

Agreed 23/03/2022

Signed Alan Brown Head

Signed Simon Barrowcliff Chair of Governors



Oldfield Primary School Health and Safety Policy

- 1.1 Oldfield Primary School recognises its duty of care for the health, safety and well-being of its employees. It will take effective steps to ensure that this is achieved, so far as is reasonably practicable. In discharging this responsibility, it will take into account its parallel obligations for the Health and Safety of pupils, visitors and others who might be affected by its operations.
- 1.2 The provisions in this policy are intended to ensure that Health and Safety is an integral part of the general process of risk management which the school operates. Thus, Health and Safety will be included in the school's review and planning process as an issue essential to the development and maintenance of the School's management systems.
- 1.3 The purpose of the Policy is:
- To provide the necessary authority and support for staff as they make their respective contributions to health and safety
 - To set out duties and responsibilities
 - To recognise the partnership necessary within the school to ensure that all statutory duties in this field are met
 - To emphasise the importance of keeping hazards under control by making an assessment of operating risks
- 1.4 The Governing Board are committed to securing the health, safety and well-being of employees, pupils and others affected by the school's activities, including visitors and contractors. Everyone has a part to play in bringing this into effect and full co-operation is therefore expected. For employees, this is not only a matter of common sense, but also as a legal duty.
- 1.5 All employees, regardless of seniority, have a duty to take care of themselves and others that might be affected by their acts or omissions. Staff should use equipment and working methods approved by their supervisor / senior colleague. Special care should be taken with the health and safety issues of any new venture.
2. ORGANISATION AND ARRANGEMENTS FOR IMPLEMENTING THE POLICY
- 2.1 The Headteacher, Alan Brown, is the Health and Safety Representative at Oldfield Primary School and has overall responsibility for the implementation of this Policy and for ensuring the Health and Safety of all pupils, parents and staff.
- 2.2 Simon Barrowcliff is the named Health and Safety Governor. Collectively, the Governing Body requires Health and Safety to be taken into account in the proposals which come before it and will seek to encourage a positive climate in which Health and Safety can flourish.

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
- Cooperate 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

Risk Assessment

2.3 The underlying process, which secures this policy, is risk assessment. Assessments of significant risks will be made in conjunction with those affected and recorded in writing. It will be the responsibility of the senior leadership team to ensure that relevant risk assessments are maintained and kept up to date. Where no guidance exists on a specific topic, staff will follow the Health and Safety team at the local authority, their procedures and processes and seek advice from them. The school has purchased the services of the health and safety LA team and this includes an annual health and safety audit.

Currently, the school is operating under a Covid-19 risk assessment as per Government guidance.

Consultation

2.3 Employees with concerns should normally raise them with the Head Teacher - Alan Brown. However, the Governors welcome the support of trades unions in health and safety matters and staff should feel free to contact the appropriate trade union appointed safety representative. Requests for external help should be raised initially with the Headteacher/Health and Safety Co-ordinator, who will seek advice from the Departmental Health and Safety Adviser, on any concerns of employees, which cannot be resolved locally.

Contractors and School Partnerships

2.4 Contractors carrying out work for the School will be vetted for their Health and Safety performance. They will be required to act in accordance with this Policy and the School's specified local arrangements. Contractors will be required to assess the risks to anyone who might be affected as a result of the performance of the contract. In particular, they will be required to make appropriate arrangements with the Headteacher to ensure that the School's Governing Board and users are sufficiently and suitably informed and consulted on issues relevant to risk control.

2.5 School linked partners and hirers, will exchange health and safety policies and procedures with the School and ensure that the health and safety of all school staff and users will be protected to a level which is reasonably practicable and equivalent in standard to the school. In particular, partners will be required to provide school staff and others who might be directly affected with sufficient guidance and advice on any risks or procedures which will be new or unusual in comparison with school's activities.

Inspection and Monitoring

2.6 The Headteacher – Health/Safety Coordinator will undertake the necessary arrangements for procedures to be examined and workplaces to be inspected to ensure that precautions remain suitable and sufficient by conducting a whole school Annual Risk Assessment and Safety Review. Feedback from this process will be referred to the Governing Board.

