



Health and Safety Policy

(including First Aid, Intimate Care and Bodily Fluids)

Date: June 2024

Review date: June 2025

Approved by the Advisory Board: June 2024

Linked with other policies:

- Admissions
- Behaviour
- Lone Working
- Online Safety
- Lockdown and Evacuation
- Equality and Diversity
- Safeguarding including Child Protection
- Safe Administration of Medicines
- Supporting Children with Medical Needs
- Data Protection

Signed:

A handwritten signature in blue ink that reads "S. Day" followed by a horizontal line.

Version Control

Version	Date of review/change(s)	Page and paragraphs affected	Summary of update
New policy	June 2024		

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STATEMENT OF ORGANISATION AND ARRANGEMENTS FOR ENSURING HEALTH, SAFETY AND WELFARE

Directors Statement of Intent

Effective health and safety management is integral to delivering our ambition for excellence in education and our performance as a school. Our overall objective is to provide and maintain a safe and healthy environment for our staff and students and others with whom we work.

We will achieve this by:

- Developing and maintaining a positive health and safety culture with an emphasis on continually improving our performance taking into account human and cultural factors
- Ensuring that health and safety management is an integral part of decision making and organisational processes
- Adopting a sensible and proportionate approach to managing risks, with well informed decision making processes for higher risk activities and ensuring a disproportionate amount of time is not spent on trivial or everyday risks
- Providing a safe and healthy working environment for our staff, students and others working or attending meetings in the school
- Ensuring safe working methods are in place and providing safe equipment
- Communicating and consulting with our staff and their trade union representatives
- Complying with statutory requirements and where possible best practice
- Investigating and learning the lessons from accidents and work related ill health incidents
- Providing effective information, instruction and training to enable our staff to be competent in their roles
- Monitoring and reviewing systems and preventative measures to make sure they are suitable, sufficient and effective
- Ensuring adequate resources are available to fulfil our health and safety responsibilities and objectives
- Working with and monitoring our contractors to ensure consistent and comparable health and safety standards.

We recognise that overall responsibility for health and safety lies with all levels of management having direct responsibility for activities and staff under their control. However, all staff have a legal and moral responsibility to take reasonable care for the health and safety of themselves and for others who may be affected by their acts or omissions.

Name of Director: Rachel Smith

Date: June 2024

Review date: July 2025

Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting 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 require employers to protect their staff from falls from height

The school follows [national guidance published by UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) when responding to infection control issues.

3. Roles and responsibilities

3.1 The Directors

The Directors have ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

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

The Directors as the employer, also have 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

3.1a The Advisory Board

Advisors will check Health and Safety arrangements in the school and offer advice and guidance in regards to the policies and procedures.

The Advisory Board member who oversees health and safety is Heather Duxbury (Chair of the Advisory Board).

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 students
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff

- Reporting to the Advisory 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 Operations Manager assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Thomas Lamb.

3.4 Staff

School staff have a duty to take care of students in the same way that a prudent parent/carer 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 students
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Students and parents/carers

Students and parents/carers 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

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 Directors and Headteacher 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 practiced at least once a term.

The fire alarm is a loud continuous 2-tone siren.

Fire alarm testing will take place once a week.

New staff will be trained in fire safety and all staff and students 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 students will congregate at the assembly points. This is at the front playground for role call, proceeding to the evacuation point at the Village Hall.
- Class teachers will take a register of students, which will then be checked against the attendance register of that day.
- The School Secretary will take a register of all staff.
- Staff and students 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. These are outlined within the student's Personal Emergency Evacuation Plans (PEEPs)

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

Control of substances hazardous to health (COSHH) Safety Data Sheets (SDS) are maintained by Matthew Langley, Caretaker and Thomas Lamb, H & S Lead; these are accessible 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 a locked stores, identified with the correct signage, with restricted access to keys.

