil, office staff will contact the pupil's parent. Where necessary, all pupils will be evacuated from the building and taken to the designated emergency assembly point – currently, this is the playground. Staff will be aware of any pupils who have PEEPs. Staff will be responsible for the safety of pupils and responding to any questions from the emergency services, as best they can.

5. Accident reporting and investigation

All accidents and incidents, including near-misses or dangerous occurrences, will be reported as soon as possible to the health and safety officer online using C365 (*C365Cloud helps organisations to report against accidents, incidents and near misses facilitating compliance with the Health and Safety Executive (RIDDOR) requirements*).

The health and safety officer will be responsible for informing the headteacher if the accident is fatal or a 'major injury', as outlined by the HSE.

More in-depth information concerning reporting accidents and near-misses can be found in the following sections of this policy.

The school will always record and report work-related injuries to staff members or pupils.

Serious injuries that do not require reporting to Doncaster City Council must be recorded on CPOMs.

Minor accidents that occur during the school day are reported on the internal accident reporting forms which are passed on to the parent/ carers. Forms are located in classes.

Any head bumps must be reported to the pupils' parents by telephone immediately.

Reporting significant accidents

Significant accidents, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, will be reported to the HSE at the earliest opportunity.

The school will always report 'specified injuries' to the HSE without delay. These injuries include the following:

- Accidents to employees causing either death or major injury

- Accidents resulting in employees being away from work or being unable to perform their normal work duties for more than seven consecutive days (this seven-day period does not include the day of the accident)
- Fractures, other than to fingers, thumbs and toes
- Amputation of an arm, hand, finger, thumb, leg, foot or toe
- Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes
- Any crush injury to the head or torso, causing damage to the brain or internal organs
- Serious burn injuries (including scalding) which cover more than 10 percent of the whole body's surface area or cause significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or that requires resuscitation or admittance to hospital for more than 24 hours

Additional reportable occurrences include the following:

- The collapse, overturning or failure of any load-bearing part of any lifting equipment
- The explosion, collapse or bursting of any closed vessel or pipe work
- Electrical short circuit or overload resulting in a fire or explosion
- Unintentional explosion, misfire or failure of demolition to cause the intended collapse, projection of material beyond a site boundary, or injury caused by an explosion
- Any accidental release of a biological agent likely to cause severe human illness
- Any collapse or partial collapse of scaffolding over five metres in height
- When a dangerous substance being conveyed by road is involved in a fire or is released
- The unintended collapse of any building or structure under construction, alteration or demolition, including walls or floors
- Any explosion or fire resulting in the suspension of normal work for over 24 hours
- Any sudden, uncontrolled release in a building of: 200kg or more of flammable liquid, 10kg or more of flammable liquid above its boiling point, 10kg or more of flammable gas, or 500kg or more of these substances if the release is in the open air
- Accidental release of any substances which may damage health
- Serious gas incidents
- Poisonings
- Skin diseases including, but not limited to: occupational dermatitis, skin cancer, chrome ulcer, or oil folliculitis/acne
- Lung diseases including, but not limited to: occupational asthma, farmer's lung, asbestosis, or mesothelioma
- Infections including, but not limited to: leptospirosis, hepatitis, anthrax, legionellosis, or tetanus
- Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome

The school will also report occupational diseases upon receipt of a written diagnosis from a doctor that a staff member has a reportable disease linked to occupational exposure. These include the following:

- Carpel tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from work involving strong acids or alkalis
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust and soldering using rosin flux
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Work-related stress and stress-related illnesses will not be reported due to the fact that they are not usually just one distinct event. RIDDOR stipulates that to be reportable, an injury must have resulted from an accident arising out of or in connection with work.

The school will only report accidents that are:

- Discrete.
- Identifiable.
- Unintended incidents which cause physical injury.

Reporting hazards

Staff, pupils, contractors and visitors have a legal duty to report any condition or practice they deem to be a hazard. In most cases, reporting should be conducted verbally to the site manager as soon as possible, who will then inform the headteacher as appropriate. Serious hazards will be reported using the appropriate form available in the school office.

Accident investigation

All accidents, however minor, will be investigated by the health and safety officer and the outcomes recorded. The length of time dedicated to each investigation will vary on the seriousness of the accident. After an investigation takes place, a risk assessment will be carried out, or the existing assessment amended, to avoid reoccurrence of the accident.

The headteacher will undertake termly evaluations of all reported incidents. They will then identify patterns and trends in order to take corrective action and minimise the reoccurrence of any incident or illness.

6. Active monitoring system

The school's procedure for actively monitoring its system will include:

- Annual audits, including fire risk assessments and health and safety audits.
- Annual examination of documents to ensure compliance with standards.
- Termly inspection of premises, plants and equipment.
- Termly reports and updates to the headteacher.

- External measures, such as surveys by contractors and service providers, along with visits from Environmental Health and Ofsted.
- Health & Safety an Item on all Full Board Governors meetings.

7. Risk assessment

The headteacher has overall responsibility for ensuring potential hazards are identified and risk assessments are completed for all areas in the school. The health and safety officer will be consulted when risk assessments are being carried out.

Annual risk assessments will be conducted for all areas of the school. Risk assessments will consider the needs of staff, pupils, visitors and contractors. Risk assessments will identify all defects and potential risks along with the necessary solutions or control measures.

Risk assessments will be reviewed if:

- There is any reason to suspect that they are no longer valid.
- There has been a significant change in related matters.
- The governing board will be informed of risk assessments, allowing issues to be prioritised and actions to be authorised, along with funds and resources.

The school will record any significant findings of any risk assessments, including the following:

- The identified hazards
- How people might be harmed by them
- What the school has implemented to control the risk

The Headteacher is the educational visits coordinator who is fully trained to carry out the role. The educational visits coordinator will ensure risk assessments are completed by staff leading day trips or residential stays.

8. Slips and trips

In line with HSE guidance, control measures are in place to effectively control slip and trip risks. The school utilises the following procedure:

- Identify the hazards – risk factors considered include:
 - Environmental (floor, steps, slopes, etc.)
 - Contamination (water, food, litter, etc.)
 - Organisational (task, safety, culture, etc.)
 - Footwear (footwear worn for evening events may not be in line with the School Uniform Policy)
 - Individual factors (rain, supervision, pedestrian behaviour, etc.)
- Decide who might be harmed and how
- Consider the risks and decide if existing precautions are sufficient, or if further measures need to be introduced
- Record the findings
- Review the assessment regularly and revise if necessary

The school will remain especially vigilant to the following hazards:

- Members of staff or pupils running or carrying heavy or awkward items
- Wearing unsuitable footwear
- Poor lighting – particularly where there are uneven surfaces and level changes
- Contamination
- Obstructions, e.g. bags and trailing cables

9. Fire safety

All staff fully understand and effectively implement the fire evacuation plan, which will be implemented in the event of a fire.

