

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Agreed by Governing Body on: 14 July 2021 following reviewed by Nick Mildenhall, Site Manager

Review by: January 2023

Committee Responsible: Resources

Signed copies held in the school office

Aims

It is the policy of the Kingston Council to ensure all schools and children's centres maintain high health and safety standards in order to protect pupils, members of staff, visitors or others who may be affected by school/children's centre activities. Lovelace operates within the overall health and safety policy of the Royal Borough of Kingston, which specifies required standards of health and safety for schools. In particular, it is the school's policy to ensure so far as is reasonably practicable that:

- There is a safe and healthy environment throughout the school
- Working practices which ensure health and safety are established for staff, pupils and others (such as employees from other organisations, contractors and volunteers) who visit or work on the premises
- Sufficient health and safety information, instruction supervision and training is provided for staff, pupils, employees from other organisations working at the school/children's centre, contractors, volunteers, and visitors so as to ensure the health and safety of all who may be affected by their work or activities.
- Health and Safety standards and practices are regularly monitored and reviewed and where deficiencies are identified, they are promptly rectified.

At Lovelace we aim to ensure that our school is a safe, caring and secure learning environment for pupils, staff, parents and all visitors to school. This policy is intended to ensure the implementation of the Health & Safety at Work Act 1974 – Management of Health & Safety at Work Regulations 1999 and the Health & Safety Policy of the Royal Borough of Kingston Upon Thames.

The local authority, the Royal Borough of Kingston Upon Thames, acting as the employer of personnel at the school has the ultimate responsibility for health and safety at our school. This responsibility extends to cover children and visitors. Whilst the employer may delegate some of its functions under the Health & Safety at Work Act to headteachers (as outlined in this policy), the duty to comply with the statutory requirements, cannot be delegated. However, everyone has responsibility for Health and Safety.

The governors at Lovelace Primary School recognise their duty to ensure that the health and safety measures are properly implemented. In practice, this duty is discharged by receiving and acting upon expert advice, carrying out inspections, following up complaints, calling for reports and taking appropriate action. The governors recognise the importance of allocating a budget for health and safety matters.

The health and safety policy describes how the headteacher and governing body discharge responsibilities in respect of pupils, staff and visitors who are present on the school premises.

The aim of the policy is to ensure that all reasonably practical steps are taken to secure the health, safety and welfare of all persons using the premises. These steps include the following:

- Ensure effective communication
- Establish and maintain a safe and healthy environment throughout the school
- Establish and maintain safe working procedures among staff and students
- Make arrangements for ensuring safety and absence of risk to health in connection with the use, handling, storage and transport of articles and substances
- Ensure the provision of sufficient information, instruction and supervision to enable all people working on site and students to avoid hazards and contribute positively to their own safety and health at work and to ensure that they have access to health and safety training as and when provided
- Maintain a safe and healthy place of work and safe access and egress from it
- Formulate effective procedures for use in case of fire and other emergencies and for evacuating the school premises
- Lay down procedures to be followed in case of an accident
- Provide and maintain adequate welfare facilities
- Encourage pupils to think critically about safety issues in the school

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Responsibilities

Governors

The school governors have responsibility for keeping under review standards of health and safety within the school and children's centre. Where deficiencies are identified the governors have responsibility for ensuring that corrective action is taken. The governing body usually delegates this task to the Resources Committee and there is also a nominated governor for Health & Safety – John Reid. The governors also have particular responsibility for:

- Ensuring that decisions of the governing body take account of, and comply with, the health and safety policy of the Borough and Children's Services
- Ensuring that sufficient resources are allocated to meeting the mandatory minimum standards of the Borough Health and Safety Policy and any legal requirements relating to health and safety;
- Ensuring that health and safety standards in the school and children's centre are monitored and reviewing the standards achieved by considering reports from the headteacher at least every term;
- Ensuring that school and children's centre premises, buildings and equipment for which they are responsible, are adequately maintained and inspected so as to ensure the health and safety of staff, pupils, visitors and contractors who may visit, use or work on the premises;
- Ensuring that where contractors are engaged to undertake work on school/children's centre premises or buildings, an adequate assessment of the prospective contractors involved is undertaken in order to ensure that any contractor selected has adequate resources and competence to undertake the work safely and without putting the contractor's employees, or school staff, or pupils at risk;
- Ensuring that where employees from other organisations are undertaking children's centre or extended schools related activities, or similar, such work is adequately planned organised and supervised, and the personnel used have sufficient competence so as to ensure the health and safety of both those undertaking the work and anyone who may be affected by it;
- Ensuring that where volunteers are used to give assistance to school/children's centre activities, or undertake work in school/children's centre premises, such work is adequately planned, organised and supervised, and the volunteers used have sufficient competence so as to ensure the health and safety of both those undertaking the work and anyone who may be affected by it.

Headteacher

The headteacher Rob Meakin has overall responsibility for the day to day management of health and safety in the school on behalf of the governing body. In particular, the headteacher shall:

- Ensure that the health and safety standards detailed in the Royal Borough of Kingston Health and Safety Handbook for Schools are implemented and maintained at the school.
- Ensure that school and children's centre staff receive adequate health and safety training appropriate for their responsibilities and, in particular, that minimum staff training, as specified in the Royal Borough of Kingston Health and Safety Handbook for Schools, is implemented for relevant staff.
- Ensure that staff are adequately consulted on health and safety matters either through the school safety committee, or directly, and that staff to be allocated health and safety responsibilities are adequately consulted on the type and nature of the duties allocated.
- To ensure that the standards of health and safety are formally monitored and that a health and safety report covering the minimum items specified in the Royal Borough of Kingston Health and Safety Handbook for Schools is reported to governors.
- Attend any required health and safety training provided by the school or the Council.
- To ensure that health and safety monitoring and inspection arrangements, meeting the minimum standards specified in the Health and Safety Handbook for schools, are implemented.
- To ensure that where new staff are recruited, the selection process takes adequate account of the training and competence of the prospective staff member to undertake the work safely, having regard to the degree of supervision they will receive.
- To ensure for any off-site event or trip, organised by, or on behalf of, the school, that adequate arrangements are made for the supervision of the pupils involved and the safety of the staff and pupils, and that these arrangements at least meet any minimum standards specified. Outings involving overnight stays, hazardous activities or trips abroad are also subject to RBK approval with details and risk assessments submitted to EVOLVE which is an online tool for planning and managing educational visits. Schools Educational Visits Co-ordinator (EVCs) are Emma Sedgwick & Wendy Bessent

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

- To ensure that, where required, school and Willows specific risk assessments are undertaken and recorded.
- To ensure that the health and safety requirements identified, either in the school or extended care specific risk assessments or in relevant L&CS or CLEAPPS risk assessments, are implemented.
- To ensure there are adequate arrangements for the provision of first aid, both on school/children's centre premises and on school outings, or activities, in accordance with L&CS guidelines.

