



The Norwood School Health and Safety policy

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1. Aims

Our school aims to:

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

2. Legislation

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

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
- [The D & T association Health and Safety](#) - which requires specialist D & T teachers to take specific measures when teaching
- [Lambeth Council Health and Safety](#) - Links to enforcement and risk assessments for specific significant risks/hazards

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

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

3. Roles and responsibilities

3.1 The local authority and governing board

London Borough of Lambeth has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 Headteacher

The Headteachers are responsible for health and safety day-to-day. This involves:

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

In the Headteacher's absence, Jeremy Cox, Deputy Headteacher, assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is School Business Manager:

Obe Edehomo

3.4 Staff

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- 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

3.5 Pupils and parents

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

3.6 Contractors

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

Building and construction work:

The Construction (Design and Management) regs, or CDM2016 stipulate that all projects must have:

- Competent workers with the correct skills, knowledge, experience and training to carry out the task
- Contractors who must plan, manage and monitor construction work under their control
- A written construction phase plan

We as a school would usually be identified as 'The Client' in this situation.

The guidance on CDM says:

Many clients, particularly those who only occasionally have construction work done, are not necessarily experts in construction work. Although you are not expected to actively manage or supervise the work yourself, you have a big influence over the way the work is carried out. The decisions you make have an impact on the health, safety and welfare of workers and others affected by the work, because you determine the money, time and other resources available. You may also need to notify the work to HSENI.

1. Appoint a principal Designer and principal Contractor

If more than one contractor will be involved, you will need to appoint (in writing) a principal designer and a principal contractor. A principal designer is required to plan, manage and coordinate the planning and design work. A principal contractor is required to plan, manage and coordinate the construction work. Appoint the principal contractor as early as possible so they are involved in discussions with the principal designer about the work.

2. Ensure there are arrangements in place for managing and organising the project

The principal designer should understand these types of risks and try to avoid them when designing your project. The principal contractor or builder should manage the risks on site. Discuss with your designer and builder before work starts and throughout the build how these risks should be managed.

3. Allow adequate time

Work that is rushed is likely to be unsafe and of poor quality. Allow enough time for the design, planning and construction work to be undertaken properly.

4. Provide information to your designer and contractor

Your designer and builder will need information about what you want built, the site and existing structures or hazards that may be present such as asbestos, overhead cables, and buried services. Providing this information at an early stage will help them to plan, budget and work around problems. Your principal designer can help you gather this information.

5. Communicate with your designer and building contractor

You, your principal designer and principal contractor need to discuss issues affecting what will be built, how it will be built, used and maintained when finished. Meeting with your designer and contractor as the work progresses gives an opportunity to deal with problems and discuss health and safety. This will help to ensure that the work progresses as planned.

6. Ensure a construction phase plan is in place

The principal contractor (or contractor if there is only one contractor) has to draw up a plan explaining how health and safety risks will be managed. This should be proportionate to the scale of the work and associated risks and you should not allow work to start on site until there is a plan.

7. A health and safety file

You must ensure that the principal designer gives you a health and safety file. You should keep the file, make it available to anyone who needs to alter or maintain the building and update it if circumstances change.

4. Site security

SBM Obe Edehomo and Jim Donohoe (Facilities Manager) are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. Jim Donohoe (Facilities Manager) Bekim Cani and Milandi Balade (premises officers) are key holders and will respond to an emergency.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer

Fire alarm testing will take place once a week.

Fire doors need to be checked at least once every 6 months to check they meet compliance - prior to H&S Audit

An early warning alarm will be sounded when the manual fire alarm activation points are triggered. The following quick check procedures should be followed:

When the alarm sounds in SLT/Premises/Office :

- ❖ **Step 1** - The front reception staff will immediately use their radios to communicate to the premises staff that an activation has been detected.
- ❖ **Step 2** - A member of the premises team will attend to the front reception fire panel followed by a member of the SLT (JCO or CDO) and perform the following steps.
- ❖ **Step 3** - Check on the display screen for the location of the call point activation and relay this to another member of the premises team via the radio, who will acknowledge that they are on their way to this location to confirm the situation. CDO or JCO to check CCTV at the same time.
- ❖ **Step 4** - At this point using your knowledge and experience of the site you can choose to press the Silence Alarms button on the fire panel to prevent the bells from sounding and preventing disruption to the school day.

The safeguards built into this delay are that if a smoke or heat detector is activated or a second call point is activated it will automatically override the delay and sound the alarm.

We have 3 mins to make the call to switch off the alarm.

