Health and Safety Policy 2026-27

Contents

1. Aims 2

2. Legislation 2

3. Roles and responsibilities 2

4. Site security 4

5. Fire 4

6. COSHH 4

7. Equipment 5

8. Lone working 7

9. Working at height 7

10. Manual handling 7

11. Off-site visits 8

12. Lettings 8

13. Violence at work 8

14. Smoking 8

15. Infection prevention and control 8

16. New and expectant mothers 10

17. Occupational stress 10

18. Accident reporting 10

19. Training 11

20. Monitoring 11

21. Links with other policies 11

Appendix 1. Fire safety checklist 12

Appendix 2. Recommended absence period for preventing the spread of infection 14

Appendix 3. Children's Health & Safety 15

Approved by: **Clara Breakwell**	
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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 school follows national guidance published by Public Health England when responding to infection control issues.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the headteacher.

The governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The academy trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

3.2 Headteacher

The headteacher is 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, the 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 Caroline Stevens – School Business Manager.

3.4 Staff

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

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

3.5 Pupils and parents

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

3.6 Contractors

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

4. Site security

The caretaker is responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Caretakers Ron Ibeh and Sean Mulqueen are key holders and will respond to an emergency and inform Headteacher and School Business Manager.

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 bell.

Fire alarm testing will take place every Wednesday morning at 7.30am

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. The assembly point is on the field.
Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
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 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.

A fire safety checklist can be found in appendix 1.

6. COSHH & Asbestos

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

Chemicals
Products containing chemicals
Fumes
Dusts

Vapours
Mists
Gases and asphyxiating gases
Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by the School Business 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.

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 has been completed by an outside contractor – IWS Integrated Water Services and the caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint
The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers, regular water flushing.

6.3 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work

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

7.1 Electrical equipment

All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely

Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them

Any potential hazards will be reported to the site 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
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 equipment

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely

Any concerns about the condition of the gym floor or other apparatus will be reported to the caretaker/site manager

PE equipment is checked annually by a specialist company.

7.3 Display screen equipment

All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time

Staff identified as DSE users are entitled to an eyesight test for DSE use 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.

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

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 caretaker/site 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

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.

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

11. Off-site visits

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

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

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

12. 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.

13. 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 Headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control / First Aid

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.

15.1 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

15.2 Coughing and sneezing

Cover mouth and nose with a tissue
Wash hands after using or disposing of tissues
Spitting is not permitted anywhere on the school premises

15.3 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

15.4 Cleaning of the environment

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

15.5 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

15.6 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

15.7 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

15.8 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

15.9 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.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3

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

15.11 First aid

First aid is carried out by staff members who have been appropriately trained. Staff are aware of the first aid procedures – See first aid policy.

16. New and expectant mothers

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

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

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

17. 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.

18. Accident reporting

18.1 Accident record keeping

Refer to First Aid Policy

18.2 Reporting to the Health and Safety Executive

Refer to First Aid Policy

18.3 Notifying parents

Refer to First Aid Policy

18.4 Reporting to Ofsted and child protection agencies

Refer to First Aid Policy

19. 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.

20. Monitoring

This policy will be reviewed by the Headteacher every year

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

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

Appendix 2. 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	

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

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 school or nursery	Comments
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*/	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

septicaemia*		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.

Appendix 4. Children's Health & Safety

To ensure the health and safety of pupils in our school we also take the following steps:

Annual Classroom Checklists

We have paediatric first aid certificate holders on site - https://jcmp-my.sharepoint.com/:w:/g/personal/jstephenson_jamescambellprimary_org_uk/IQCJSNJYoMxbRp92rVtwK4eCAckkXNdWAOi2SdQZxMcvqvo?e=Cwr4wh

We ensure there is a first aid box accessible at all times with appropriate content for use with children. (3.50)

Keeping a written record of accidents or injuries and first aid treatment.

Informing parents and/or carers of any accident or injury sustained by your child on the same day, or as soon as reasonably practicable, of any first aid treatment given.

Notifying Ofsted of any serious accident, illness or injury to, or death of, any child while in my care, and of the action taken, within 14 days of the incident occurring.

Premises, including overall floor space and outdoor spaces are fit for purpose and suitable for the age of children cared for and the activities provided on the premises. (Please see Risk Assessments Policy and Procedure)

Regularly reviewing risk assessments and making adjustments as necessary

Keeping premises and equipment clean.

Ensuring the safety of children and others on the premises in the case of fire or any other emergency.

Ensuring there are suitable hygienic changing facilities for changing children who are in nappies.

Only releasing children into the care of individuals who have been notified to me by the parent.

Ensuring that children do not leave the premises unsupervised.

Preventing unauthorised persons entering the premises with access and lock controls to all gates and doors.

Having in place public liability insurance.