Fire Safety Manager

The deputy headteacher Matt Sedgwick will have responsibility for overall planning and organisation of fire safety matters within the school. In particular he will:

- Ensure that fire precautions in the school premises are maintained in accordance with the standards detailed in the Health and Safety Handbook for Schools and that practice fire evacuation drills are undertaken at least every term;
- Ensure that all staff are aware of their particular responsibilities in the event of fire
- Ensure that there are arrangements made for nominated members of staff to call the fire brigade (automatic at Lovelace) and meet them on arrival;
- Ensure a check is made at least every term that the inspection and maintenance arrangements for fire alarm and detection systems, emergency lighting, and fire extinguishers are being undertaken correctly and that a report is provided to the headteacher on the results of this check.

Sunset + Sunrise ASC Manager

The Sunset Manager Donna Gillet in partnership with the Assistant Headteacher (Early Years) Manager Alison Hopkins will be responsible for:

- In partnership with the headteacher, the day to day management of health and safety within the children's centre;
- Ensuring that health and safety is considered when planning activities;
- Ensuring staff for which they are responsible have attended appropriate health and safety training
- Ensuring the Sunset/ Sunrise and complies with the school's local safety policies and arrangements
- Ensuring that those from other organisations working in the Sunset/ Sunrise are advised of the health and safety arrangements in place at the centre, e.g. fire evacuation arrangements and any other important safety arrangements

All Teachers, TAs, LSAs and Instructors.

All Teachers, TAs, LSAs and Instructors (including staff supervising sessions in the Sunset/ Sunrise and Extended School activities) have a responsibility for the health and safety of themselves and pupils under their control. In particular, they are responsible for:

- Undertaking lessons and school/ Sunset/ Sunrise activities in accordance with any national, Council or school guidelines relevant to the health and safety of the staff and pupils;
- Ensuring they are familiar with the school/ Sunset/ Sunrise fire procedure and their role in it;
- To exercise effective supervision of the pupils in their care;
- To know and teach children the Safety Code of Conduct for their own classroom, shared areas, all outside areas of the school and all National Curriculum Subjects (following any subject specific school policies)
- Maintain good standards of housekeeping and cleanliness in the activities under their control;
- Ensuring where pupils need to wear any protective clothing or equipment for particular lessons or activities, that the use of such clothing or equipment is rigorously enforced;
- Ensuring that any special equipment for which they have particular responsibility is maintained in a safe condition and is suitable for the purpose for which it is used;
- Ensuring that where there are health and safety considerations in relation to a particular lesson or activity, the lesson plan addresses these issues and is adhered to;
- Ensuring that any off-site outing or activity for which they are responsible, only takes place following written authorisation by the headteacher and in accordance with a plan which specifies an adequate level of supervision and health and safety arrangements to ensure that pupils or others are not put at risk;

Lovelace Primary & Nursery School

Health & Safety Policy & Arrangements

'Safety Starts With Me'

- Attend any required health and safety training provided by the school or the Council;
- Undertaking, as required by the headteacher, any formal health and safety monitoring or inspections, in order to assist the school to maintain adequate health and safety standards;
- Reporting, promptly, any deficiencies in health and safety standards they are not able to correct, either to the headteacher, or the Site Manager as appropriate
- The safety of pupils in classrooms and other teaching facilities inside or out is the responsibility of the class teacher.
- If, for any reason, the class teacher is not satisfied with the physical state of the room, the condition of the equipment, or something else which may impact on the health and safety of others they must discuss it, as a matter of urgency, with the head teacher. It may be necessary to stop practical work until the matter is resolved
- To provide the pupils with opportunities to develop responsibility for Health and Safety including the assessment of risks and hazards

Obligations of all Employees

The Health & Safety at Work Act 1974 states that **it shall be a duty of every employee, while at work:**

To take reasonable care for the health and safety of self and other persons who may be affected by his or her acts or omissions at work:

- To co-operate with the employer with regards to any duty or requirement imposed on the employee or any other person by or under any of the relevant statutory provisions, so far as it is necessary to enable that duty or requirement to be performed or complied with
- To try to ensure that no person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions
- To correctly use any work equipment, dangerous substance, means of transport or safety device in accordance with training and instructions
- To know that it is a disciplinary offence not to comply with health and safety advice and regulations
- To report any shortcomings in the health and safety arrangements even when no immediate danger exists
- In order that the law is observed and that responsibilities to pupils and visitors to school are carried out, all employees working within the school are expected:
 - To know, and comply with, the Safety Code of Conduct issued for their own work area
 - To observe a standard of dress consistent with safety and/or hygiene
 - To know, and apply where necessary, the school procedures for emergencies (e.g. fire, first aid)
 - To use, if necessary, but not misuse, neglect or interfere with items provided for their own or others safety
 - To exercise good standards of housekeeping and cleanliness
 - To actively co-operate with others in promoting safety within the school
 - To appoint, if they wish, a health and safety representative from their professional associations/trade unions to address any concerns they may have with the Head teacher

Site Manager/Caretaker

As Safety Managers, the Site Manager Nick Mildenhall & Caretaker Steve Rogers are responsible to the headteacher for:

- The implementation of the Health & Safety Policy and Guidance
- Ensuring that fire equipment and systems are adequately maintained and tested in accordance with the standards specified in the Health and Safety Handbook for Schools and that records are kept;
- Acting as the school representative in any dealings with contractors who are to work at the school;
- Assisting the school to assess the competence of any contractors who it is intended to use for undertaking work at the school, and monitoring the standards of health and safety whilst the work is undertaken;
- Maintaining a list of staff trained to undertake risk assessments required for manual handling, display screen equipment, the use and storage of hazardous substances and general risk assessments;
- Ensuring a record of practice fire evacuation drills is kept, showing the date of the fire evacuation and the time taken to evacuate the premises;
- Ensuring that the day to day maintenance of the school premises & school swimming pool is undertaken and that serious deficiencies which cannot be quickly corrected are notified to the headteacher;