If CDO or JCO are unavailable/offsite, then RC & IOC will be on call as SLT

SLT / Premises - make sure that Walkie-Talkies are switched on and are charged at all time

Offices with early alarm siren facilities are:

Headteachers, SBM (OE), Headteacher's PA (SJC) &, IOC, JCO, JN (SLT) & CDO (DSL)

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how

to operate them and are confident they can use them without putting themselves or others at risk

- Staff and pupils will congregate at the assembly points. These are the lower playground.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- Prisca Jones (Attendance Officer) to the Headteacher will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will put 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.

A fire safety checklist can be found in appendix 1. Fire Drill [here](#)

6. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by Jim Donohoe (Facilities Manager) and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Hazardous products are kept in the cleaners cupboard or science area locked away.

Only site staff and staff in those departments have access.

Any hazardous products are disposed of in accordance with specific disposal procedures. Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

6.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

- A water risk assessment is undertaken monthly and when significant changes have occurred to the water system and/or building footprint the Facilities Manager is responsible for ensuring that the identified operational controls are conducted and recorded.
- The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers, etc.

6.3 Asbestos

- Where relevant, staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site

7. Equipment

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents
- Inservice inspection for boilers, gas, lift equipment, electrical, workshops, fire doors and emergency exit lighting are audited for inspection and servicing in line with regulation timeframes

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 Jim Donohoe, Facilities Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
 - In line with IET PAT testing is now inservice testing and requires a duty holder and risk assessment to set inspection frequency and set appropriate testing based on the type of equipment and its environment
- 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

- All buildings require a 5 yearly inspection of the electrical installations carried out by an independent NICEIC accredited company
- All electrical work undertaken is in accordance with BS7671.
- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Staff and students must do a visual check of all electrical equipment before use. This includes the casing, cable and plug being checked for damage
- Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the site team immediately and can be reported using the health and safety helpdesk
- In line with IET PAT testing is now inservice testing and requires a duty holder and risk assessment to set inspection frequency and set appropriate testing based on the type of equipment and its environment
- In service inspection is carried out within departments and carried out by a competent person
- Records must be kept of all in service inspection
- 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

7.2 PE and production equipment

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

7.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work may have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7.4 Specialist equipment

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties

- Site cleaning duties
- Working in a single occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return. Staff that perform work in a room, building or wider site on their own must be able to raise the alarm by radio or school phone to designated people.

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

The [Lone Worker Risk Assessment](#) should be followed with regard to working alone on the school site.

9. 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 Facilities Manager retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders

Contractors are expected to provide their own ladders for working at height

- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

In addition:

- Only trained staff will use ladders and will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height and have evidence of relevant training
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety and suitability for the task at hand
- Access to high levels, such as roofs, is only permitted by trained persons
- All staff using ladders must have completed a relevant ladders course
- The use of towers must have a PASMA ticket
- Scissor lifts requires an APAF card
- All staff must prove evidence of relevant training. If evidence cannot be provided then it is assumed that person is not competent and should not carry out that work
- Ladders will be stored in a locked cupboard and staff are made aware that only trained staff can use them
- Students are not permitted to work at height unless a full risk assessment is in place and agreed by SLT: [Working at height Risk Assessment](#)
- The Performing Arts team must refer to and adhere to the [Working at Height in the Theatre Risk Assessment](#)

10. 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.

It is up to an employer to ensure that all staff have completed and are adequately trained in manual handling so that they are competent and can carry out a visual risk assessment to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

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

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible •

Ensure the area where you plan to offload the load is clear

- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable
- Staff involved in lifting are required to wear the appropriate PPE such as gloves, steel toe-capped boots and a hard hat
- Staff in roles requiring lifting must ensure that they have completed adequate training as required by HSE in order to feel confident when manual handling and feel competent
- The Performing Arts team must refer to and adhere to the [Manual Handling in the Theatre Risk Assessment](#).

11. Noise Control

When carrying out works or holding events, staff must ensure that they comply with the Control of Noise at Work Regulations 2005 (the Noise Regulations):

- Regular audits should be carried out to identify all activities where work carried out by staff and students could involve a noise hazard
- All work activities identified should have a risk assessment and or method statement
- All staff and student affected must be made aware of all control measures
- Volume restrictors are in place and staff in noisy areas are supplied with personal noise restrictors
- All staff have a responsibility to follow all control measures in full including the wearing of PPE when this has been highlighted as a control measure for that activity
- All staff are responsible for raising any changes and concerns on the health and safety helpdesk. This includes staff that are pregnant where additional control measures may be required
- Pregnant staff members are required to complete a risk assessment and should ensure that they inform the health & safety lead if there is a change in their level of risk that falls outside of the risk assessment schedule
- The Performing Arts team must refer to and adhere to the [Noise Control in the Theatre Risk Assessment](#).