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 they have adequate ventilation

6.2 Legionella

- A water risk assessment has been completed dated October 2021 and reviewed annually. Matthew Langley 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: no cooling towers exist on site, all hot water is heated to above 50 degrees C; all water outlets are run every week as part of temperature checks
- Annual water samples taken and sent away for testing and report.

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 that 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 is present on the school site.
- Annual survey is carried out by an external, recognised contractor.

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 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 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 Matthew Langley, Caretaker, immediately.
- Permanently installed electrical equipment (eg. Cooker, immersion heaters) is connected through a dedicated isolator switch and adequately earthed.
- Annual Portable Appliance Test (PAT) will be carried out by an external competent contractor.
- No personal portable equipment to be used on site.
- Any newly purchased electrical appliance is acceptable for use until the next scheduled PAT testing.
- All isolator 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

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

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/carers 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. Selection and Management of Contractors / Construction & Refurbishment works

Contractors and Construction Projects are selected approved and managed by the Directors .

9. 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
- Remote working, self-isolation and/or remote learning

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 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 retains ladders for working at height.
- Students 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 students 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 students 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, an appropriate portable first aid kit, information about the specific medical needs of students, along with the parents/carers' contact details.
- There will always be at least one first aider on school trips and visits.
- All off site visits including residential visits and any school-led adventure activities, will be organised following guidance produced by the Outdoor Education Advisers Panel and adopted by Norfolk County Council.

12. Site Security and Visitors

All visitors must report to reception where they will be signed in and provided with a visitors' badge. Other arrangements to ensure the security of students and employees on site are: security gates.

13. On-Site Vehicle Movements

The risks of persons and vehicles coming into contact will be controlled by the following measures: Risk Assessment shared with staff.

14. Supervision of Students

For further information see the Staff Handbook sections on Discipline, Bullying, Sanctions and School Rules.

These include references to:

- (a) Commencement/end of the school day (responsibility for students on the premises is only accepted from taxi drop off to taxi pickup)
- (b) Break times and lunch times
- (c) The movement of students between different parts of the building
- (d) The action of students in science laboratories, food technology rooms and other practical rooms, including the external sports centres.
- (e) Car parking including arrangements for disabled persons
- (f) The presence on site of contractors.

15. Emergency Procedures – Fire, Lockdown and Evacuation

Escape routes are checked by Caretaker: daily

Fire extinguishers are maintained and checked by ACE fire: annually

Alarms are tested Ace Fire and Caretaker: Annually and weekly

Emergency evacuation procedures will be tested once every term.

16. 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.

17. 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 students, visitors or other staff.

18. Smoking and Vaping

Smoking/Vaping is not permitted anywhere on the school premises.

19. Infection prevention and control

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable. Further information can be found in the Infection Prevention and Control Policy.

19.1 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.

19.2 Coughing and sneezing

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

19.3 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 (e.g. 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.
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment.

19.4 Cleaning of the environment

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

19.5 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.
- Spillage kits are available for blood and vomit spills.

19.6 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.

19.7 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.

19.8 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 students.
- Supervise students when playing with animals.
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet.

19.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

Following good hygiene practices

- We will encourage all staff and students to regularly wash their hands with soap and water and use hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned at least daily.

Keeping rooms well ventilated

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

19.10 Students vulnerable to infection

Some medical conditions make students 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 any 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.

19.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

20. 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 an 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
- Some pregnant women will be at greater risk of severe illness from COVID-19.

21. 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.

The school employs a Wellbeing mentor and a school counsellor is onsite regularly.

22. Accident reporting

22.1 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.
- As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the student's educational record.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3.6 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

22.2 Reporting to the Health and Safety Executive

The Director 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).

The Director will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Director will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm

- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent
- 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

Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

[How to make a RIDDOR report, HSE](#)

22.3 Notifying parents/carers

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

23. 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 are given additional health and safety training.