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

- Ensuring assessments are undertaken of display screen equipment workstations used in the school by employed staff and that records of the assessments are kept;
- Ensuring eye and eye sight tests are offered to school / children's centre staff who are regular users of display screen equipment, in accordance with the Council's Policy;
- Updating associated Health & Safety Information & Policies following new training or advice e.g. School Emergency Plan, Assessing Playground Supervision Assessment
- Ensuring that statutory inspections of school plant, equipment (including playground equipment) and systems are undertaken using competent staff or contractors in accordance with Borough policies and procedures and that any corrective action identified as necessary is promptly implemented and the required records are kept;
- Ensuring that inspections of portable electrical equipment, the fixed electrical installation, ladders, stepladders, playground equipment and gas equipment are undertaken in accordance with the standards in the Health and Safety Handbook and that records are kept;
- Ensuring that any necessary statutory inspections of lifting tackle, pressure vessels and exhaust ventilation equipment are undertaken and records kept;
- Arranging any necessary corrective action identified by health and safety inspections detailed above;
- Maintaining a register of dangerous and hazardous substances used or stored at the school and ensuring that this register contains copies of up to date material safety data sheets;
- Ensuring that COSHH assessments are available for materials used or generated in the maintenance and cleaning of the school and for the control of legionella in school water systems;
- Ensuring relevant work is undertaken and controls maintained in accordance with the appropriate COSHH assessments;
- Ensuring that weekly walk through inspections of the standards of housekeeping in the school premises are undertaken and that deficiencies which cannot be promptly corrected are reported to the headteacher;
- Ensuring that he/she only undertakes work which is within his/her training or competence and, in particular, that he/she does not undertake work on roofs, scaffolding, or in confined spaces such as drains or tanks, unless he/she is both trained and authorised to do so
- Ensuring that the asbestos register is kept updated and seen and signed by contractors prior to works
- Check all of these are covered: carries out assists with risk assessment, control of substances hazardous to health, glazing, hygiene and building cleaning, supervision of grounds maintenance contractor, premises security, monitor fire alarm testing, reporting minor building defects (and taking action), acting as a premises contact for all contractor related issues (ensuring contractors are aware of any asbestos related issues) , monitor precautionary safety measures during on site work, premises security (unauthorized access and vandalism), electronic gates

School Business Manager

The school business manager Wendy Ashburner is responsible for:

- Leading the Premises and Office Team in the discharge of their duties
- Ensuring that a list of first aiders is maintained, together with the dates for refresher training;
- Arranging necessary refresher training for first aiders;
- Maintaining records of health and safety training undertaken for school
- Reporting to the headteacher the need to train further first aiders in order to meet the minimum required for the school;
- Ensuring notices displaying the name and location of first aiders are kept up to date;
- Maintaining the school accident book and ensuring that accidents which require reporting to RBK's Occupational Health, Safety and Welfare Unit are reported promptly in line with RBK's Accident Reporting Procedure;
- Ensuring there is a nominated person and deputy for calling the fire brigade in the event of fire and that a clear notice of the procedure for calling the fire brigade is displayed;
- Ensuring that records are kept of pupils undertaking school trips and outings, together with the names and responsibilities of supervising staff accompanying the pupils;
- Ensures effective procedures for visitor control and main door access
- Ensures effective Health & Safety induction for staff
- Maintaining updated DBS / CRB list for staff and all associated HR functions in respect of Safer Recruitment

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Employees from Other Organisations Working within School

When employees from other organisations are working within a school or undertaking extended School activity, they have a responsibility for undertaking their work in accordance with any instructions or training provided by the school or RBK. They are responsible for drawing to the Headteacher or nominated person attention any equipment or situation which could create a danger to themselves or others and are also required to ensure their work is carried out in a way which avoids risks to themselves or others. More detailed information is provided in point 'e'.

School Pupils

All pupils at the school are required, having regard to their age and maturity, to act in accordance with any school health and safety instructions, rules and procedures and not to behave in a way which would put themselves or others in danger. Pupils are also required not to interfere with, or misuse, any safety or fire equipment. Pupils in school are taught school safety rules and procedures on entry and throughout the school year - they are expected to follow these. Pupils should be given opportunities by class teachers to develop responsibilities in subject specific guidance for health & safety and hazard/risk management as outlined in the National Curriculum and as appropriate to their age. Pupils are expected to:

- Know the term 'safety starts with me' and what this means
- Exercise personal responsibility for safety for themselves and those around them (e.g. by undertaking 'good travelling' around the school and following the Lovelace Golden Rules)
- Observe all the safety rules and procedures of the school and instructions given in particular subjects or areas of the school (e.g. Woodland Area out of bounds unless accompanied by an adult, know what to do if the fire alarm sounds)
- Use, where necessary, items provided for safety and not to misuse them
- Report all accidents to an adult in school
- Report any hazards to an adult
- Help maintain a safe school
- Have good personal hygiene when handling food or after having been to the toilet e.g. washing hands, tying back hair
- Wear appropriate clothing (e.g. for sport, correct school uniform)
- Lift and handle subject specific equipment in lessons sensibly and safely (e.g. apparatus in gymnastics)
- Be aware of the school rules with regard to physical aggression
- Not bring equipment, artefacts or substances into school that may cause harm to themselves or others

Visitors

Visitors are required to observe the safety rules of the school. All visitors are given a card with all relevant information on when they sign in. The teachers or head teacher must inform visiting students of health and safety procedures. In particular, parents and others helping out in school should be made aware of the health and safety arrangement applicable to them through the teacher to whom they are assigned.

All visitors are required to report to the school office and to sign in and out. Visitor's badges are provided. There are advice leaflets for visiting staff and sport coaches etc.,

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Specific Arrangements & Guidance

The policy's aims and objectives are implemented in a variety of ways. The set procedures for the following aspects are appended to the end of the policy:

List of Appendices

1. Accident Reporting
2. First Aid Guidelines
3. Administering Medicines in School
4. Fire and Emergency procedures
5. Security Arrangements
6. Electrical safety
7. Hazardous substances
8. Physical education, including swimming, and playground equipment safety
9. Science and technology equipment
10. Risk assessment
11. The role of the safety representative and training of staff
12. Letting the premises out to hirers
13. Contractors in school
14. Violence at work
15. Waste disposal
16. Lone workers
17. Working at heights
18. Infectious Diseases & Immunisations
19. Sun Safety
20. Pandemic / Flu Outbreak Procedure
21. Cleaning Code / Good Hygiene
22. No Smoking
23. Manual Handling
24. Snow & Ice Procedures
25. Foxes, Cats & Dogs

Related Guidance Located elsewhere:

Assessing Playtime Supervision Risk Assessment

School Emergency Plan

Safeguarding & Child Protection

Food in School Policy

Section 2(3) of the Health and Safety at Work Act requires the Governing Body to bring the Health and Safety Policy statement and any revision of it to the notice of all employees.