The school works to the noise at work regulations 2005 <https://www.hse.gov.uk/noise/regulations.htm>

12. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them •

All off-site visits are appropriately staffed

- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- Overnight and/or overseas trips should seek to ensure the activities centre/travel company have in place first aiders to ensure safety of staff and students on the trip

13. Lettings

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

Outside hires must adhere to the school's Hire Policy regarding safety, security and first aid.

- The Lettings Policy and [Lettings Risk Assessment](#) must be followed by outside hires.

14. Violence at work

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/headteacher immediately. This applies to violence from pupils, visitors or other staff.

15. Smoking

Smoking is not permitted anywhere on the school premises.

16. Use of pyrotechnics , smoke, and working in the dark in theatres

16.1 Pyrotechnics used in production

- Pyrotechnics may only be used by an adequately trained and competent person who is registered with the ASP (association of stage pyrotechnicians)
- The Performing Arts team must refer to [Use of Pyrotechnics in a school production Risk Assessment](#) with regard to all Pyro use in the theatre.

16.2 Smoke effects

- The Performing Arts team must refer to [Using smoke effects in the theatre Risk Assessment](#) with regard to all smoke effects use in the theatre.

16.3 Working in the dark

- The Performing Arts team must refer to the [Working in the Dark in a Production Risk Assessment](#) with regard to working on school productions in the theatre.

17. Infection prevention and control

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

17.1 Handwashing

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

17.2 Coughing and sneezing

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

17.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

17.4 Cleaning of the environment

- Clean the environment frequently and thoroughly

17.5 Cleaning of blood and body fluid spillages

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

17.6 Laundry

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Never run the tumble dryer at night and without supervision
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

17.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor

- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

17.8 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

17.9 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to 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. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

17.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England summarised in Appendix 4

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action and/or information from Lambeth Council

18. Use of minibuses and other vehicles

The Guidelines for Minibus Operation apply to all minibuses and other large passenger carrying vehicles e.g. people carriers and are also the minimum standards to be applied to any vehicle hired for use on school business.

Eligibility to drive – All drivers must:

1. be aged 25 and under 65 and have held a full current driving licence for at least three years without 'own fault' claim or conviction; this minimum age is reduced to 23 for teachers appointed to teach physical education;
2. be authorised by the Principal/Senior Leadership Team to drive a minibus;
3. have passed appropriate minibus driver training and assessment; and
4. Have the relevant vehicle eligibility on their UK driver's license.

Drivers of vehicles on the school site are subject to all normal regulations including the wearing of seat belts and crash helmets. A speed limit of 10 mph is imposed on vehicles on site. Drivers of all vehicles, whether car or motorcycle must not drive carelessly or inconsiderately on any occasion.

Procedures are in place to notify the external provider of any faults identified with the minibus.

Staff making use of the minibus must refer to the [Minibus Use Risk Assessment](#).

19. 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
- Ensure that any pregnant person is aware of the potential damage that continuous loud noise can have on a baby in the last trimester of the pregnancy

- Awareness of increased vulnerability for pregnancy and the risks of COVID-19
- Lifting/carrying heavy loads
- Standing or sitting still for long lengths of time
- Exposure to lead
- Workstations and posture
- Exposure to toxic-chemicals
- Work-related stress
- Threat of violence in the workplace
- Long working hours
- Excessively noisy workplaces

20. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads. Concerned individuals should seek a meeting with the Headteacher.

Where a member of staff highlights occupational stress, line managers should refer their staff member to HR for guidance.

21. Accident reporting

21.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in Appendix 2
- As much detail as possible will be supplied when reporting an accident •

Information about injuries will also be kept in the pupil's educational record

- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of and then securely disposed of however, medical records relating to COSHH should be kept for 40 years.

21.2 Reporting to the Health and Safety Executive

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6, and 7).

All incidents MUST be reported to the School Business Manager ASAP.

The School Business Manager (Obe Edehomo) will report these to the Local Authority Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases, or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumb,s and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalding requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

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

21.3 Notifying parents

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

21.4 Reporting to Ofsted and child protection agencies

The Lead Safeguarding Officer will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Lead Safeguarding Officer will also notify Lambeth Safeguarding Team of any serious accident or injury to, or the death of, a pupil while in the school's care.

22. Training

Our staff are provided with health and safety training as part of their induction process.

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

23. Monitoring

This policy will be reviewed by the Headteacher/School Business Manager every three years. At every review, the policy will be approved by the Resources Committee.

24. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan

Appendix 1. Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self closing mechanisms?	
Are fire doors meeting compliance	
Are all flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			

Signature		Date	
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Appendix 3. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to your school's specific circumstances.

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from [non-statutory guidance for schools and other childcare settings](#) from Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	

[Green Book](#)

Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving

		antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice

Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
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Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from	Comments
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	school or nursery	
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and 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. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide

		antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

[German Measles Factsheet and guidance - updated 14th June 2024](#)