The headteacher is responsible for certifying that procedures for ensuring that safety precautions are properly managed will be discussed, formulated and effectively disseminated to all staff. Staff will receive fire safety training to ensure they understand the procedure for fire drills and the use of fire extinguishers.

The school will test evacuation procedures on a termly basis. Firefighting equipment will be checked on an annual basis by an approved contractor. Fire alarms will be tested weekly from different 'break glass' fire points around the school, and records will be maintained and held in the school office. Emergency lighting will be tested on a six-monthly basis, and records will be maintained and held in the school office.

The evacuation of visitors and contractors will be the responsibility of the person they are visiting or working for.

The school will implement its Fire Safety Policy to ensure that staff, pupils and visitors are safe and aware of the potential risks of fire.

10. Sharps

For the purposes of this policy, "**sharps**" is defined as sharp objects such as needles, scalpels, razor blades and broken glass which pose a risk of an accidental penetrating injury or laceration or puncture to skin.

Sharps are not likely to be found commonly on school premises; however, staff will be vigilant towards the following circumstances in which sharps may be found:

- During school-based vaccination programmes
- Where an individual within the school requires injections to manage a health condition
- Where a pupil brings a sharp into the school
- Where glass is broken within the school, or broken glass is found on or around the school premises
- Where drug paraphernalia, e.g. heroin needles, is found on or around the school premises

In the context of this policy, offensive weapons are not considered sharps. Offensive weapons will be handled in line with the School Security Policy.

Handling and disposing of a sharp

All staff members will receive health and safety training as part of their induction. which will be included in any Health & Safety training. This training will include:

- The safe collection and disposal of sharps.
- Assembling sharps boxes and verifying that they are compliant with the accepted standards.
- The procedure to log incidents and who to inform.
- Immediate action in the event of sharps or needlestick injury.

Where an individual brings a sharp onto the school premises, e.g. a needle to manage a health condition, they will be responsible for its disposal. The use of needles for medication for an individual on the school premises will be managed in line with the Administering Medication Policy.

The headteacher will ensure that all pupils are informed that, where they see a sharp, they must alert the nearest staff member immediately and avoid touching the sharp.

Where a sharp is found, the nearest staff member will move all pupils away from the area in order to prevent accidental injuries and will guard the sharp while alerting another staff member to bring the sharps retrieval kit. Sharps retrieval kits will contain:

- Protective gloves.
- A pair of long-stemmed tongs.
- A pincer tool, e.g. tweezers.
- Brush and pan.
- Sharps box for disposal.

Sharps boxes will be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'. They will be kept off the floor and out of the reach of pupils. Sharps boxes must not be filled above the designated fill line on the outside of the box. Once filled, boxes will be sealed immediately and removed by a clinical waste contractor or a specialist collection service.

The staff member will check the surrounding area carefully to ensure that no other sharps are in the vicinity. Where the sharp cannot be removed immediately, e.g. due to a delay in obtaining the sharps retrieval kit, the nearest staff member will place a cone or box on top of the sharp to prevent anyone from touching or finding it.

The following procedure will be followed in the event that sharps are found on the school premises:

- Staff will wear protective gloves and will not handle sharps with bare hands.
- Staff will not handle sharps while barefoot or wearing open shoes, as injury may occur if the sharp is dropped on feet.
- Only one sharp will be handled at a time and, where there are multiple, sharps will be carefully separated using the pair of tongs.
- Sharps will be picked up using the relevant equipment, e.g. pair of tongs or brush and pan for broken glass, and place it into the sharps box, which will be brought to the sharp rather than the other way around.

- The appropriate staff, including the headteacher and site manager, will be informed.
- The incident will be recorded, with details of when, where and by whom the sharp was found.
- Sharps will be disposed of quickly and safely into the school's sharps bin.

Sharps injury

First aid staff will be trained in handling sharps injuries, and will adhere following guidelines in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water
- Wash the wound using water and soap
- Avoid scrubbing the wound while washing
- Avoid sucking the wound
- Dry the wound and cover it with a waterproof dressing
- Seek medical advice

Injuries will be handled in line with the First Aid Policy.

11. Evacuation, invacuation, lockdown and bomb threat procedure

The school will follow the procedure outlined in the Invacuation, Lockdown and Evacuation Policy and in PEEPs in the event of a crisis.

In the event of an emergency, the Invacuation, Lockdown and Evacuation Policy, the Emergency Procedure, and the appropriate Lockdown Procedure will be followed. All staff are trained in handling bomb threats and have easy access to instructions of the procedure, which can be found in the Emergency Action Procedure.

12. Visitors and contractors

The procedures outlined in the Visitor Policy and the Contractors Policy will be implemented by relevant staff when receiving visitors to the school.

Anyone hiring the premises will be made aware of their health and safety obligations when making the booking.

Contractors will be responsible for the health and safety of their employees and for ensuring safe working practices. They will not constitute a hazard to staff, pupils or visitors to the school.

13. Construction and maintenance

When undertaking construction or maintenance work, the school will do so in accordance with The Construction (Design and Management) (CDM) Regulations 2015. Construction work means the carrying out of any building, civil engineering or engineering construction work, including:

- The construction, alteration, conversion, fitting out, commission, renovation, repair, upkeep, redecoration, or other maintenance, decommissioning, demolition or dismantling of a structure;

- The preparation for an intended structure, including site clearance, exploration, investigation (but not site survey) and excavation (but not pre-construction archaeological investigations), and the clearance or preparation of the site or structure for use or occupation at its conclusion;
- The installation, commission, maintenance, repair or removal of mechanical, electrical, gas, compressed air, hydraulic, telecommunications, computer or similar services which are normally fixed within or to a structure;
- The assembly on site of prefabricated elements to form a structure or the disassembly on site of the prefabricated elements which, immediately before such disassembly, formed a structure;
- The removal of a structure, or of any product or waste resulting from demolition or dismantling of a structure, or from disassembly of prefabricated elements which immediately before such disassembly formed such a structure.