All employees of the school are given a copy of the Health and Safety Policy with full appendices. In addition, a full copy is posted in the main office, staffroom, Caretakers' cupboard and all cleaning cupboards.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Appendix 1 ACCIDENT REPORTING

Employees and other adults

All accidents arising out of or in conjunction with work resulting in injuries to employees and other persons of whom the Council have a duty of care are reported on the LA incident form available from the school office.

The form should be completed and sent on the day of the accident to the Borough Health and Safety Advisor (Address: Occupational Health, Safety and Wellbeing Unit, Guildhall, Kingston upon Thames, KT1 1EU, Tamara.clare@kingston.gov.uk), with a copy kept at school for reference.

Accident Management System (AMS) online reporting of accidents was launched in May 2018 for all RBK schools. All school staff that have this responsibility should be using AMS and not the paper accident form, as the paper form will be phased out in time. Nominated staff will have a user name and password and will need to go to the following website: <https://app.workrite.co.uk/SecureLogin/SecureLogin.aspx>

Pupils

All notifiable accidents and injuries to pupils must be recorded on the LA form and sent immediately to the Health and Safety Advisor as per above. A copy should be retained at school.

In the event of a pupil receiving a major injury (see below) or an injury which results in the pupil being in hospital for more than 24 hours, the Health and Safety Advisor should be contacted immediately.

In the case of major injuries and dangerous occurrences (see below), the Borough Health and Safety Advisor should be telephoned immediately. The Health and Safety Advisor must report such instances to the Health and Safety Executive within 24 hours. Where a member of staff or a pupil is not able to attend school for more than 3 days due to a related accident, the Borough Health and Safety Advisor should be notified.

All minor injuries must be recorded on the diagrammatic sheet (LVP1). Parental notification must be given for minor head injuries. Parents should be notified of other injuries as appropriate.

Reportable major injuries

- Fracture of any bone other than those to fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight in an eye (temporary or permanent).
- A chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Any injury from electric shock leading to unconsciousness, resuscitation or hospital treatment.
- Loss of consciousness due to lack of oxygen or exposure to a harmful substance or biological agent.
- Any other injury leading to unconsciousness, requiring resuscitation, or requiring admittance to hospital for more than 24 hours.

Reportable Dangerous Occurrences / Near misses

- The collapse, overturning or failure of a load bearing part of a lift, hoist, crane or mobile platform.
- The failure of any closed vessel or associated pipework, where failure has the potential to cause the death of any person.
- Electrical short circuit or overload causing fire or explosion which involves stoppage of the plant for more than 24 hours, or has the potential to cause the death of any person.
- The sudden, uncontrolled collapse of any scaffold over 5 metres high.
- Any unintended collapse of any building or structure under construction, alteration or demolition involving a fall of more than 5 tonnes of material or of a wall or floor in a place of work.
- An uncontrolled or accidental relapse or escape of any pathogen or substance from any apparatus or equipment.
- Any unintentional ignition or explosion.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Appendix 2 FIRST AID GUIDELINES

The school guidance is based on:

RBK First Aid Policy Template - [RBK First Aid Policy Template for Schools Dec 2020.docx](#)

RBK Medicines in School Policy - [RBK Medicines in Schools Policy Template 2020 \(1\).doc](#)

First aid is the immediate assistance or treatment given to someone injured or suddenly taken ill before the arrival of an ambulance, doctor or other appropriately qualified person. The person offering this help to a casualty must act calmly and with confidence, and above all must be willing to offer assistance whenever the need arises.

Aims of First Aid (The 3 P's)

To preserve life

To prevent worsening of the condition

To promote recovery

First Aiders' Priorities:

Assess the situation.

Observe what has happened quickly and calmly

Look for dangers to themselves and the casualty.

Never put themselves at risk.

First Aiders are:

Trained

Examined and regularly re-examined

Up to date in knowledge and skill

Details of First Aid Cover on site

We have many staff on the school site who are First Aid trained. All of these first aiders are issued with a small first aid kit for minor injuries. In addition, first aid supplies are provided in the school medical room. Spare inhalers and epi-pens are also located here. Children with specific medical conditions may also keep inhalers / epi pens with them depending on their individual health care plan. The names of trained first aiders are prominently displayed on the notice boards in the staff room, school office, medical room and in each KS corridor. The EYFS and Willows have their own First Aid / Illness arrangements. Staff are treated by other staff with First Aid at Work certificates. Guidance for dealing with the Administration of Prescribed Medication is located in a separate policy and the school office deal with this aspect upon receipt of a medication form from parents. At the moment the office team deal with this aspect as per the policy.

First Aiders/Appointed Persons

The first aiders:

- take full charge of a 'first aid' situation when someone is injured or becomes ill
- ensure that an ambulance or other medical help is summoned when appropriate
- the office team will take charge of: contacting parents, access for the emergency services to the site and let the leadership team know

What is a medical emergency?

An emergency is a critical or life-threatening situation. To help you decide what a critical situation is; here are some examples:

- unconsciousness,
- a suspected stroke,
- heavy blood loss,
- suspected broken bones,
- a deep wound such as a stab wound,
- a suspected heart attack,
- difficulty in breathing,
- severe burns, and
- a severe allergic reaction
- loss of sight;
- a severe fall, head injury, blow to the body
- anaphylaxis / severe allergic reaction

What to do if a child feels unwell / sickness during lessons or activity:

If a child complains of feeling unwell during a lesson, the staff member should assess the situation and decide what action to take – the child might just need to sit quietly, have a drink of water or visit the toilet. Check that there is no pastoral issue or worry e.g. friendship fallout, not completed homework, behaviour consequence due etc., If you are in any doubt you should consult a First Aider in your Key Stage / Year Team and then follow the flowchart below.