24. Data Protection

The school processes personal data collected in accordance with its data protection policy. We will protect personal data and keep it safe from unauthorised or unlawful access, alteration, processing or disclosure, and against accidental or unlawful loss, destruction or damage.

Inappropriate access or disclosure of staff or student data constitutes a data breach and should be reported in accordance with the school's data protection policy immediately.

25. Monitoring

Routine inspections of the premises to ensure safe working practices are being followed will be carried out by Caretaker and Directors

Inspections of individual departments and specific work areas will be carried out by nominated staff members

This policy will be reviewed by the Headteacher and Directors every year.

At every review, the policy will be approved by the Advisory board.

First Aid

First-aid does not include the giving of tablets and/or medicines to treat illness.

First-Aid Kits

First-aid kits should be clearly identifiable with a white cross on a green background, readily accessible and their locations made known by clear signing to employees and other persons who regularly attend the premises. Kits should be placed conveniently, if possible near to hand washing facilities. The main First Aid Kit at All Saints School is kept in the Medical Room.

First Aid Kits are also available in areas of greater risk: School and House Kitchens, Science Room.

A travelling first-aid kit must be kept in the school cars. A First Aid kit should always be taken on off-site school trips, together with a list of *students' medical conditions detailing any allergies if applicable. (**anonymised with first name only*). *This list must be returned to the office immediately upon return to school, for the paperwork to be dealt with in accordance with Data Protection.*

Any treatment or medication given while off-site must be recorded and witnessed by TWO staff members attending and handed to the office on return. See Appendix 7.

Kits should contain a sufficient quantity of first-aid materials, possibly recommended items of supplementary equipment. The use of antiseptics is not necessary for the treatment of wounds. No medication of any kind, for example, aspirin, paracetamol, antiseptic creams, burn sprays, etc., should be kept in first-aid kits nor used as a form of first-aid.

First aid boxes are kept at: First Aid room, Kitchens, Science room and in all school vehicles

AED (Automated external defibrillator)

An AED is installed just outside the front of the school gates. Named First Aiders are trained in their use, although training is not necessary in order to be able to utilise the AED as full instructions are given with the equipment. The AED external casing and security tag is monitored weekly and report via WEBNOS. Full inspection and testing of the AED will take place twice yearly.

Allergic Reactions to Plasters

Plasters are safe provided that they are not used on persons who may suffer an allergic reaction to certain types of plaster. Before plasters are used, first-aiders should establish whether the person requiring treatment has any such allergy. This information is provided by parents at the beginning of each academic year on the Student Information Form which is kept in the front of each student file in the school office. If the person has such an allergy an alternative dressing, i.e. a non-allergic plaster or dressing, should be used.

Persons who have no allergy to plasters can, of course, be treated with any kind of appropriate plaster (fabric or waterproof type) from the first-aid kit supply. Plaster on a continuous roll or strip should not be used because of the risk of cross infection.

Nut Allergies

All Saints School aims to be 'nut-free' and no students or staff are allowed to bring nuts of any kind or in any form onto the premises. All visitors are also advised of this on arrival.

This information is included within new staff induction packs, new student admission packs and regularly within the school newsletter, featured on the school website.

Cleaning Up Body Fluids

Any spilt blood or other body fluids should be cleaned up using the BIOHAZARD SPILLAGE CLEAN UP KITS in the Medical Room and Staff Kitchen.

Manufacturers' instructions must be followed whilst using these products. Protective clothing, (e.g. Latex gloves, an apron) must be worn to prevent contamination.

Waste Disposal

Any waste created by the administration of First-Aid, for example, blood stained dressings, gauzes, plasters etc. is classified as 'Clinical Waste' but these small quantities of such waste can be disposed of through the normal waste disposal arrangements from the premises.

Protective latex-free gloves must be worn at all times when dealing with any injury where there may be a loss of blood or body fluid to protect the First Aider from contamination and the possible risk of contracting HIV or Aids.

