ROOK'S NEST ACADEMY

'Respect ,Believe, Achieve.'

Health and Safety

This statement is issued in accordance with the Health and Safety at Work Act (1974). It supplements the statements of health and safety policy which have been written by Wakefield LA (See Appendix) and guidance by the Education Department. The general aims of these policy statements are accepted and the arrangements set out below are designed to implement the general aims of Rook's Nest Academy .

Approved by:	Management / Governing Body	**Date:**	Autumn 23
Last reviewed on:	October 23		
Next review due by:	October 24		

Contents

1. Aims 2
2. Legislation 2
3. Roles and responsibilities 3
4. Site security ..... **Error! Bookmark not defined.**
5. Fire 4
6. COSHH 5
7. Equipment 6
8. Lone working 7
9. Working at height 7
10. Manual handling 7
11. Off-site visits 8
12. Lettings 8
13. Violence at work 8
14. Smoking 9
15. Infection prevention and control 9
16. New and expectant mothers 10
17. Occupational stress 11
18. Accident reporting 11
19. Training 12
20. Monitoring 13
21. Links with other policies 13
Appendix 3. Asbestos record 14
Appendix 4. Recommended absence period for preventing the spread of infection 15

---

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:

Rook's Nest Academy takes its responsibility for health and safety very seriously 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.

In addition Rook's Nest Academy uses a Service Level Agreement for Health and Safety support and advice from Wakefield Metropolitan District Council. This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Member Board

Rook's Nest Academy Members Board has the ultimate responsibility for health and safety matters in the school.

The Members Board delegates operational matters and day-to-day tasks to the Trustees (Governing Body).

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to The Headteacher who in return delegates to The Site manager, Deputy Headteacher and School Business Manager.

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 of Rook's Nest Academy (Trustees), 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

The governor who oversees health and safety is **Mrs K Firth** .

3.2 Headteacher

The headteacher is responsible for health and safety day-to-day. This involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held

- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Headteacher's absence, Deputy Headteacher (Mr C Milfull) assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Mr C Milfull (Deputy Headteacher). .

3.4 Staff

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

Staff will:

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

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the School Business Manager / 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.
Regular visitors and other users of the premises (e.g. contractors and delivery men) are expected, as far as reasonably possible, to observe the safety rules of the school (there is a short guide in the front office). All visitors must sign in and out of school and wear a visitor's badge. General site induction packs are provided for workmen as well as information on gas shut off points and electrical power points. A hard copy of the asbestos register is also located in the front school office.

Mr A Greenwood (Site Manager) 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.

Ms K Dawson, & Mr A Greenwood are key holders and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous siren

Fire alarm testing will take place weekly.

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 (current fire service recommendations are that fires will not be tacked by staff).
- Staff and pupils will congregate at the assembly point on the Academy main Playground facing the field.
- Form class teachers will do a head count on pupils, which will then be checked against the attendance register of that day.
- The Mrs Hartley (Academy secretary) will take a register of all staff.
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

For further details including evacuation plans see separate Fire Safety Policy.

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) risk assessments are completed by **Mr A Greenwood (Site Manager)** and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

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

All cleaning equipment is purchased used in the academy is from a list of materials recommended by COSHH Safety Data Sheet and purchased from Scott Janitorial. All cleaning equipment is stored locked Janitors cupboard. Further detail on all cleaning products used in the Academy can be obtained from a file located in the main school office. On no occasion will children use cleaning materials other than washing up liquid after cooking sessions.

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 **(Oldroys Maintenance Ltd)**
- Gas pipework, appliances and flues are regularly maintained **(Oldroys Maintenance Ltd)**
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

- Water risk assessments are completed by ICH half termly as well as regular water checks. Additionally monthly water checks are carried out by Mr A greenwood (Site Manager) who 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: Monthly calorifier scheduled Temperature tests & regular Legionella risk assessments provided by ICH.

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. Asbestos report is located in the front office available for all contractors in the General Site induction booklet (an e-version of the survey can be emailed to contractors on request) .
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site.

  The Academy holds a full up to date asbestos register completed by Lancall Asbestos Testing Agency - Last full survey 11/11/14 (maintained and updated yearly by Site Manager).

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. There scheduled annual timetable of maintenance with PAT testing and Electrical Fixed Appliance Testing located in the school office.
- 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.

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Site Manager or Deputy Head 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 (PAT testing is completed by outside contractor).
- 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 (see scheduled Annual Timetable of Maintenance).

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff make visual checks that equipment is set up safely.
- Fixed Gym equipment and Outside large play equipment is maintained and inspected annually by an outside contractor.
- Any concerns about the condition of the gym 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)

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 (After the work is completed on the school roof a permanent ladder attachment for roof access will be in place).
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

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

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

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

- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11 **Risk Assessment**

Risk management is about taking practical steps to protect pupils and staff from real harm and suffering - not bureaucratic back covering. On a day to day level staff use dynamic risk assessments: such as whether or not to allow children to use the field or climbing equipment if wet). However at times there will be need for written risk assessments. Although not an inexhaustible list the following are likely examples.

- All school visits and out of school sporting fixtures (EVOLVE programme to be used) .
- In school activities with elements of risk (ie:using knives or hot liquids in cooking).
- Individuals children with SEN or behavioural issues, taking part in visits and extra-curricular activities.

Simple risk assessments need to include the following criteria..

1. Significant Risk(s) - Cause of Injury.
2. Effects of Hazards.
3. Suggested control measures.

11.1 Off-site visits

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

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

  All off-site activities including pupils use the WMDC EVOLVE risk assessment programme. See separate visits policy for further details.

12. Lettings

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

13. Violence at work

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

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

See separate behaviour and Anti-bullying policies.

The academy has a separate staff welfare policy.