If an unwell or child with an injury has to stay in at playtime this instruction must have come directly from parents or a member of staff. He/she needs one child to stay in with him/her and be supervised in a shared space. Please ensure these children are in a supervised area, e.g. outside the offices.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

First Aid & Illness Procedures – Children in Years 1 to 6

First Aid & Illness during the Teaching Day & Morning Play	First Aid & Illness during Lunchplay	First Aid & Illness Outside the Teaching Day
<p>Staff member dealing locates year group first aider or child sends them with another child (wearing a red band).</p> <p>Staff member in each year group who is a first aider for minor First Aid – assesses & treats child</p> <p>If no first aider available, child would be sent to the office with another child (wearing a red band). Office first aider assesses & treats child*</p> <p>If a child has had a head bump or more serious injury, they may be taken to the medical room for treatment by the First Aider*</p> <p>Child is treated* & returns to class / play.</p> <p>Accident Book noted for all incidents and parents informed if a head injury, bite or mark.</p>	<p>SMSA on each playground for Minor First Aid - assesses & treats child</p> <p>If a child has had a head bump or more serious injury, they should be sent with another child (wearing red bands) to the medical room where a first aider is located at lunchtimes.</p> <p>HTLA / First Aider in Medical Room assesses & treats child*</p> <p>Child is treated* & returns to class / play</p> <p>Accident Book noted for all incidents and parents informed if a head injury, bite or mark.</p>	<p>Send child to the school office with red band to the school office.</p> <p>Office first aider assesses & treats child or locates another first aider if no cover in the school office.</p> <p>Alternatively the staff member may telephone the school office and request a first aider.</p> <p>Child is treated* & returns to activity</p> <p>Accident Book noted for all incidents and parents informed if a head injury, bite or mark.</p>

*See what is a Medical Emergency sheet? Emergency chart below

Some children have their own alerts / Health Care Plan and may have individual emergency procedures that staff working with them should be aware of.

After a fall from height, bleeding from the head (other than nose bleed) a first aider should be called to the location rather than moved. If a child is too unwell to stay in school, the office / first aider will let the Leadership Team know and the child's parents will be requested to collect them. The child will sit in the foyer area whilst waiting unless they need to be monitored because of their condition when a first aider will sit with them or they may sit inside the school office.

First Aiders

First –aid personnel	Total Number
Appointed Person	1
First-aider with a first aid at work certificate (FAW)	3
First-aider with an emergency first aid at work certificate (EFAW)	25
First-aider with additional training (paediatric certificate)	14

All First aiders are trained in the use of a defibrillator

All staff are trained in the use of Epi-Pens

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Medical Emergency Chart

MINOR INJURY?	MAJOR INJURY OR ILLNESS?
<p>Presenting condition e.g. Graze – bruise</p> <p style="text-align: center;">↓</p> <p>Assess: Symptoms? Circumstances? Feedback from child?</p> <p style="text-align: center;">↓</p> <p>Treat</p> <p style="text-align: center;">↓</p> <p>Record in Medical book: Date/time, name/class, injury details / treatment and sign book</p> <p>Inform Parents</p> <ul style="list-style-type: none"> - telephone - WEDUC - use standard letters <p>NHS direct qualified medical professionals.</p> <p>Report as much as we can</p> <p>LA Incident form (if referred to hospital)</p> <p>All above must be used along with common sense; if in doubt: seek advice from another 1st aider</p> <p>follow guidelines in First Aid Manual 8th</p> <p>Phone NHS direct on : 0845 4647 or Call 111 when in operation</p>	<p>Fall from height Head Injury Suspected fracture etc.,</p> <p style="text-align: center;">↓</p> <p>Assess Symptoms? Circumstances? Feedback from child?</p> <p style="text-align: center;">↓</p> <p>Treat 2nd opinion? Take to A & E? NHS 111? 999?</p> <p style="text-align: center;">↓</p> <p>Record in Medical book: Date/time, name/class, injury details / treatment and sign book</p> <p>Notify Headteacher / Teacher in charge</p> <p>Inform Parents: nature of injury / how it happened</p> <p>To collect child as soon as possible</p> <p>Give advice ie see GP / A&E</p> <p>Tell class teacher</p> <p>Complete LA incident report ONLINE and INFORM Headteacher.</p>

Lovelace Primary & Nursery School

Health & Safety Policy & Arrangements

'Safety Starts With Me'



Guidance on infection control in schools and other childcare settings

This poster has been created using the Public Health England guidance 'Infection control in schools and childcare settings' published September 2017.

For further information and advice please contact your local PHE Centre on **0344 225 0562** or visit www.gov.uk/phe.