Supplementary Equipment

The following supplementary equipment may be made available if the assessments determine a need and may be kept in or near first-aid kits:

- Splinter forceps
- Disposable gloves
- Stainless steel scissors
- Protective resuscitation aid
- Safelite or Melolite© dressings (thin, low-adhesive absorbent dressing)
- Adhesive tape
- Cool packs
- Eye wash bottles (these are also available in the Science lab.)
- Individually wrapped moist wipes
- Non allergic plasters.

Supplementary equipment may also include, stretchers, blankets, aprons and other protective equipment. Where such equipment is considered necessary it should be stored in the vicinity of first-aid kits or in the first-aid room.

Supporting Students with Medical Conditions

Tracey Buchan, Jessica King and Karen Berryman are responsible for the management of administration of medicines to students. Further details can be found in the Safe Administration of Medicines Policy

Emergency Procedures

Illness or Accident

If anyone should become ill or suffer injury as a result of an accident the procedures below should be followed:

- (a) First Aid should be given, but only as far as knowledge and skill permit. The patient should be reassured and, only if absolutely necessary, removed from danger.
- (b) The SCHOOL MEDICAL ROOM is located in the school house near the Headteacher's room and the main office. The Secretary and the Receptionist have first aid responsibilities.
- (c) Transport to hospital. If an ambulance is required, the emergency "999" service should be used. Every effort will be made to contact parents/carers. It may be appropriate in cases of a less severe nature to transport a student to a casualty department/doctors surgery without using the ambulance service but it should be noted that this should always be on a voluntary basis. (If a member of staff uses his/her own car for these purposes he/she must ensure that he/she has obtained specific cover from his/her insurance company).
- (d) No casualty should be allowed to travel to hospital unaccompanied.
- (e) Reporting Accidents to students and non-employees. If taken to hospital immediately after the incident every case of injury or accident no matter how minor must be fully and accurately reported on the appropriate accident form and, where possible, detailed statements should be obtained from witnesses.
- (f) Reporting Accidents to Employees. For employees only, an entry must be made on the incident report forms, which are available on from the school office. All accidents/incidents reported are followed up by either the Headteacher or the Managing Director, by completing the appropriate sections of the forms.
- (g) For all accidents where any person is injured causing an absence in excess of three days, the report must be forwarded immediately to the Health and Safety Executive (HSE) within seven days. For serious injuries reports must be made immediately by telephone to the Departmental Administrator for Accident Reports as all such incidents must be reported by telephone to the HSE without delay. These are the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- (h) All first aiders are trained in the use of an auto-injector.
- (i) Anyone receiving a head injury will be sent home with an information leaflet stating the signs and symptoms of further head trauma (Appendix 6) and a member of staff will call the parent/carer to bring this to their attention.

Intimate Care

All Saints School is committed to ensuring that all staff responsible for intimate care of students and young people will undertake their duties in a professional manner at all times.

This school takes seriously its responsibility to safeguard and promote the welfare of the students and young people in its care.

The Directors recognise their duties and responsibilities in relation to the Disability Discrimination Act, which requires that any child with an impairment that affects his/her ability to carry out normal day-to-day activities must not be discriminated against. Also that students who require support with toileting and changing also require this care and attention which does not embarrass or cause unnecessary stress or upset to individuals.

We recognise that there is a need for students and young people to be treated with respect when intimate care is given.

No child shall be attended to in a way that causes distress, embarrassment or pain.

Staff will work in close partnership with parents and carers to share information and provide continuity of care; discussion of the Intimate Care procedures and practices are discussed fully with parents/carers and records are kept of when intimate care intervention is required.

Definition:

Intimate care is defined as any care which involves washing, touching or carrying out a procedure that most students and young people carry out for themselves, but which some are unable to do. Disabled students and younger students with toileting issues may be unable to meet their own care needs for a variety of reasons and will require regular support.

