

St Marys Catholic Primary School

'Learning together in Faith and Love'

St Mary's Catholic Primary School



Health and Safety Policy

St Marys Catholic Primary School

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Mission Statement

"Learning together in Faith and Love"

- St. Mary's R.C. Primary School exists to serve the Roman Catholic families of the Parish of Our Lady of the Holy Souls, Kensal New Town and other local parishes.

The aims of our schools are:

- To promote Christian values where children live, learn and celebrate the teaching of Christ.
- To provide a curriculum which is broad, balanced and meaningful and where children can experience enjoyment and fulfilment.
- To promote the highest standards of teaching and learning within the framework of the National Curriculum
- To develop in each child a sense of achievement, value and self worth and to achieve the standards of which they are capable.
- To help our children acquire the skills of independent learning and make sufficiently rapid progress.
- To provide a safe and secure environment where children feel valued, and where they respect, help and care for each other.
- To involve parents in all aspects of their child's education and promote good home/school partnership.
- To develop in our children awareness and respect for the different cultures and religions represented in society and their responsibility to the wider community.
- To foster the continuing development of staff, parents and governors in serving the community.

St. Mary's Values- these are the values that underpin all areas of our school community:

- **Kindness**
- **Respect**
- **Tolerance**
- **Honesty**
- **Responsibility (for ourselves and our world)**
- **Co-operation**

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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.

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

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

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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 Executive Headteacher**.

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

The Governing Body, 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

Every year a link Governor with the responsibility to oversee health and safety is selected.

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 Executive Headteacher's absence, Head of School, assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The Site manager is a nominated health and safety lead for the school.

St Mary's Catholic school has a **Health and Safety Committee**, responsible for the overall Health and Safety. The SLT members, the site Manager and the Admin Officer are the members of the Health and Safety Committee.

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

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3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the headteacher 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

Site Manager 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.

Site manager, Head of School, and two Assistant Headteachers are key holders. We also have an **external key holding company**, called **The Keyholding Company** who 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.

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: KS2 playground for Year 3, 4, 5 and 6 classes, Site Manager, Catering Team and Admin staff and any visitors; KS1 playground for Year 1 and 2 classes and EYFS playground for Nursery and Reception classes.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- A member of Senior Leadership Team 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

A fire safety checklist can be found in appendix 1.

6. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes

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- 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 external specialist companies, who liaise with the Site Manager.

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 annually
- 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

- Water Risk Assessments are carried out regularly and recorded on Statlog.
- The risks from legionella are mitigated by the following: daily temperature checks and daily flushing of outlets.

6.3 Asbestos

The Control of Asbestos Regulations 2012 requires managers of premises to prepare a written management plan. The plan, referred to as the Asbestos Management Plan (AMP), sets out how the risks from asbestos are to be managed and the procedure for ensuring that employees or others do not disturb asbestos-containing materials (ACMs).

St Mary's Asbestos Register has been used to inform the AMP at this school. Copies of both the AMP and the Asbestos Register which is included in the plan, are available in the main school office.

Staff have been made aware of the presence of asbestos in this school and how it is managed.

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

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- 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 school hall floor or other apparatus will be reported to the **Site Manager**

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)
- Risk Assessments on DSE use are carried out annually.

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

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- 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

10.1 People Handling

Staff members should not attempt to move or lift other people (pupils or adults), unless it is necessary to do so to remove them from danger. Where somebody is unable to get up themselves, medical assistance should be sought through the normal first aid arrangements.

All staff who work closely with pupils receive appropriate training in general advice on moving and handling people. All moving and handling of pupils has to be risk assessed and recorded. Risk assessments are required for pupils who exhibit significant social, emotional and communication needs. Responsible staff should think ahead to anticipate what might go wrong.

We follow the DfE Guidance on the use of reasonable force at schools.

10.2 Lifting and Handling Children

Carrying children

While carrying and/or picking up children practitioners MUST NOT lift them by one arm. This can cause a significant injury to children, such as pulling their arm out of socket. To eliminate significant harm and injury to children practitioners must pick up or hold them in the correct way by cupping children under the arm.

If the child is old enough, ask them to move to a position that is easy to pick up and ask them to hold onto you as this will support you and the child when lifting:

- Do not place the child on your hip; carry them directly in front of you in order to balance their weight equally.
- Wherever possible, avoid carrying the child a long distance.
- Where a child is young and is unable to hold onto you, ensure you support them fully within your arms and/ or close to your body.
- Avoid carrying anything else when carrying a child.
- If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing.