Rashes & Skin infections	Exclusion Period	Comments	CLEANING																
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.	Blood and body fluid spillages: All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Never use mops for cleaning up blood and body fluid spillages. A spillage kit should be available for blood spills.																
Chickenpox	Five days from onset of rash	Blister on the rash must be dry and crusted over.	Toys and Equipment: It is strongly recommended that only hard toys should be available as they are easily wiped clean after use. Soft modelling and play dough should be replaced regularly or whenever it looks dirty. External sandpits should be covered when not in use and sand in both internal and external sand pits replaced regularly. Water troughs should be emptied and washed out after use, and stored inverted whilst not in use.																
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment.	Enhanced cleaning during an outbreak: In the event of an outbreak your local Health Protection Team will recommend enhanced or more frequent cleaning. Plans will need to be developed to determine how this might be carried out during term time. Cleaning during an outbreak may require the use of a hypo-chlorite (bleach) based cleaning solution. Hypo-chlorite solutions should be diluted to 0.1% or 1000hpm.																
German measles (rubella)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.	ANIMALS Animals (whether in school or on visits to farms and zoos) may carry a wide range of infections. Children should not have unsupervised access to animals and those handling/touching them should be advised to wash hands immediately afterwards.																
Hand, foot and mouth	None	Contact your local health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.	Reptiles are not suitable as pets in educational settings as they can carry salmonella.																
Impetigo	Until lesions are crusted/healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.	VULNERABLE CHILDREN 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, on high doses of steroids and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to any of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.																
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.	IMMUNISATIONS Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.																
Ringworm	Not usually required	Treatment is needed.	For the most up-to-date immunisation advice see the NHS Choices website at www.nhs.uk/conditions/vaccinations or the school health service can advise on the latest national immunisation schedule.																
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.	Immunisation Schedule																
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed.	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your local health protection team for more advice.	<table border="1"> <tr> <td>8 weeks old</td><td>Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Rotavirus vaccine Meningococcal Group B (Men B)</td></tr> <tr> <td>12 weeks old</td><td>Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Rotavirus vaccine</td></tr> <tr> <td>16 weeks old</td><td>Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Meningococcal Group B (Men B)</td></tr> <tr> <td>1 year old</td><td>Hib/Meningococcal Group C (Men C) Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Meningococcal Group B (Men B)</td></tr> <tr> <td>2 - 8 years old (inc. years 1 - 4)</td><td>Influenza (Annual)</td></tr> <tr> <td>3 years & 4 months old</td><td>Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) booster Measles, mumps and rubella (MMR)</td></tr> <tr> <td>12 - 13 years old</td><td>HPV vaccine protects against Cervical cancer (2 injections)</td></tr> <tr> <td>14 years old</td><td>Tetanus, diphtheria, and polio (Td/IPV) Meningitis A, C, W, Y (MenACWY)</td></tr> </table>	8 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Rotavirus vaccine Meningococcal Group B (Men B)	12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Rotavirus vaccine	16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B (DTaP/IPV/Hib/HepB) Pneumococcal (PCV13) Meningococcal Group B (Men B)	1 year old	Hib/Meningococcal Group C (Men C) Measles, mumps and rubella (MMR) Pneumococcal (PCV13) Meningococcal Group B (Men B)	2 - 8 years old (inc. years 1 - 4)	Influenza (Annual)	3 years & 4 months old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) booster Measles, mumps and rubella (MMR)	12 - 13 years old	HPV vaccine protects against Cervical cancer (2 injections)	14 years old	Tetanus, diphtheria, and polio (Td/IPV) Meningitis A, C, W, Y (MenACWY)
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12 - 13 years old	HPV vaccine protects against Cervical cancer (2 injections)																		
14 years old	Tetanus, diphtheria, and polio (Td/IPV) Meningitis A, C, W, Y (MenACWY)																		
Slapped cheek/fifth disease, Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.	STAFF HEALTH Female Staff – Pregnancy: The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are: <ul style="list-style-type: none"> • Chickenpox • German measles (rubella) • Slapped cheek disease (parvovirus B19) • Measles If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, she should consult her GP or Midwife.																
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.	Please note: This advice also applies to pregnant students.																
Diarrhoea & Vomiting Illness	Exclusion Period	Comments	Staff Exclusions: Staff should follow the same rules as are applied to children. They may return to work when they are no longer infectious, provided they feel well enough to do so. Food handling staff suffering from infections must be excluded from all food handling activity in the setting until advised by the local Environmental Health Officer that they are clear to return.																
Diarrhoea and/or vomiting	Whilst symptomatic until 48 hours after resolution of symptoms	See diarrhoea and vomiting section of guidance. Seek further advice from your local health protection team if unsure.	Staff Immunisations: All staff should undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including MMR and Hepatitis B.																
Respiratory Infections	Exclusion Period	Comments	* 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).																
Flu (influenza)	Until recovered	Report outbreaks to your local health protection team.																	
Tuberculosis (TB)	Always consult your local health protection team BEFORE disseminating information to staff, parents or carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.																	
Whooping cough* (pertussis)	Two days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotics.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local Health protection team will organise any contact tracing.																	
Other Infections	Exclusion Period	Comments	Outbreaks: An outbreak is defined as two or more cases with similar symptoms over and above that which would normally be expected. If an outbreak of infectious disease is suspected, please contact your local PHE centre.																
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team.																	
Diphtheria *	Exclusion is essential. Always consult with your local health protection team.	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local health protection team.																	
Glandular fever	None																		
Head lice	None	Treatment only recommended when live lice are 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 health protection team will advise on control measures.																	
Hepatitis B*, C*, HIV	None	Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local health protection team for more advice.																	
Meningococcal meningitis/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local health protection team will be able to advise.																	
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local health protection team will be able to advise.																	
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.																	
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning are important to minimise spread. If further information is required, contact your local health protection team.																	
Mumps*	Five days after the onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.																	
Threadworms	None	Treatment is recommended for child and household.																	
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment.																	

**Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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For illness & infection advice & control issues check:

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-child-care-facilities>

Poster located in medical room, school office & EYFS.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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Appendix 3 ADMINISTERING MEDICINES IN SCHOOL

The school guidance is based on:

RBK First Aid Policy Template - [RBK First Aid Policy Template for Schools Dec 2020.docx](#)

RBK Medicines in School Policy - [RBK Medicines in Schools Policy Template 2020 \(1\).doc](#)

The administration of medicine is the responsibility of the parent, and children who need medication should have it administered at home if at all practicably possible. With the Headteacher's agreement parents may come to the school to administer their child's medicine or if convenient the child may return home at lunchtime to take their medicine.

Children are able to administer their own medicine if they have received the training and advice to do so. For a child to self-administer medication, confirmation is required in writing by their General Practitioner, Specialist Doctor or Specialist Nurse and also Parental Consent. Pupils over the age of 16 may give their own consent, or withhold it for surgical, medical or dental treatment.

Self-administration must take place under the supervision of an adult and written records kept by the school. These records must include the date, time and the name of the supervising adult.

The Headteacher is responsible for deciding whether the school can play a role in administering medicine and which staff members will oversee the process. Each case should be considered on an individual basis and if necessary the School Nurse should be consulted. Generally, this is the relevant FAW trained member of staff. In making decisions consideration should be given to:

- i. The prescribed medicine and its danger if misused or administered incorrectly
- ii. The timing of the medication and how essential it is to the well-being of the child
- iii. What specialised knowledge and training is required
- iv. If there is a potential for harmful side effects
- v. If any intimate contact with the child is required

Parents must make a written request for the school to administer medicine; a form is available at the school office. School office staff check that the relevant information is given and that the information is correctly passed on,

All medicine accepted at the school must be handed in by an adult (preferably the parent) and the administration details must be as given on the parental consent form. It should be in small quantities, but in the original container/package as dispensed by the pharmacist. The expiry date should not be exceeded and there should be no more than a week's supply. Medicines which have not been used must be returned to the parent.

If the Headteacher is unable to agree the request to administer medication, then s/he should do so in writing. If a refusal is made then a reason should be given.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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Appendix 4 FIRE AND EMERGENCY PROCEDURES - Fire Safety Policy

It is the overall policy of the Borough and Lovelace Primary School to minimise the risks to staff and children (and any other stakeholders using the school site) which may arise from fire. This will be achieved by ensuring precautions are taken to avoid fires occurring and by ensuring that procedures for minimising the effects of an outbreak of fire and evacuating the premises are in place.