The headteacher will ensure that all construction and maintenance projects have a formally appointed principal designer and principal contractor. The headteacher will liaise with the principal contractor to identify if the scope of the project means that it should be notified to the HSE. The headteacher will also ensure that:

- The principal designer and principal contractor are provided with a 'client brief/CDM pre-construction information' at the earliest opportunity, to contain relevant information which should, as a minimum, include the following:
 - What the school wants built or maintained
 - The site and existing structures
 - Information about hazards, such as asbestos
 - Timescales and budget for the build
 - How the school expects the project to be managed
 - CDM appointments of the principal contractor and/or principal designer
 - Welfare arrangements
 - Details of the nearest A&E department
- The principal contractor draws up a Construction Phase Plan that explains how health and safety risks will be managed – permission will not be given for construction or maintenance work to begin until this is in place.
- The principal designer prepares a health and safety file containing information that will help the school manage risks associated with any future maintenance, repair, construction or demolition work.
- The roles, functions and responsibilities of the project team are clearly defined in writing, e.g. in the project plan.
- Sufficient time and resources are allocated, and effective mechanisms are in place to ensure good communication, cooperation and coordination between all members of the project team.
- The principal contractor has made arrangements for adequate welfare facilities for their workers before the construction or maintenance work starts.
- Following completion of the project, the health and safety file is handed over to the headteacher, kept up-to-date by the health and safety officer, and is made available to anyone who needs to alter or maintain the building.

The headteacher will hold regular progress meetings with the project team to ensure that all members are carrying out their roles as required. Where the project is for a new workplace or alterations to an existing workplace, it must also meet the standards set out in The Workplace (Health, Safety and Welfare) Regulations 1992.

14. Personal protective equipment (PPE)

The school will provide employees and pupils who are exposed to a hazard at the school, which cannot be controlled by other means, with PPE where appropriate.. Visitors will also be supplied with PPE when appropriate.

Staff and pupils will use the PPE provided, and care for it according to the instructions and training given. Supervising staff will ensure PPE fits the wearer properly. Where more than one item of PPE must be worn, the items should be compatible and remain effective. PPE will not be worn if wearing it causes a hazard greater than the hazard it is intended to protect the wearer from.

Pupils will report any loss or defects to their class teacher, who will report it to the site manager for repair. Damaged PPE will not be used and will be disposed of in line with the manufacturer's instructions if it is not possible to repair.

Thorough risk assessments will be carried out by the health and safety officer to determine the suitable PPE to be used for each hazard and these are reviewed on a termly basis.

Staff and pupils will receive appropriate health and safety training in order to ensure they know how to properly use, maintain and store PPE, and how to detect and report faults. Equipment manuals are readily available and warning signs are clearly displayed in areas, and on equipment, where PPE is mandatory. When not in use, PPE will be properly stored, kept clean, and in good repair.

The school will always use PPE in line with UK Health Security Agency guidance.

15. Work-related hazards

Manual handling

Manual handling can prove hazardous when it has the potential to cause a musculoskeletal disorder. This can be due to repetition of the action, the force and/or posture involved in the completion of a handling task, and/or a person's ability to hold or grasp the particular item in a safe and balanced manner.

The school will, as far as practicable, will reduce the need for members of staff to carry out any manual handling tasks that involve a risk of injury. Where manual handling tasks are necessary, the school's Manual Handling Risk Assessment will be implemented. The control measures will be monitored to ensure they are reducing the risk of injury and being implemented correctly.

The capability and circumstances, e.g. age, of staff will be taken into account where manual handling tasks are required. Where there is an unacceptable risk of injury or harm, no manual handling tasks will take place.

All members of staff will receive manual handling information and training as needed.

In order to manage these risks, the school will implement and follow its Manual Handling Policy.

Working at heights

Policy and procedures concerning employees working at heights will be addressed in the Working at Heights Policy. Staff members are required to sign statements confirming that they have received, read and understood the policy, prior to being allowed to work at heights.

Lone working

Policy and procedures concerning employees' lone working will be addressed in the Lone Worker Policy. Staff members will be required to sign statements confirming that they have received, read and understood the relevant policies, prior to being allowed to undertake lone working.

Stress management

Staff will be aware of the symptoms of stress, including sleeping problems, dietary problems, mood swings, feeling lethargic, fatigue, emotional problems, chest pains and elevated heart rate, lack of focus, inability to concentrate and increased sweating. Staff members who suffer from any of these symptoms are advised to consult their GP as soon as possible. All staff wellbeing matters are managed in line with the Staff Wellbeing Policy.

Display screen equipment

Display screen assessments will be carried out by the health and safety officer for teaching staff and administrative staff who regularly use laptops or desktops computers.

16. Maintaining equipment

The school will ensure that staff and pupils can expect that any equipment they use is suitable for its intended use and is properly maintained. Inspectors, or a trained health and safety technician, will inspect the following equipment for health and safety issues annually:

- All electrical appliances
- All fixed gymnasium equipment

It will be the responsibility of the health and safety officer to ensure new equipment meets the appropriate standards and conforms to all health and safety requirements. A health and safety technician will be consulted if necessary.

Any portable electrical equipment will be visually inspected on a daily basis by the site manager and undergo PAT at intervals suitable for the type of equipment and its frequency of use.

17. Hazardous materials

The school will act in accordance with the school's COSHH Policy at all times.

The school will only purchase hazardous materials from a reputable source, making sure that the relevant material safety data sheet (MSDS) is provided by the retailer on delivery. The school will only order supplies of hazardous materials when existing stocks are no longer adequate, and in quantities that are no larger than necessary. No chemicals or other hazardous materials will be used without the permission of the headteacher.

The health and safety officer will be responsible for ensuring all products that may be hazardous to health are risk assessed before being used, taking into account the advice on the relevant MSDS or Hazcard – the latter is provided from CLEAPPS, recognised by Ofsted and HSE as a definitive basis for undertaking practical work safely.

The site manager, in liaison with the health and safety officer, will ensure that the relevant control measures and appropriate guidelines are put in place to manage the risks identified in risk assessments. Control measures will be checked and reviewed by the site manager on a termly basis to ensure continued effectiveness, even when they are known to be reliable.

The headteacher will ensure that at least two staff members are suitably trained in the handling of hazardous chemicals and materials.

Low-toxic products, such as corrective fluid and aerosol paints, will be stored securely and only used under supervision in a well-ventilated area. Dust and fumes will be safely controlled by local exhaust ventilation equipment.

No staff member or pupil will ever be put at risk through exposure to any hazardous substance used in our practical curriculum. No potentially hazardous materials will be used in lessons without the approval of the health and safety officer. The health and safety officer will ensure staff are appropriately trained to use hazardous materials.