An inspection will take place with the LA's health and safety team during the school year. School will also have an unannounced inspection from Environmental Health with a report created with next steps.

Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance. Staff are given the appropriate training and sign to say they are informed of appropriate techniques.

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

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

Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a mobile phone (school one if required), a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.
- More detail is outlined in the Educational Visits Policy.

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 the SLT. This applies to violence from pupils, visitors or other staff.

Infection prevention and control – general (See Covid RA for specific)

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

Handwashing

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

Coughing and sneezing

- Cover mouth and nose with a tissue/ where a tissue is unavailable, encourage pupils to do this into their elbow.
- Wash hands after using or disposing of tissues
- Spitting is discouraged
- Dispose of tissues in lidded bins

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/visor if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

Cleaning of the environment

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

Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills

Laundry

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

Clinical waste

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

Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas

- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

Pupils vulnerable to infection

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

Exclusion periods for infectious diseases

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

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

New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

Accident Reporting

Accidents are reported in line with our first aid policy. If a significant accident occurs that requires medical treatment, school will seek the advice from the LA Health and Safety team to see if it is reportable to RIDDOR. The headteacher will then fill in the report for the Health and Safety Executive. The accident reporting stage includes a phase of investigation and also an opportunity to make immediate changes to improve safety.

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 Alan Brown and the site maintenance officer immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely as in line with the PE Risk Assessment.
- Any concerns about the condition of the gym floor or other apparatus will be reported to Alan Brown and in turn, the site maintenance office

Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The site maintenance officer retains ladders for working at height
- Pupils and staff are prohibited from using ladders and will work alongside the site maintenance officer to put up displays or other equipment
- School provides step-stools to be used for lower height working
- Contractors are expected to provide their own ladders for working at height

Fire Evacuation Procedures

- Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.
- Emergency evacuations are practised at least once a term and are recorded by the site maintenance officer.
- The fire alarm is a loud ringing and is also identified by the smoke detectors in each room flashing (a circle of lights around the base).
- Fire alarm testing will take place in accordance with SBSA agreement.
- New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.
- In the event of a fire:
- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Staff and pupils will congregate at the assembly points. These on the back and front playground depending on where children exit.

- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day and the signing in/out book
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities. Individual children have risk assessments and safety plans drawn up and can be viewed on request (if appropriate to do so).

The school will follow the fire evacuation procedures as outlined within the evacuation document (displayed in each classroom/area).

Named personnel will check areas including toilets and kitchens

Regular fire risk assessments will be carried out and actions taken to address any areas identified

Firefighting equipment (extinguishers) will be checked as legally required

Regular review of evacuation procedures will be carried out to address any concerns/improvements in evacuation times etc

Contact numbers of fire service and black box will be accessible by admin staff

Security issues including bomb threats and the discovery of suspicious devices

People receiving telephoned bomb threats in schools should:

- 1 Keep calm
- 2 Try to obtain as much information as possible, but being cautious not to provoke the caller;
- 3 Dial 999 and report it to the police and SLT immediately.

Discovery of suspicious packages or devices on school premises

In some cases, a suspect device might be found on school premises without any form of warning having been given. In such situations the surrounding area should be cleared and the police called immediately. The level of risk posed by such devices can vary widely, so any assessment of a suspect item should in all cases be left to the security professionals.

Evacuation

A preliminary assessment of the telephoned threat will need to be made by the SLT or other senior member of staff in charge, in consultation with the member of staff who took the call. If there is the slightest doubt about the nature of the call, an evacuation should be considered.

All staff should try to maintain a general awareness of 'what should and should not' be around them, as such knowledge will assist greatly should it be necessary to determine the potential risk posed by an unfamiliar object. Any discoveries will be reported to the SLT immediately.

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

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to 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>
Cold sores	None.
Rubella (German measles)	5 days from the appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of

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

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

MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.