Overall Responsibility for Fire Safety Matters

The deputy headteacher will have responsibility for overall planning and organisation of fire safety matters within the school. The Headship Team (Headteacher, Deputy Headteacher and Assistant Headteachers) and School Business Manager, Site Manager and Caretaker are appointed as the fire marshals for the school. They will co-ordinate the implementation of fire safety measures, ensure that staff and pupil training takes place and monitor the standard of fire precautions maintained. They will also ensure that a fire evacuation drill is undertaken at least termly, that fire action notices are kept up to date and that fire safety equipment is being maintained.

The fire safety marshals will also ensure that all fire safety records are maintained and are available for inspection by any enforcement authority.

The School Fire Procedure

Notices displaying the school fire procedure will be displayed at each fire alarm call point and will be of the standard form.

Responsibility of All School Staff

All school staff are responsible for maintaining a high standard of fire precautions in areas under their control or influence. In particular, staff should ensure that they are fully aware of the fire procedure. They should also ensure that fire exits are kept clear and fire doors are kept shut and that pupils for whom they are responsible are informed of the fire procedure.

Fire Training and Evacuation Drills

All staff, whether temporary or permanent, will have the fire procedure explained to them, together with information on the location of the fire alarm call points, the sound of the fire alarm and the location of the escape routes, exits assembly points. Cleaning and regular contract staff will be included in such training.

Practice evacuation drills will be held at least once a term. During such drills some exits will be blocked to force the use of alternative exits. The aim in all drills held will be to evacuate all staff and pupils within one minute for the single storey buildings and two minutes for the multi-storey building.

Calling the Fire Brigade

Upon the activation of the fire alarm the monitoring station will call the fire brigade it is also recommended that a nominated member of staff to call the fire brigade.

The Headteacher will delegate calling the fire brigade if this is deemed necessary.

Meeting the Fire Brigade

The Deputy Headteacher is responsible for ensuring that one member of staff is available to meet the fire brigade on arrival.

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Notices

All fire exit routes will be signed by clear signs with directional arrows.

Maintenance of Fire Doors, Fire Exit Doors, Fire Equipment and Systems

Fire extinguishers, fire alarm systems and emergency lighting are maintained under a central contract administered by professional consultants. However, the school will carry out the following tests on the systems and precautions between maintenance visits:

System	Frequency of Test/Inspection	Method of Test
Fire Alarm	Weekly	Test key operation of different call point each week in rotation.
Fire Alarm	Daily	Visual check of panel for fault indications.
Fire extinguishers, hose reels, fire blankets etc.	Termly	Check that seals are intact, equipment has not been removed or tampered with and annual inspection and maintenance is in date.
Fire Doors	On going	Check that doors are closing fully and, where fitted, latches are operating.
Stairwells and Stairwell Enclosures	Daily	Check that combustible material and storage has not been placed inside protected stairwell enclosures.
Corridors, Escape Routes and Fire Exit Doors	Daily	Check exit doors are unlocked and that escape routes are free of obstruction.

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Records

The following records will be kept by the fire safety manager:

Record Type	Information to be recorded
Fire Alarm Test	Date of test, number of call points tested and whether test was satisfactory, including whether automatic door releases operated.
Practice fire evacuation drill	Date of drill, details of exits obstructed and time taken to evacuate.
Fire safety training	Nature of training, names of those who attended, name of instructor and duration of training.

Procedure for Fire Marshalling

The registers are taken by the office staff to Foundation Stage/ KeyStage1 and Keystage 2 at the assembly points and then distributed to the teachers. One member of the office staff will take the Visitors' Book and The Staff Sign In Book and check this off.

The caretaker will carry out designated building checks (and in his absence this will be carried out by the Headteacher).

The Deputy Headteacher will marshal at the Mansfield Road vehicle gate and Assistant headteachers will marshal at the Devon Way gate and Mansfield Road pedestrian gate.

The School Business Manager and Year Leaders will ensure their year group is assembled quietly in the correct place and lines are in register (alphabetical by surname) order.

Marshalls will keep in constant contact with the Headteacher

The Headteacher will be responsible for ensuring all classes are safely evacuated and that the registers are promptly checked.

The Headteacher is the only person able to give the all clear to re-enter the building.

Where the fire brigade are in attendance, the senior officer must give the all clear first.

In the Headteacher's absence the deputy Headteacher will act on his behalf.

The Sunset / Sunrise should also evacuate if the fire alarm is activated and to assembly at assembly point 1.

In the event of fire

1. Raise the alarm. KEEP CALM

There are multiple fire alarm points - these are red boxes with a glass panel which should be broken.

In the KS2 Department there is one in the middle of each corridor.

In the KS1 Department there is one near the door of the Sight and Sound cupboard, one outside Room 5 and one outside Room 2.

There are further alarm points outside Toilet T9 and the Dining Hall (Room 10).

2. Evacuate your class, if possible, as for Fire Drill - through terrace doors in lower classes or lower hall, or fire escape in the upper hall. Classes in the top corridor should leave via the safest staircase (least smoke). Close all doors if possible. If the fire is in your classroom evacuate your children first, then raise the alarm.
3. Assemble as for Fire Drill, if safe to do so. If not, go to **any safe place** away from the building.

4. Telephone for Fire Brigade, if safe to do so. Telephone points are:

Dial 999 and ask for appropriate services. Speak slowly and give the school address.

5. Office staff ensure that registers are available for roll-call.

6. The caretaker will carry out designated building checks (and in his absence this will be carried out by the Headteacher).

7. Your job is not to fight the fire, but to make sure that children and adults are safe. Check register and await further instructions.

1. THE FIRE BELL WILL RING CONTINUOUSLY

2. As soon as the bell is heard, classes should leave as quickly but as calmly as possible, by the nearest fire exit, see displays in each room

3. Classes should assemble at their designated point.

4. Class registers will be taken by the office staff, along with 'signing in/out' registers. It is the duty of these adults to check that classes, toilets and corridors are clear.

5. Any missing person should be reported at once to the Head or Deputy Head.

6. Class registers should be called outside and checked against the 'signing in/out' registers where necessary. When the all-clear signal is given by the Head or Deputy Head classes may resume as normal.