Our approach to best practice:

- The management of all students with intimate care needs will be carefully planned and fully discussed with parents and carers.
- Staff who provide intimate care are trained to do so (including Child Protection, and Moving and Handling where appropriate) and fully aware of best practice. It is best practice for the adults to always have support when toileting a child; however, this is not always practical within the classroom situation. As the Disabled toilet is situated in the main school corridor a second member of staff will be required. When the medical room is used in the House the Meeting room is next door, so a member of the office staff or Head could be the second person. Careful consideration will be given to individual situations to determine how many adults should be present during intimate care procedures. Where possible one student will be cared for by one adult with a second adult outside the door for support and safety for the child and member of staff.
- Where specialist equipment and facilities above that currently available in the school are required, every effort will be made to provide appropriate facilities in a timely fashion, following assessment by a Physiotherapist and/or Occupational Therapist.
- There is careful communication with any student who requires intimate care in line with their preferred means of communication to discuss needs and preferences, including which adult will support them (the majority of the time). At all times the Students will be spoken to and have the situation explained to them.
- Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.
- Students will be supported to achieve the highest level of independence possible, according to their individual condition and abilities.

- Individual care plans will be drawn up for any student requiring regular intimate care
- Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the care plan
- The needs and wishes of Students and parents will be taken into account wherever possible, within the constraints of staffing and equal opportunities legislation
- Where a care plan is not in place and a child has needed help with intimate care (in the case of a toilet 'accident') then parents/carers will be informed the same day. This information should be treated as confidential and communicated in person, via telephone or by sealed letter.

Child Protection:

The Directors and staff of All Saints School recognise that disabled students are particularly vulnerable to all forms of abuse.

- Child Protection and Multi-Agency Child Protection procedures will be adhered to at all times.
- If a member of staff has any concerns about physical changes in a child's presentation (unexplained marks, bruises or soreness for example) s/he will immediately report concerns to the Designated Lead for Safeguarding.
- If a child becomes distressed or unhappy about being cared for a particular member of staff, the matter will be investigated at an appropriate level and outcomes recorded.
- Parents/carers will be contacted at the earliest opportunity as part of the process of reaching a resolution. Further advice will be taken from partner agencies.
- If a child makes an allegation about a member of staff this will be investigated in accordance with agreed procedures.

Review of Emergency Procedures

The Headteacher will arrange for an annual review of the emergency procedures and of the provision of first aid in the school. Where necessary recommendations will be made to the Directors.

Information about the Arrangements

The Headteacher will ensure that students and staff are familiar with the arrangements set out in this section of the Policy Statement.

Food Safety

Hazard	Who could be harmed	Risk level	Precautions and control measures
Tripping, falling and slipping	Staff and Students	Medium	<ol style="list-style-type: none"> 1. Floor to be dry and cleaned of food and other matter likely to cause slipping. 2. Cooking area access only to students engaged in the activity and who are under strict supervision. 3. Running, jumping and pushing to be strictly prohibited. 4. Wheelchairs and people who are restricted movement to be carefully positioned. 5. Table heights to be appropriate to student height. 6. Students never to stand or kneel on chairs or stools.
Food contamination caused by clothing	Staff and Students	Low	<ol style="list-style-type: none"> 1. All participants to wear a clean apron reserved solely for food preparation – rolled up sleeves 2. Staff/students PVC - coated aprons cleaned with hot, soapy water before and after use. 3. Aprons put on only in the cooking area and removed when leaving it for any purpose. 4. Long sleeves to be rolled up, and scarves and other accessories (except for religious head scarf) to be removed.
Food contamination caused by hair, nail polish, rings and bacteria on hands.	Staff and Students	Low	<ol style="list-style-type: none"> 1. Long / medium length hair to fastened back using bands and clips; and wisps to be secured away from face with a hair net. 2. Prior to food handling, hands to be washed, using hot water and soap and dried with paper towels.
Food contamination caused by cuts, sores, boils and dressings.	Staff and Students	Low to medium	<ol style="list-style-type: none"> 1. Blue plasters used to cover cuts and sores. 2. More extensive existing injuries must be covered with vinyl or latex (plasters or gloves).
Food contamination caused by bacteria spread by illness	Staff and Students	Low to medium	<ol style="list-style-type: none"> 1. No participant feeling sick or unwell to be permitted to enter the cooking area. 2. No participant suffering or recently recovered from sickness, diarrhoea to be permitted to enter the cooking area.
Food contamination caused by bacteria from equipment and / or surfaces	Staff and Students	Low and medium	<ol style="list-style-type: none"> 1. Surfaces to be wiped with a disposable cloth retained solely for the purpose. 2. No outdoor / indoor clothing, bags, brief cases, files, books or boxes to be placed on cooking surface. 3. Cooked raw ingredients to be kept separated, both in