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control

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

Infection prevention Guidelines are located in the main school office.

15.1 Handwashing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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

15.4 Cleaning of the environment

- Clean the environment, including toys and equipment, frequently and thoroughly
- Children in all age ranges are taught to respect their environments and clean up after activities. Each cloakroom has a ‘Cloakroom challenge’ to encourage children to be tidy.

15.5 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer’s instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills
- The KS2 Disabled toilet has facilities for clean disposal of soiled nappy and body fluid contamination.

15.6 Laundry

- Wash laundry in a separate dedicated facility
- Bag children’s soiled clothing to be sent home, never rinse by hand

15.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy

  Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins(The KS2 Disabled toilet has facilities for clean disposal of soiled nappy and body fluid contamination).
- Remove clinical waste with a registered waste contractor

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

15.8 Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

15.9 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children (all parents are asked to complete a medical questionnaire before the children begin school and are encouraged to update school on any changes to a their child's health). These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

There is a register of children who could be vulnerable (including those with allergies) all staff are aware, a list with photographs of these children is available in the staff room Academy Kitchens and Headteacher's office. Class teachers are issued with lists informing of any medical issues concerning children. The school has identified those able to administer adrenaline via an Epi Pen when necessary. All Teaching staff receive annual training from the School Nurse in the administering of Epi Pen.

15:10 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.

15:11 Administering Medicines in School

The school follows the procedures outlined by Rook's Nest Academy Medicines Policy:

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. This is a purely voluntary role.

If a child requires **prescribed medicines** whilst in school, the parent must complete an Administration of Medicines/Treatment (Form of Consent) which is available from the school office. Once completed these forms should be kept in the school office. All medication should be stored safely either in the medical fridge or in the medicine box in the school office. All medication, except inhalers, must be recorded when taken on the appropriate Administration of Medicines/Treatment Form, which is kept in the school office. **Parents are responsible for their children's medicine supply including renewing out of date medicines.** Class teachers and admin staff will ensure children have access to inhalers/medicines on any off-site visits.

Non - prescribed medicines will not be administered by staff members and must not be given to children to self-medicate in school.

15:12 Headlice

Incidents of headlice are reported to parents of children in the class where an outbreak has occurred. Parents are asked to treat, immediately, their children if headlice are identified.

15:13 COVID

The academy keeps up to date and follows Government guidance on handling COVID in the school setting – the COVID risk assessment is updated regularly. For further details see COVID risk assessment.

16. New and expectant mothers

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

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

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

17. Occupational stress

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

Any member of staff who feels they may be suffering from stress should discuss their concerns with either the Headteacher, senior staff or the school's health and safety representative as soon as possible. The Headteacher will discuss the matter with the person concerned within 24 hours of the issue being raised, where physically possible.

A free and confidential counselling service is available to employees of Wakefield MDC from the Health and safety Team 01924 305850 and from Occupational Health 01924 303875. Further Information can be obtained from HSE and International Stress Management association website.

A list of emergency contact names and phone numbers for all staff is held in the school office.

The academy has an additional Staff Welfare Policy.

18. Accident reporting

18.1 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. Accident forms are located in the front school office.
- As much detail as possible will be supplied when reporting an accident.
- 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
- Any accident which involves hospital treatment will be reported to WMDC Health and safety team which will in turn be reported to RIDDOR.

18.2 Reporting to the Health and Safety Executive

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

The School Business Manager 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 (Current WMDC practice is that incidents are firstly reported to the LA H&S Advisor who will in turn report to RIDDOR).

Reportable injuries, diseases or dangerous occurrences include:

- Death

- 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, HSE
http://www.hse.gov.uk/riddor/report.htm

18.3 Notifying parents

A member of staff will inform parents of any bang to the head - additionally an injury which requires more than just basic first aid.

18.4 Reporting to Ofsted and child protection agencies

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

The Designated Safeguard Lead Mrs S Brooks will also notify Wakefield and District Safeguarding Team, of any serious accident or injury to, or the death of, a pupil while in the school's care.

19. Training

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

Teaching staff are Safeguarding trained which is monitored regularly by the Safeguarding lead Mrs Brooks, (Safeguarding lead refresher training is updated each year).

Several members of staff are Team Teach trained. Across the Key stages.

First Aid training is renewed every three years (although due to COVID we have fewer First Aid Trained staff – training is booked later in the school year)).

Site Manager is COSHH trained which he in turn disseminates to the domestic staff.

Kitchen Staff All CIEH Level 2 Food Safety trained. The Academy Kitchens are Level 5 Food Standard agency rated.

All staff are Safeguarding Trained

Ms Dawson and Mr Milfull are IOSH trained (Working Safely)

20. Monitoring

This policy will be reviewed by the Deputy Headteacher Mr C Milfull annually and approved by the Governing Body .

At every review, the policy will be approved by the Head of the Governing body.

21. Links with other policies

This health and safety policy links to the following policies:

- Disability equality policy
- Visits policy
- Anti-Bullying policy
- Behaviour Policy
- Complaints Procedure
- Computing and e-safety policy
- Medical Accessibility plan
- Fire Safety Policy
- Equality Diversity
- Inclusion Policy
- Intimate care policy
- Medical policy
- Safeguarding policy

Appendix 1. Example of Fire safety checklist

Appendix 2. Asbestos record

Appendix 3. Recommended absence period for preventing the spread of infection

Appendix 4. Communicating Reports Alerts Emergency Guidelines (see PDF)

Appendix 5. Wakefield Corporate Health and Safety team Accident Forms (see PDF)

Appendix 1. Example of 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. Asbestos record

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

Appendix 3. Recommended absence period for preventing the spread of infection

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

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

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

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

Diarrhoea and vomiting illness

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

Respiratory infections

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

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.

Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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