Where a substance has a workplace exposure limit, control measures will ensure that exposure is below the limit.

The site manager will keep an up-to-date inventory of all the hazardous chemicals and materials held at the school. A termly audit of hazardous materials will be undertaken by the site manager with routine surveillance to ensure that they remain safe to store. Unwanted or surplus chemicals and materials, including those that have become unsafe, will be disposed of by a registered waste carrier, in accordance with school procedures.

18. Asbestos management

In accordance with HSE guidance, an asbestos management survey was undertaken in 2017 by Doncaster Council, which is a United Kingdom Accreditation Service accredited surveying organisation. As a result of the asbestos management survey, risks were identified and dealt with on a priority basis. This survey will be undertaken again following any changes of use to a location or prior to any significant building work.

Further details concerning the management of asbestos can be found in the Asbestos Management Risk Assessment.

19. Cleaning

Cleaners who work at school will be monitored by the site manager and the School Business Manager. The standard required will be clear in the service level agreement held with the contracted cleaners. Special consideration will be given to hygiene areas.

Waste collection services will be monitored by the site manager. Special consideration will be given to the disposal of clinical waste.

The headteacher is responsible for ensuring that the school is at a safe temperature for staff and pupils to work in. The school will adhere to the provisions as outlined in The Education (School Premises) Regulations 1999, which state the following:

Areas	Temperature
Where there is a below-normal level of physical activity due to ill health or a physical disability, e.g. isolation rooms; however, this does not include sleeping accommodation	21°C
Where there is a normal level of physical activity associated with teaching, private study or examinations	18°C
Where there is a high level of physical activity, e.g. PE sports halls, washrooms, sleeping accommodation and circulation spaces	15°C

20. Infection control

The school will actively prevent the spread of infection through the following measures:

- Routine immunisation
- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment

The school will keep up-to-date with national and local immunisation scheduling and advice. All pupils' immunisation status is checked at school entry and at the time of any vaccination. The school encourages parents to have their children immunised.

All staff will be subject to a work health assessment check before starting employment at the school.

The school will ensure that arrangements are in place to minimise any health risks, e.g. flu, by ensuring hygiene standards are maintained and pupils and staff are not permitted in school if they are unwell. Staff and pupils displaying signs of infection will be sent home and recommended to see a doctor.

Further information concerning the schools' policies and procedures addressing infection control can be found in Appendix 1.

21. Allergens and anaphylaxis

The school's Allergen, Anaphylaxis and Food Policy will be implemented consistently to ensure the safety of those with allergies.

Parents will be required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required. Staff will also be required to provide the headteacher with a list of their allergies. Information regarding pupils' and staff members' allergies will be collated and stored securely.

Staff will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

22. Medication

The school's Supporting Pupils with Medical Conditions Policy will be read, understood and adhered to at all times. Staff will receive training in supporting pupils with medical conditions.

The school will obtain notification from parents regarding any medication that pupils are required to take. The school's Administering Medication Policy will be followed at all times. A record will be kept of any medication that pupils take – this will be checked prior to administering any non-prescription medication.

23. Smoking

The school is a non-smoking premises and no smoking will be permitted on the grounds. The school's Smoke-Free Policy will be read and understood by all staff. All staff, pupils, visitors and contractors will be made aware of the policy.

24. Security and theft

Steps taken to reduce security risks will be addressed in the School Security Policy.

Money will be held in a safe and banked regularly to ensure large amounts are not held on site. Money will be counted in an appropriate location, such as the school office, and staff should not be placed at risk of robbery.

Staff and pupils will be responsible for their personal belongings and the school accepts no responsibility for loss or damage. Thefts will be reported to the police and staff will be expected to assist police with their investigation.

All staff will be expected to take reasonable measures to ensure the security of school equipment being used. Missing or believed stolen equipment will be reported immediately to a senior staff member.

The school will install access control and security measures to ensure the safety of the school, e.g. security glazing on windows. The school will ban individuals from the premises if they pose a risk to any member of the school community. The school will consider any risks that are posed by their local context, e.g. recent arson attacks.

25. Severe weather

The school will act in accordance with the Adverse Weather Policy where the weather could pose a risk to individuals on school site.

The headteacher, in liaison with the governing board, will make a decision on school closure due to severe weather on the grounds of health and safety. If a closure takes place, the governing board will be promptly informed.

26. School trips and visits

Health and safety policy and procedures concerning school trips and visits, including trips abroad, are contained in the school's Educational Visits and School Trips Policy.

27. Near misses

A 'near miss' is an event not causing harm but has the potential to cause injury or ill health.

If staff members, pupils, contractors, or visitors see or are involved in a near miss, they will report it in order to allow consideration of how to prevent a possible accident happening in the future.

Reporting will be conducted verbally to the health and safety officer as soon as possible, who will then inform the headteacher as appropriate.

The school will report near misses that constitute as dangerous occurrences to the HSE. A 'dangerous occurrence' includes any incident which results in requiring hospital treatment or further attention.

All accidents and near misses, however small, will be reported and investigated by the health and safety officer and the outcomes recorded. The length of time dedicated to each investigation will vary depending on the seriousness of the accident.

After the investigation takes place, a risk assessment will be carried out, or the existing assessment amended, to avoid reoccurrence of the accident.

28. Monitoring and review

The effectiveness of this policy will be monitored continually by the headteacher and the governing board. Any necessary amendments will be made immediately.

The next scheduled review date for this policy is December 2024

The school will establish a monitoring system that is backed up by performance measures and this will be reviewed following an incident.

Appendix 1 Infection control

Appendix 2 Buildings Security

Appendix 1

Managing specific infectious diseases

Disease	Symptoms	Considerations	Exclusion period
Athlete's foot	Scaling, peeling or cracking of the skin, particularly between the toes and on soles of the feet, or blisters containing fluid. The infection may be itchy, and toenails can become discoloured, thick and crumbly.	Cases are advised to see their local pharmacy or GP for advice and treatment.	Exclusion is not necessary.
Chicken pox	Sudden onset of fever with a runny nose, cough and generalised rash. The rash then blisters and scabs over. Several blisters may develop at once, so there may be scabs in various stages of development. Blisters typically crust up and fall off naturally within one to two weeks. Some mild infections may not present symptoms.	Cases are advised to consider pharmacy remedies to alleviate symptoms and consult their GP. Immediate medical advice should be sought if abnormal symptoms develop, e.g. infected blisters, chest pain or difficulty breathing.	Chickenpox is infectious from 48 hours prior to a rash appearing, and until all blisters have crusted over, typically five to six days after the onset of a rash. Cases will be excluded from school for at least five days from the onset of a rash and until all blisters have dried and crusted over. It is not necessary for all the spots to have healed before the case returns to school.
Cold sores	The first signs of cold sores are tingling, burning or itching in the affected area. Around 24 hours after the first signs appear the area will redden and swell, resulting in a fluid-filled blister or blisters. After blistering, they may form ulcers, then dry up and crust over.	Cases are advised not to touch the cold sore, or pick at the blisters. Sufferers of cold sores should avoid kissing people and should not share food and items such as cutlery, cups, towels and facecloths.	Exclusion is not necessary.