			<p>storage and in preparation.</p> <ol style="list-style-type: none"> Equipment to be hot washed to remove all food particles and thoroughly dried before storage. Chopping boards and especially plastic bowls to be scrubbed with hot water, detergent and air dried. Food, cleaning agents and cloths including tea towels never to be stored with equipment.
Food Storage	Staff and Students	Low to medium	<ol style="list-style-type: none"> All foods to be covered to prevent cross contamination. Dry goods to be stored in sealed containers and in a clean, dry designated area well away from cleaning agents, paints, stationary and other potential contaminators.
Food contamination contracted through soil or other growing medium.	Staff and Students	Low to medium	<ol style="list-style-type: none"> Cooking aprons never to be worn when picking or harvesting produce. Hands to be washed thoroughly after picking, harvesting and washing produce. Soil and other growing media to be removed by washing prior to food preparation. Open wounds to be covered prior to handling soil covered produce.
Food contamination contracted through waste on table, in bins or on the floor.	Staff and Students	Low to medium	<ol style="list-style-type: none"> Waste bins to be lined, full bags to be tied and sealed and disposed of promptly. Food waste bins to be washed and disinfected immediately after emptying. Accidental spillages of food to be wiped, swept or vacuumed, and the floor washed before and after (never during) cooking activities. Bags and outdoor clothing never to be placed on work surfaces.
Reactions to food, allergic or intolerance	Staff and Students	Medium to high	<ol style="list-style-type: none"> All adults, students and visitors to provide detailed information on any known or suspected allergies or intolerance to food stuffs or cleaning agents. Alternative foodstuffs may be available for any students with food allergies or intolerances. In some cases, it may be deemed necessary to exclude certain ingredients from the recipes or, in extreme cases, to exclude the participant from the cooking activity – alternative cooking opportunities sought – see allergy lists in HT office.
Dangers from heat, fire and electrical hazards	Staff and Students	Low to medium	<ol style="list-style-type: none"> Flammable materials not to be stored or situated close to cookers. Cooker or hob and over to be operated only by adult in charge. Emergency evacuation procedure to be in place and understood by all participants. Emergency exits to be kept clear or obstruction - free at all times. A fire blanket and suitable fire extinguishers to be available at all times.