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- Pregnant staff members will be subject to their own risk assessment.
- Students are prohibited from carrying children.

Position

Stand in front of the child with your feet apart and your leading leg forward. Your weight should be even over both feet. Do not twist your body prior to lifting the child.

Lifting

- Always lift using the correct posture.
- Bend your knees slowly, keeping your back straight.
- Position hands one under each of the child's armpit.
- Support the child's head if necessary.
- Lean slightly forward if necessary.
- Keep your shoulders level, without twisting or turning from the hips.
- Support the weight appropriately using both hands.
- Bring the child to waist height, keeping the lift as smooth as possible.
- Move your feet, keeping the child close to your body.
- Proceed carefully, making sure that you can see where you are going.
- Lower the child by reversing the procedure for lifting.
- Avoid crushing fingers or toes as you put the child down.
- Make sure that the child is rested on a stable base and ensure their safety.

Assisting a child walking (maneuvering) if needed

Hold a child's hand with your hand. If the child is independent to walk unassisted, walk and/ or maneuver slowly showing the child the direction (age/stage appropriate). If a child is learning to walk and can take a few steps and are able to control and balance their own body weight - hold both hands with yours and very slowly lead and support the child.

The Environment

Ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable remove obstructions and ensure that the correct equipment is available.

Responding to unforeseen emergencies

Even the best planned system cannot cover every eventuality and the school recognises that there are unforeseen or emergency situations in which staff have to think on their feet. An unforeseen event may require an emergency response. After that event, staff have a duty to plan ahead and prepare a new risk assessment.

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
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on schools trips and visits

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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.

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. Infection prevention and control

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

16.1 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

16.2 Coughing and sneezing

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

16.3 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

16.4 Cleaning of the environment

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

16.5 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

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- Make spillage kits available for blood spills

16.6 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

16.7 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

16.8 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

16.9 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. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

16.10 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.

17. 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

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- 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

18. 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. We have adjusted some of our policies to reduce workload, e.g. Marking Policy. We give staff appropriate notice for any Learning walks, observations, book looks, etc. All PPA time is provided in one slot and specialist teaching in Music is PE is used to cover for the class teachers. Performance Management meetings, support staff meetings and training is organised during the school hours (with the exception of Teacher's weekly INSET). The school is closed after lunch during one of the Parent Consultations days so that Class Teachers can accommodate all the parents over two days and finish as early as possible. The Governors contribute to the cost of annual summer staff party and Christmas Staff party.

19. First Aid

First Aid is a statutory welfare provision. Members of staff should apply simple first aid when the need arises. For example, this should consist of cleaning a wound with water and sterile cotton wool, or applying ice to a bump. Members of staff must not deal with situations for which they have not received training as this could in severe circumstances cause greater harm to the injured person. A designated First Aider should take charge of situations causing concern.

19.1 Designated First Aiders

The duties of the Designated First Aider are:

- To give First Aid to persons who are injured or become ill;
- To supervise the maintenance of first aid boxes;
- To undertake required training;
- To keep staff informed.

Initial training courses, leading to a First Aid certificate, should last for 4 full days and be with an organization approved by the Health and Safety Executive (such as the Red Cross, St John Ambulance). Refresher courses (of at least 2 days' duration) should be undertaken to renew First Aid Certificates every three years.

The school will undertake to ensure that there is always a trained First Aider among the staff. The duty first aider can be contacted via the School Office.

There is a list of trained first aiders displayed around the school and each Class Teacher has a list as well.

19.2 First aid is available in all classrooms and an additional first aid box is in the school office.

19.3 There are nominated first aiders across all key stages (8 across the school)

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- 19.4** The accident book and report forms and the arrangements to be followed if the person injured is unable to complete an accident report form or who is not an employee of the Authority are to be found in the school office.
- 19.5** The arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff.

19.6 First Aid to Cuts

Strict hygiene precautions should always be observed to reduce the risk of infection, including HIV and hepatitis. Persons administering First Aid should wash their hands both before giving treatment and afterwards.

Cuts should be covered with a waterproof dressing. If giving first aid to a cut it is advisable that disposable gloves are worn especially if the person giving the treatment has a cut or abrasion. Contaminated material should be disposed of in a lined bin.