Disease	Symptoms	Considerations	Exclusion period
Conjunctivitis	The eye(s) become reddened and swollen, and there may be a sticky or watery discharge. Eyes may feel itchy and 'gritty'.	<p>Cases are encouraged to seek advice, wash their hands frequently and not to rub their eyes.</p> <p>Parents will be advised to seek advice and treatment from their local pharmacist.</p> <p>The Health Protection Team (HPT) will be contacted if an outbreak occurs.</p>	<p>Exclusion is not necessary.</p> <p>In the case of an unmanageable outbreak, exclusion may become necessary, as per the HPT's advice.</p>
Cryptosporidiosis	Symptoms include abdominal pain, diarrhoea and occasionally vomiting.	Staff and pupils will be asked to wash hands regularly. Kitchen and toilet areas will be cleaned regularly.	Cases will be excluded until 48 hours have passed since symptoms were present.
Diarrhoea and vomiting (gastroenteritis)	Symptoms include diarrhoea and/or vomiting; diarrhoea is defined as three or more liquid or semi-liquid stools in a 24-hour period.	The HPT will be contacted where there are more cases than usual.	<p>Cases will be excluded until 48 hours have passed since symptoms were present – for some infections, longer periods are required, and the HPT will advise accordingly.</p> <p>If medication is prescribed, the full course must be completed and there must be no further symptoms displayed for 48 hours following completion of the course before the cases may return to school.</p> <p>Cases will be excluded from swimming for two weeks following their last episode of diarrhoea.</p>
E. coli STEC	Symptoms vary but include diarrhoea which can be bloody, abdominal pain, vomiting and fever.	Cases will immediately be sent home and advised to speak to their GP.	Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.

Disease	Symptoms	Considerations	Exclusion period
			<p>Where the sufferer poses an increased risk, e.g, food handlers, pre-school infants, they will be excluded until a negative stool sample has been confirmed.</p> <p>The HPT will be consulted in all cases.</p>
Food poisoning	Symptoms normally appear within one to two days of contaminated food being consumed, although they may start at any point between a few hours and several weeks later. The main symptoms are likely to be nausea, vomiting, diarrhoea, abdominal pain and fever.	<p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p> <p>All outbreaks of food poisoning outbreak will be investigated.</p>	<p>Cases will be excluded until 48 hours have passed since symptoms were present.</p> <p>For some infections, longer exclusion periods may be required. The HPT will advise in such cases.</p>
Giardiasis	Infection can be asymptomatic, and the incubation period is between 5 and 25 days. Symptoms can include abdominal pain, bloating, fatigue and pale, loose stools.	<p>Cases will be sent home.</p> <p>The HPT will be contacted where two or more cases with similar symptoms are reported.</p>	Cases will be excluded until 48 hours have passed since symptoms were present.
Glandular fever	Symptoms include severe tiredness, aching muscles, sore throat, high fever, swollen glands in the neck and occasionally jaundice.	The sufferer may feel unwell for several months with fatigue and the school will provide reasonable adjustments where necessary.	Exclusion is not necessary, and cases can return to school as soon as they feel well.
Hand, foot and mouth disease	Symptoms include a fever, reduced appetite and generally feeling unwell. One or two days later, a rash with blisters may develop with blisters on the inside of cheeks, gums, sides of the tongue, and hands and feet. Not all cases will have symptoms.	Where rare additional symptoms develop, e.g. high fever, headache, stiff neck, back pain or other complications, prompt medical advice should be sought.	Exclusion is not necessary, and cases can return to school as soon as they feel well.

Disease	Symptoms	Considerations	Exclusion period
Head lice	Other than the detection of live lice or nits, there are no immediate symptoms until two to three weeks after infection, where itching and scratching of the scalp occurs.	<p>Treatment is only necessary when live lice are seen.</p> <p>Staff are not permitted to inspect any pupil's hair for head lice.</p> <p>If a staff member incidentally notices head lice in a pupil's hair, they will inform the pupil's parents and advise them to treat their child's hair.</p> <p>Upon noticing, staff members are not required to send the pupil home; the pupil is permitted to stay in school for the remainder of the day.</p> <p>When a pupil has been identified as having a case of head lice, a letter will be sent home to all parents notifying them that a case of head lice has been reported and asking all parents to check their children's hair.</p>	<p>Exclusion is not necessary, as headlice are not considered a health hazard.</p> <p>In severe, ongoing cases, the LA does have the power to exclude. This use of power must be carefully considered, and exclusion should not be overused.</p>
Hepatitis A	Infection can be asymptomatic. Symptoms can include abdominal pain, loss of appetite, nausea, fever and fatigue, followed by jaundice, dark urine and pale faeces.	The illness in children usually lasts one to two weeks, but can last longer and be more severe in adults.	Cases are excluded while unwell and for seven days after the onset of jaundice (or the onset of symptoms if no jaundice presents).
Hepatitis B	Infection can be asymptomatic. Symptoms can include general fatigue, nausea, vomiting, loss of appetite, fever and dark urine, and older cases may develop	The HPT will be contacted where advice is required.	Acute cases will be too ill to attend school and their doctor will advise when they are fit to return.