			6. Electrical equipment must be certified for safe use by an authorised person or body.
Burns from ovens, equipment liquids or food stuffs	Staff and Students	Low to medium	<ol style="list-style-type: none"> 1. Oven gloves to be used to carry hot food pans / tins. 2. Pan handles turned inwards but not over hot hobs. 3. Adults only to carry hot liquids. Care where students stir serve hot liquids. 4. Hot food and liquids never to be unattended and always placed out of reach. 5. Students to be kept well away from cookers and ovens.
Cuts from knives and other equipment including graters	Staff and Students	Medium	<ol style="list-style-type: none"> 1. All sharp knives and other sharp equipment (eg. skewers) to be stored in an appropriate place when not in use – in staffroom 2. Knives to be counted out and in. Sharp knives never to be left out during set up preparation, in readiness for lesson or after use. 3. Appropriate type and size of knives to be selected for age of students. 4. Bridge and claw safe cutting techniques to be taught and supervised. 5. Personal Behaviour plans to be considered when using knives – see Headteacher RQ. 6. Students to be supervised at all times during all cooking activities.
Cuts or injury from electrical processors and blenders including hand blenders	Staff and Students	Medium	<ol style="list-style-type: none"> 1. Students never to be permitted to handle or operate this type of equipment unsupervised – blenders/smoothie makers require adult to operate. 2. Equipment to be used only by competent adults and only following reading of appliance instruction handbook.
Choking on small pieces of food or inhalation of small ingredients	Chiefly Students	Medium	<ol style="list-style-type: none"> 1. Tasting sessions of small pieces of fruit or other small ingredients to be conducted in a calm, unhurried manner and supervised. 2. Students to be encouraged to follow adult guidance on tasting and eating slow. 3. Students never to eat foods from cupped hand with head thrown back. 4. Students to taste and eat food only at the invitation of the adult in charge.

CONCLUSION AND REVIEW

Conclusion

It is the responsibility of everyone to make these arrangements work. This will ensure, as far as is reasonably practicable, that working conditions are safe and that the working life of everyone is accident free.

If an improvement or prohibition notice is served by an enforcement officer (e.g. Factories Inspector or Environmental Health Inspector), The Headteacher should immediately advise The Managing Director. If a prohibition notice is issued with immediate effect the activities specified should cease forthwith.

Any member of staff noticing a failure to comply with this Statement of Organisation and Arrangements or other advice/guidance issued by the Directors or Headteacher in pursuance of the Health and Safety Policy should immediately report the circumstances to The Headteacher. The Headteacher should then initiate appropriate remedial action. If it proves impossible for The Headteacher to resolve the matter she should then report the facts to the Managing Director.

Hazardous situations should also be reported immediately and the same procedure followed. Suggestions by any member of staff to improve standards of health and safety are welcomed by the Headteacher.

Appendix 1 – Record of discussion with parents/carers:

Intimate Care Guidance - Toileting plan discussion with parents/carers

Student’s name:..... DoB.....

Date of meeting:.....

Persons present.....

	Details	Action
Working towards independence, e.g. taking student to toilet at timed intervals, rewards		
Arrangements for changing, e.g. who, where, privacy		
Level of assistance needed, e.g. undressing, hand washing, dressing		
Moving and handling needs, e.g. equipment, training needs, hoisting equipment		
Infection control, e.g. wearing gloves, disposal of soiled items		
Sharing information, e.g. rash, infection, family/cultural customs		
Resources needed, e.g. toilet seat, step, creams, disposal sacks, change of clothes, gloves		
Other		

Signed:.....

Appendix 2: Planning for Intimate Care

Intimate Care Guidance - Intimate care checklist (preparation for plan)

Student's name:..... DoB.....

Admission date.

	Discussion	Actions
<p>Facilities</p> <p>Suitable toilet identified? Adaptations required?</p> <ul style="list-style-type: none"> • Changing table/bed • Grab rails • Step • Locker for supplies • Hot and cold water • Lever taps • Mirror at suitable height • Disposal unit/bin • Hoist • Other moving and handling equipment • Emergency alarm • Other 		
<p>Family provided supplies</p> <ul style="list-style-type: none"> • Pads • Wipes • Spare clothes • Other 		
<p>School provided supplies</p> <ul style="list-style-type: none"> • Toilet rolls • Antiseptic cleanser • Cloths/paper towels • Soap • Disposable gloves/aprons • Disposal sacks • Bowl/bucket • Milton/sterilising fluid • Other 		