19.7 Spillage of body fluids

Spillages of blood, vomit, etc. should be cleaned up as quickly as possible. The Site Manager should be contacted straight away. Other people should be kept away from the area by the use of responsible children, or a chair, until the area has been cleaned and disinfected.

Disposable gloves should be worn while cleaning an area. Sawdust, paper towels, tissues, etc. must be applied first to mop up a spillage. The area should then be disinfected using a bacterial cleaning solution.

Contaminated solution should be flushed away. Contaminated material should be put into a plastic bag and the bag tied and put in a bin.

19.8 Illness in School

When a child is considered too ill to remain in school, the Head of School or Assistant Head must be informed, unless urgent treatment is required. The secretary, or a member of staff will then telephone parents/guardians or an emergency contact number.

19.9 Medicines

The best place for a child that is unwell is at home. Sick children are unable to cope with school activities, and in the case of infectious illness the other children and staff are at risk.

Medicines should not be brought into school, although there are certain circumstances where the dispensing of medicines is a straight forward discharge of the "loco parents" duty of care, as in case of long term illnesses, such as Asthma or Epilepsy. Medication in these cases may need to be given during the school day or be available in an emergency.

When a child is required to take medication within school hours, they should have a letter/certificate from a doctor indicating that they are fit to attend school.

Storage in school

Medicines must be kept in the refrigerator in the Main School Office. Medicines are kept in sealed plastic boxes.

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Pupils may be responsible for their own inhalers, although younger pupils may need guidance from a member of staff.

Inhalers and Epi-Pens

Individual inhalers and Epi-Pens are stored in children's classrooms, in clearly labeled plastic zip wallets, easily accessible. There is a Medical File in each class as well, containing all the relevant information and Individual Health Plans for identified pupils. In case of allergies, the photo of a child with allergens is displayed in the kitchen for catering staff's reference.

Administration

The administration of medicines is carried out by a First Aider. The label on the medicine container should be checked against the school medicine record. Discrepancies should be queried with the parent before administering a medicine. A record of dosages should be kept on the form.

Disposal

Medicines no longer required should be returned to the parent for disposal. In the last resort unwanted medicines should be disposed of on the school premises by the Health & Safety Coordinator

Minor Accidents/Head injuries

Where a minor accident/ head injury has occurred the member of staff at the scene should complete a minor accident report form detailing the accident or injury. A copy is kept in the school's accident recording book. The parent will be notified and given a copy of the report.

20. Accident reporting

20.1 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.

20.2 Reporting to the Health and Safety Executive

The **HR Admin Officer** 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).

One of the Assistant Headteachers will report these to the 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

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- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs 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 scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or 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:

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

20.3 Notifying parents

The **Admin Officer and First Aider** will inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

20.4 Reporting child protection agencies

One of the **school DSLs** will notify **Bi-Borough Local Safeguarding Children's Board** of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

20.5 Reporting to Ofsted

The **DSL and Head of School** will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

21. 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 (SEND), are given additional health and safety training.

22. Monitoring

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This policy will be reviewed by the Governing Body every year.

At every review, the policy will be approved by the **Full Governing Body**.

Links with other policies

This health and safety policy links to the following policies:

- Supporting pupils with medical conditions
- Accessibility plan
- E-Safety Policy
- Equality Policy and objectives
- Safeguarding Policy and Procedures
- Special Educational and Disability Policy

This Health and Safety Policy has been approved and adopted by the Governing Body in the Autumn Term 2023 and will be reviewed in the Autumn term 2025.

Signed by Chair of Governors:



Signed by Headteacher:



For the Covid-19 related procedures, please see the Covid-19 Outbreak Management Plan and Covid-19 Risk Assessment

Other related policies:

Supporting Children in School with Medical Conditions

Safeguarding and Child Protection Policy

Safeguarding and Child Protection Covid-19 Addendum

E-Safety Policy

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Appendix 1. Fire safety checklist

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire 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 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?	

Appendix 2. Accident report



St Mary's Catholic Primary School Accident Report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
Describe in detail what happened, how it happened and what injuries the person incurred			
Action taken			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
Follow-up action required			
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			
Name of person attending the incident			
Signature		Date	

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Appendix 3. Asbestos record



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Asbestos Record

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment

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. 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 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).

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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)	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. 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. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
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.

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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.