Disease	Symptoms	Considerations	Exclusion period
	jaundice. It can cause an acute or chronic illness.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	<p>Chronic cases will not be excluded or have their activities restricted.</p> <p>Staff with chronic hepatitis B infections will not be excluded.</p>
Hepatitis C	Symptoms are often vague but may include loss of appetite, fatigue, nausea and abdominal pain. Less commonly, jaundice may occur.	<p>The procedures for dealing with blood and other bodily fluids will always be followed.</p> <p>The accident book will always be completed with details of injuries or adverse events related to cases.</p>	Cases will not be excluded or have their activities restricted.
Impetigo	Symptoms include sores, typically on the face and on the hands and feet. After around a week, the sores burst and leave golden brown crusts, and can sometimes be painful and itchy.	<p>Towels, facecloths and eating utensils will not be shared by pupils.</p> <p>Toys and play equipment will be cleaned thoroughly; non-washable soft toys will be wiped or washed with a detergent using warm water and dried thoroughly.</p>	Cases will be excluded until all sores or blisters are crusted over, or 48 hours after commencing antibiotic treatment.
Influenza	Symptoms include headache, high temperature, cough, sore throat, aching muscles and joints, and fatigue. Younger cases may present different symptoms, e.g. without fever but with diarrhoea.	<p>Those in risk groups will be encouraged to have the influenza vaccine.</p> <p>Anyone with flu-like symptoms will stay home until they have recovered.</p> <p>Pupils under 16 will not be given aspirin.</p>	There is no specific exclusion period; cases will remain home until they have fully recovered.
Measles	Symptoms include a runny nose, cough, conjunctivitis, high fever and small white spots inside the cheeks. Around the third day, a rash of flat red or brown blotches may appear on the face then spread around the body.	<p>All pupils are encouraged to have MMR immunisations in line with the national schedule.</p> <p>Staff members should be up-to-date with their MMR vaccinations.</p>	Cases are excluded while infectious, which is from four days before the onset of a rash to four days after.

Disease	Symptoms	Considerations	Exclusion period
		Pregnant staff members and those with weak immune systems will be encouraged to contact their GP immediately for advice if they come into contact with measles.	
Meningitis	Symptoms include fever, severe headaches, photophobia (aversion to light), stiff neck, non-blanching rash, vomiting and drowsiness.	Pupils are encouraged to be up-to-date with their vaccinations. Meningitis is a notifiable disease.	Once a case has received any necessary treatment, they can return to school once they have recovered.
Meningococcal meningitis and septicaemia	Symptoms include fever, severe headache, photophobia, drowsiness, and a non-blanching rash. Not all symptoms will be present.	Medical advice will be sought immediately. The confidentiality of the case will always be respected. The HPT and school health advisor will be notified of a case of meningococcal disease in the school. The HPT will be notified if two cases of meningococcal disease occur in the school within four weeks.	When the case has been treated and recovered, they can return to school. Exclusion is not necessary for household or close contacts unless they have symptoms suggestive of meningococcal infection.
Methicillin resistant staphylococcus aureus (MRSA)	Symptoms are rare but include skin infections and boils.	All infected wounds will be covered.	No exclusion is required.
Mumps	Symptoms include a raised temperature, swelling and tenderness of salivary glands, headaches, joint pain and general malaise. Mumps may also cause swelling of the testicles.	The case will be encouraged to consult their GP. Parents are encouraged to immunise their children against mumps.	Cases can return to school five days after the onset of swelling if they feel able to do so.
Norovirus	Symptoms include nausea, diarrhoea, and vomiting. It is known as the 'winter vomiting bug' and the most common cause of gastroenteritis.	The HPT will be contacted if there a higher than previously experience and/or rapidly increasing number of pupil and staff absences due to diarrhoea and vomiting.	Exclusion until 48 hours after symptoms have stopped and they are well enough to return.

Disease	Symptoms	Considerations	Exclusion period
Panton-Valentine Leukocidin Staphylococcus aureus (PVL-SA)	Symptoms can include recurrent boils, skin abscesses and cellulitis.	The HPT will be contacted if there are two or more cases.	Exclusion is not necessary unless cases have a lesion or wound that cannot be covered. Cases should not visit gyms or swimming pools until wounds have healed.
Respiratory infections, including coronavirus	Symptoms can be wide-ranging, including a runny nose, high temperature, cough and sore throat, and loss or change in sense of smell or taste.	<p>Cases with mild symptoms, e.g. a runny nose and/or sore throat, can continue to attend if they are otherwise well.</p> <p>Pupils with symptoms will be encouraged to cover their mouth and nose with a tissue when coughing and sneezing, and to wash their hands afterwards.</p> <p>The DfE helpline and/or the local HPT will be contacted if an outbreak occurs or there is evidence of severe disease, e.g. hospital admission.</p>	<p>Cases who are unwell and have a high temperature should remain at home until they no longer have a high temperature.</p> <p>Cases with a positive coronavirus test result should follow government advice on self-isolation – the school may refuse the entry of a confirmed case if it is deemed necessary to protect other staff and pupils.</p>
Ringworm	<p>Symptoms vary depending on the area of the body affected.</p> <p>The main symptom is a rash, which can be scaly, dry, swollen or itchy and may appear red or darker than surrounding skin.</p>	<p>Pupils with ringworm of the feet will wear socks and trainers at all times and cover their feet during PE.</p> <p>Parents will be advised to seek advice from a GP for recommended treatment.</p>	<p>No exclusion is usually necessary.</p> <p>For infections of the skin and scalp, cases can return to school once they have started treatment.</p>
Rotavirus	Symptoms include severe diarrhoea, stomach cramps, vomiting, dehydration and mild fever.	Cases will be sent home if unwell and encouraged to speak to their GP.	Cases will be excluded until 48 hours have passed since symptoms were present.
Rubella (German measles)	Symptoms are usually mild. Symptoms include a rash, swollen lymph glands, sore throat and runny nose, mild fever,	MMR vaccines are promoted to all pupils.	Cases will be excluded for five days from the appearance of the rash.

Disease	Symptoms	Considerations	Exclusion period
	headache, tiredness, conjunctivitis, painful and swollen joints.		
Scabies	Symptoms include tiny pimples and nodules on the skin. Burrows may be present on the wrists, palms, elbows, genitalia and buttocks.	<p>All household contacts and any other very close contacts should have one treatment at the same time as the second treatment of the case.</p> <p>The second treatment must not be missed and should be carried out one week after the first treatment.</p>	Cases will be excluded until after the first treatment has been carried out.
Scarlet Fever	Symptoms include acute inflammation of the pharynx or tonsils, with tonsils reddening in colour and becoming partially covered with a thick, yellowish exudate. In severe cases, there may be a high fever, difficulty swallowing and tender, enlarged lymph nodes. A rash develops on the first day of fever and is red, generalised, pinhead in size and gives the skin a sandpaper-like texture, with the tongue developing a strawberry-like appearance.	<p>Scarlet fever may be confused with measles.</p> <p>Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered.</p> <p>If two or more cases occur, the HPT will be contacted.</p>	Cases are excluded and can return 24 hours after commencing appropriate antibiotic treatment – cases not receiving treatment will remain infectious for two to three weeks.
Slapped cheek syndrome, Parvovirus B19, Fifth's Disease	Where symptoms develop, a rose-red rash making the cheeks appear bright red may appear several days after a mild feverish illness. The rash usually peaks after a week and then fades.	<p>Cases will be encouraged to visit their GP.</p> <p>Parents are requested to inform the school of a diagnosis of slapped cheek syndrome.</p>	Exclusion is not required – cases are not infectious by the time the rash occurs.
Threadworm	Symptoms include itching around the anus or vagina, particularly at night, and worms may be seen in stools or around the bottom.	Cases will be encouraged to visit their pharmacy for advice on treatment.	Exclusion is not required.