<p>Good practice</p> <ul style="list-style-type: none"> • Advice sought from Health professionals? • Moving and Handling Co-ordinator? • Parent/carer views • Student's views • How does child communicate? • Agree use of language to be used • Preferences for gender of carer • Training required for staff? • Awareness raising for all staff • Other 		
<p>PE issues</p> <ul style="list-style-type: none"> • Discreet clothing required? • Privacy for changing? • Other <p>Specific advice for swimming</p> <ul style="list-style-type: none"> • From parents/carers • From Health professionals • Moving and Handling Co-ordinator 		
<p>Support</p> <p>Designated staff Back-up staff Training for back-up staff Transport School visits</p> <p>Toilet management/intimate care plan to be prepared</p> <ul style="list-style-type: none"> • By whom • When • To be reviewed when 		

Appendix 3 – Permission for school to provide intimate care

Intimate Care Guidance - Permission form

Student's name:.....

DoB:.....

Parent/Carer name(s):.....

Address:.....

.....

.....

I/We give permission for the school to provide intimate care to my/our child.

I/We will advise the school of anything that may affect issues of personal care (if medication is changed or my child has an infection for example)

I//We understand the procedures that will be carried out and will contact the school immediately if there are any concerns.

Signature:.....

Name:.....

Relationship to child:.....

Date:.....

Appendix 4 – Record of intimate care intervention

Intimate Care Guidance - Recording sheet

Child's name..... DoB.....

Name(s) of staff involved.....

Date	Time	Procedure	Signature(s)	Comments

Disability Discrimination Legislation

The Disability Discrimination Act provides protection for anyone who has a ‘physical or mental impairment that has a substantial, long term and adverse effect on his/her ability to carry out normal day to day activities’.

Disabled students in schools will include those with Cerebral Palsy, Muscular Dystrophy, Downs Syndrome, Epilepsy, Diabetes, visual and hearing impairments, ADHD, Autistic Spectrum Disorder, gross obesity and HIV/AIDS amongst many others. Some of these disabled students and young people will have delayed continence as a result of their condition, or may never be able to attain continence.

Schools have a responsibility to meet the needs of students with delayed personal development in the same way that they would meet the needs of students with delayed development in any other area.

Disabled students should not be excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to deal with toileting needs.

A disabled child must not be put at a substantial disadvantage compared with his non-disabled peers, and the school has a legal duty to make reasonable adjustments to ensure less favourable treatment does not occur.

The Disability Equality Duty requires schools to promote positive attitudes towards, and eliminate harassment of disabled people. Establishing good practice in intimate care procedures will help a school meet its duties in these and other areas of the Duty.

An admission policy that sets a blanket requirement for continence, or any other aspect of development, for all students is discriminatory. Schools should be reviewing all policies and practices to ensure compliance with the law.

**ADVICE TO PARENTS AND CARERS CONCERNING CHILDREN
WITH HEAD INJURIES**

This child has sustained a head injury and following thorough examination we are satisfied that the injury does not appear to be serious. It is expected that the recovery will be rapid and complete.

Do expect the child to feel generally miserable and 'off colour'. Do not force them to eat, but make sure he/she has enough to drink.

Do expect the child to be more tired than usual. Allow them to sleep if they want to. Just pop in to see them every couple of hours. Do not be confused between normal sleep and unconsciousness – someone who is unconscious cannot be woken up – you need to be satisfied they are reacting normally to you.

Do expect the child to have a slight headache.

Do keep the child quiet and resting as much as possible. Keep them away from school, discourage active games, watching TV and reading until the symptoms subside.

These symptoms should improve steadily and the child should be back to normal within a few days. Even after a minor injury, complications may occur, but they are rare.

If the symptoms worsen, or if you notice the following signs:

- Difficulty in waking from sleep
- Appears confused or not understanding what is said to them
- Vomiting
- Complaining of severe headache, or trouble with their eyesight
- Become irritable
- Has any kind of attack which you think could be a seizure.

Then you are advised to:

CONTACT YOUR DOCTOR OR CONTACT THE ACCIDENT AND EMERGENCY DEPARTMENT WITHOUT DELAY