Disease	Symptoms	Considerations	Exclusion period
Tuberculosis (TB)	Symptoms include cough, loss of appetite, weight loss, fever, sweating (particularly at night), breathlessness and pains in the chest. TB in parts of the body other than the lungs may produce a painful lump or swelling.	Advice will be sought from the HPT before taking any action, and regarding exclusion periods.	<p>Cases with infectious TB can return to school after two weeks of treatment if well enough to do so, and as long as they have responded to anti-TB therapy.</p> <p>Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB nurses, will not be excluded.</p>
Typhoid and Paratyphoid fever	Symptoms include fatigue, fever and constipation. The symptoms of paratyphoid fever include fever, diarrhoea and vomiting.	All cases will be immediately reported to the HPT.	<p>Cases will be excluded whilst symptomatic and for 48 hours after symptoms have resolved.</p> <p>Environmental health officers or the HPT may advise the school to issue a lengthened exclusion period.</p>
Whooping cough (pertussis)	Symptoms include a heavy cold with a temperature and persistent cough. The cough generally worsens and develops the characteristic 'whoop'. Coughing spasms may be worse at night and may be associated with vomiting.	Cases will be advised to see their GP. Parents are advised to have their children immunised against whooping cough.	<p>Cases will not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment is given.</p> <p>Cases will be allowed to return in the above circumstances, even if they are still coughing.</p>

Infection absence periods

This table details the minimum required period for staff and pupils to stay away from school following an infection, as recommended by UK Health Security Agency.

*Identifies a notifiable disease. It is a statutory requirement that doctors report these diseases to their local PHE centre.

Infection	Recommended minimum period to stay away from school	Comments
Athlete's foot	None	Treatment is recommended; however, this is not a serious condition.
Chicken pox	Until all vesicles have crusted over	Follow procedures for vulnerable children and pregnant staff.
Cold sores	None	Avoid contact with the sores.
Conjunctivitis	None	If an outbreak occurs, consult the HPT. In the case of an unmanageable outbreak, the HPT may advise exclusions.
Coronavirus	Until fully recovered and no other member of the same household is presenting symptoms	If coronavirus is suspected, consult the local HPT.
Diarrhoea and/or vomiting	Whilst symptomatic and 48 hours from the last episode	GPs should be contacted if diarrhoea or vomiting occur after taking part in water-based activities.
Diphtheria*	Exclusion is essential.	Family contacts must be excluded until cleared by the HPT and the HPT must always be consulted.

Infection	Recommended minimum period to stay away from school	Comments
Flu (influenza)	Until recovered	Report outbreaks to the HPT.
Glandular fever	None	
Hand, foot and mouth	None	Contact the HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	Treatment recommended only when live lice seen. Exclusion is not normally permitted. In severe, ongoing cases, the LA does have the power to exclude; however, exclusion should not be overused.
Hepatitis A*	Seven days after onset of jaundice or other symptoms	If it is an outbreak, the HPT will advise on control measures.
Hepatitis B*, C* and HIV	None	Not infectious through casual contact. Procedures for bodily fluid spills must be followed.
Impetigo	48 hours after commencing antibiotic treatment, or when lesions are crusted and healed	Antibiotic treatment is recommended to speed healing and reduce the infectious period.
Measles*	Four days from onset of rash	Preventable by vaccination (MMR). Follow procedures for vulnerable children and pregnant staff.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. The HPT will advise on any action needed.

Infection	Recommended minimum period to stay away from school	Comments
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. The HPT will advise on any action needed.
Meningitis viral*	None	As this is a milder form of meningitis, there is no reason to exclude those who have been in close contact with infected persons.
MRSA	None	Good hygiene, in particular environmental cleaning and handwashing, is important to minimise the spread. The local HPT should be consulted.
Mumps*	Five days after onset of swelling	Preventable by vaccination with two doses of MMR.
Ringworm	Exclusion is not usually required	Treatment is required.
Rubella (German measles)	Four days from onset of rash	Preventable by two doses of immunisation (MMR). Follow procedures for pregnant staff.
Scarlet fever	24 hours after commencing antibiotic treatment	Antibiotic treatment is recommended, as a person is infectious for two to three weeks if antibiotics are not administered. If two or more cases occur, the HPT should be contacted.
Scabies	Can return to school after first treatment	The infected person's household and those who have been in close contact will also require treatment.
Slapped cheek/Fifth disease/Parvo Virus B19	None (once rash has developed)	Follow procedures for vulnerable children and pregnant staff.
Threadworms	None	Treatment recommended for the infected person and household contacts.
Tonsillitis	None	There are many causes, but most causes are virus-based and do not require antibiotics.
Tuberculosis (TB)	Pupils with infectious TB can return to school after two weeks of treatment if well enough to do so,	Only pulmonary (lung) TB is infectious. It requires prolonged close contact to spread. Cases with non-pulmonary TB, and cases with pulmonary TB who have effectively completed two weeks of treatment as confirmed by TB

Infection	Recommended minimum period to stay away from school	Comments
	and as long as they have responded to anti-TB therapy.	nurses, should not be excluded. Consult the local HPT before disseminating information to staff and parents.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Whooping cough (pertussis)*	Two days from commencing antibiotic treatment, or 21 days from the onset of illness if no antibiotic treatment is given	Preventable by vaccination. Non-infectious coughing can continue for many weeks after treatment. The HPT will organise any necessary contact tracing.

Appendix 2

Buildings Security Policy and Procedures

PURPOSE

The Governors and Staff of Saltersgate infant School ('the School') are very aware of the importance of maintaining a high level of personal security within the School as well as reducing the potential for arson, theft and vandalism.

The purpose of this policy is to set out the measures that will be adopted to ensure, so far as is reasonably practicable, that employees, pupils and other non-employees are protected from risks to their Health and Safety.

ORGANISATION

Responsibilities

Management responsibility for School Security is shared between the Governing Body, the Headteacher and the School Business Manager. The School has drawn up the following arrangements to enable this responsibility to be effectively discharged. The identified person for day-to-day responsibility for School security is the Headteacher.

The following employees have responsibilities for ensuring the security of the School site and premises:

RESPONSIBLE PERSON SPECIFIC DUTIES

Perimeter Fencing, access routes:

Site Supervisor

1. Regular inspections
2. Maintenance and repairs
3. Surveillance and monitoring
4. Proposals for upgrading security as necessary

Security School entrance / exits

Site Supervisor

1. Daily unlocking/lock-up routines
2. Monitor entrances/exits
3. Log and report incidents

Control of visitors

School Business Manager

All staff

8.30 am – 5 pm Monday-Friday term time and 9.00 am – 4.00 pm in holiday times:

1. Sign in / sign out
2. Control of security fobs

All other times the responsibility of the Site Supervisor

Control of Contractors

School Business Manager/Admin Officer

1. Check credentials of contractors prior to appointment
2. Issue visitor's badge
- 3 Brief contractors on School Security requirements and arrangements
4. Day-to-day supervision of contractors on site (can be delegated to identified individual in close proximity to contractor)

Security of Money

School Business Manager & Admin Officer

Collection and banking of payments to the School

Control of petty cash floats

Collection of payments

Emergency Procedures

Fire: Fire Wardens

Duties and responsibilities in accordance with School's Fire Awareness policy and procedures

Building security risk assessments

Regular assessment of requirements, installation of security systems, staff training and system maintenance

First Aid / Accidents:

Designated/qualified First Aiders + all staff Emergency First Aid

Immediate treatment of injuries or illnesses prior to the arrival of emergency services to save lives, reduce effects of injury and speed recovery.

Consultation

The School will discuss security arrangements regularly as follows:

Method Frequency

Governor meetings Termly

Senior Leadership Team meetings Weekly

Staff meetings Weekly

Portable ICT Appliances

Teachers, School Business Manager

Teachers responsible for laptop/ tablet storage before and after each session

School Business Manager inventory control

ARRANGEMENTS

The School has implemented the following arrangements to ensure, as far as reasonably practicable, the safety and security of staff, pupils and other persons using the School premises.

Information and Communication

Written information: Procedures and arrangements for security are detailed and regularly updated in:

_ The Staff Handbook

- _ The School's Emergency Action Plan
- _ The School's Health & Safety policy and procedure

Training

Security matters are addressed in :-

1. Induction Training for all new staff
2. Regular updates as necessary during staff training days.
3. Specific training on new equipment and systems as required

Supervision

Arrangements for the supervision of pupils are as follows:

Class teachers / Teaching Assistants/ Learning Support Assistants directly supervise all pupils.

Breaks

Class teachers / Teaching Assistants / Learning Support Assistants directly supervise all pupils within clearly defined and secure play areas.

Pupils either remain in the school building or use the school playground / school field within clearly defined boundaries.

Lunchtime

Lunchtime Supervisors – which include LSAs

Nursery pupils have their lunch in Nursey, supervised by staff at 11.30am. Pupils take supervised lunch in the School dining room in staggered system from 11.45am . During lunch break pupils remain in the school building (during wet weather) or use the school playground / field within clearly defined boundaries, unless attending, choir rehearsals or other supervised activities.

End of the School day

Class teachers / Teaching Assistants / Learning Support Assistants oversee exit of pupils. All Pupils must be collected by an adult. The exit of pupils remaining for clubs or activities will be overseen by the staff member organising the after school activity. Pupils not collected by parents when required to do so will be escorted to the school office and be handed over to the School Business Manager / Headteacher / Assistant Headteacher where the parent carer will be contacted.

Entrance and exit of pupils during the school day

All parents are required to report to the school office where pupils will be signed out / in and parents will wear a visitors badge when visiting school.

Away fixtures / trips

All pupils participating in away sports fixtures or other trips/activities off-site (where they have not been transported to the venue by parents) will be brought back to school and kept under the supervision of the trip leader until they have been collected by parents. Parents wishing to collect their own and/or other children directly from the away venue must arrange this, in advance, with the teacher in charge.

Registration procedures and controls

General: Teaching staff responsible for electronic registration are required to submit registration to the School Office.

Late book: Pupils who are unable to attend registration for any reason are required to report to the School Office.

Trips / visits / away sports fixtures: Responsible staff are required to complete a risk assessment on the Exeant system and apply for approval online

Procedures for collating information and for checking absentees:

Registration

Parents / guardians are requested to contact the School by 9.30am to report any absence of their child(ren), give a reason for the absence and some indication, if known, of the likely length of the absence.

Any member of staff receiving a message reporting a pupil absence must communicate this information as soon as possible to the School Office either verbally or via SIMs.net. If a staff member receives a telephone call from a parent, it MUST BE noted on SIMs.net

Visitors

Procedure for management of visitors is as follows:

All visitors are required to check in and out at the School Office and to sign in with details of their name, organisation, host/destination, car registration and time of arrival/departure.

Visitors will be provided with an identification badge which also provides them with health & safety information and this badge must be displayed by the visitor at all times whilst they remain on the school premises. The Visitors badges also have three different coloured lanyards:

Blue: DBS checked by school

Green: DBS checked by another body ie. NHS; Police; LA etc

Red: No DBS check has been obtained – must not be left unsupervised at any time

If this is the first visit, or the visitor is not personally known to the School Office staff, he/she must remain in the entrance area immediately through the front door until collected by their host at the school. Visitors will not be allowed unsupervised access to pupils.

All contractors are required to check in and out each day with the Caretaker or School Business Manager / Bursar and comply with all other management controls.

Access and Egress

General

The main gates are open during term time from approximately 8am to provide access to the outside of the front of school.

Monday to Friday, unless an evening event is being held at the school. The two side gate entrances to the rear of the school are opened at 7.15am and closed at 9am and re-opened at 2.45pm and locked at 6.10pm.

All doors providing access into the school building are on a magnetic lock and can only be opened with a fob. There is a holding area in the main Reception which is again all doors are on a magnetic lock.

Site Security

The School gates and doors to the main School buildings are monitored and checked on a daily basis by the Site Supervisor.

In case of emergency the doors release by means of fire alarm activation or breaking the glass on the emergency override unit which is situated on the secure side of the door.

Emergency arrangements

Fire emergency arrangements are detailed in the School's Emergency Plan and fire policy and procedures.

RISK ASSESSMENTS

As required by the Management of Health and Safety at Work Regulations 1999 an assessment of risks posed by security has been carried out.

The risk assessment will be reviewed annually by the Headteacher