Allocated a Walkie-talkie and a Fire Marshall band		Role in the Event of Fire Alarm Sounding
Headteacher		<ul style="list-style-type: none"> Ensure all classes safely evacuated and registers promptly distributed, taken and returned. Building check in absence of caretaker or site manager. Give all clear to staff (following all clear from site manager/ caretaker) and dismiss staff and children back into school Sign off Fire Log Book and debrief staff
Deputy Headteacher		<ul style="list-style-type: none"> As above in absence of headteacher. Car gate Meeting Fire brigade
Assistant Headteachers		<p>HP- Devon Way Pedestrian Gate- do not let anyone else onto site</p> <p>CW- Mansfield Road Pedestrian Gate- Deputise for DHT in his absence or if HT not here- do not let anyone else onto site</p> <p>LM- KS2 overview- Mansfield Road Pedestrian Gate if MS deputising etc.</p> <p>AH- KS1/ EYFS overview</p>
Year Leaders		<ul style="list-style-type: none"> Ensuring own class and year group are assembled silently, facing away from building in class lines. Ensure registers are taken promptly
Class teachers		<ul style="list-style-type: none"> Ensuring own class move promptly through nearest fire exit and taken to correct assembly point (<i>if teachers are having PPA time you should take the nearest fire exit and move safely to your own class to support</i>) Ensure inhalers/ epi pens (and any other emergency medication) is taken out Ensure children are assembled silently, calmly and facing away from building in class lines. Ensure registers are taken promptly (visual, silent count to reduce noise followed by checking against list of children not in- if discrepancy call register) and returned to School Business Manager/Bursar (KS2) or office administrator (EYFS/KS1) Ensure SBM/Bursar (KS2) or office administrator (EYFS/KS1) know of any children who are missing ONLY return children to school building on all clear
Additional teachers (Specialists, PPG etc.)		<ul style="list-style-type: none"> Ensure children they are responsible for (class, group, individual) are taken to assembly point and registered by class teacher or by themselves if they are taking the whole class If children are involved in swimming, safely evacuate children from pool and changing rooms through nearest exit, taking grab bag with blankets- move only to KS1/EYFS assembly area due to distance Support class teachers in all of above.
Willows Pre School		<ul style="list-style-type: none"> Ensuring children move promptly through nearest fire exit and taken to assembly point Take own register (inc. staff) and ensure all accounted for Liaise with Office Admin when registers taken and report any issues
Sunset and Sunrise Clubs		<ul style="list-style-type: none"> Ensure children move quietly, sensibly and promptly to KS1/ EYFS muster area Take own register (inc. staff) and ensure all accounted for Liaise with Office Admin when registers taken and report any issues
Children's Centre		<ul style="list-style-type: none"> Ensure children and parents move promptly to KS1/ EYFS muster area Take own register (inc. staff and visitors) and ensure all accounted for Liaise with Office Admin when registers taken and report any issues
TAs		<ul style="list-style-type: none"> Assisting class teacher in evacuation and supervision of children to assembly points. Assist in checking all children in class are accounted for if class teacher not present.
SMSAs		<ul style="list-style-type: none"> Assisting in evacuation + supervision of children to assembly points. Allocate themselves to classes at assembly points
LSAs		<ul style="list-style-type: none"> Evacuation and supervision of children usually supported with additional needs (follow PEEP- Personal Emergency Evacuation Plan if one is in place).
Nurture Group (NEST)		<ul style="list-style-type: none"> Evacuation and supervision of children usually supported to appropriate muster point Return children to their own class
Welfare Officer/ FLO		<ul style="list-style-type: none"> Collect First Aid Grab Bag from Receptionists Attend to any First Aid needs or welfare needs (e.g. children getting cold) AM to deputise in place of JS if she has a class responsibility
ICT Technician		<ul style="list-style-type: none"> Take out walkie-talkies to staff highlighted in yellow. (Ensure Walkie-Talkies are fully charged and operational) Support classes in KS1 assembly point
SBM/ Bursar		<ul style="list-style-type: none"> Take out fire registers to KS2 assembly point Distribute registers to CTs Collect registers from CTs Communicate any issues to HT
Office Administrators		<ul style="list-style-type: none"> Take out fire registers to KS1/EYFS assembly point Distribute registers to CTs Collect registers from CTs Communicate any issues to HT
Office Manager		<ul style="list-style-type: none"> Pre- prepare fire register for each week and each day Ensure all visitors are well away from the building and in KS2 assembly area Take visitor sign in books out and check all visitors are accounted for Communicate any issues to HT
Receptionist		<ul style="list-style-type: none"> Take out and distribute First Aid grab bags to Welfare Officer Ensure main door is on **** and therefore unlocked In absence of ICT technician take out walkie-talkies to staff highlighted in yellow
Site Manager and Caretaker (take own emergency grab bag)		<ul style="list-style-type: none"> Checking Fire Panel Carry out designated building check and give all clear to headteacher If not a drill call 999 Complete Fire Log Book
Visitors/ Parents/ Cygnet Catering Staff		<ul style="list-style-type: none"> Muster together at KS2 assembly area until all clear Checked off by Receptionist/Office Manager NB No new visitors/ parents allowed on site until all clear given (MS, KH and CW to ensure this)

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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Lovelace is a large site with many access points. It is a prime responsibility of the Caretaker to ensure that the site is secure while he/she is on duty. However, it requires collective effort and commitment from every member of staff.

All classroom terrace doors and lower hall doors should be kept locked shut so that no access can be gained externally while still allowing quick exit to the outside.

All doors leading from the corridors to the playgrounds should be closed.

Entrance to the school is via the Main Entrance where an entry system is in place. Visitors may gain access only if office staff feel it appropriate. Visitors are asked to sign their time of arrival, place of work and, subsequently, time of departure. An identity badge should be clearly worn at all times.

At night, weekends and holiday periods all internal classroom and hall doors must be closed.

During holiday periods when the Site Manager/Caretaker is on site, the school should remain secure. All doors from the corridors to the playgrounds should remain locked.

The internal front doors should always be on either the code lock or the internal opening system. These doors must never be left unattended if open.

During other out of school hours, the site should be left secure with the main driveway gates and the two pedestrian gates padlocked at all times.

Key holders

All keys:	Headteacher, Site Manager/ Caretaker
Main access keys:	Deputy Headteacher
	School Business Manager

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Appendix 6 ELECTRICAL SAFETY

The Electricity at Work Regulations 1989 cover the selection, construction, use and maintenance of all electrical systems and equipment.

The following actions ensure the adoption of adequate safety procedures:

- all electrical equipment is identified
- arrangements are made with RBK for routine electrical testing

(although this is not currently the case. Schools are required to organise fixed electrical installation inspection and testing, plus portable appliance testing (PAT) themselves. It is hoped that a service via RBK's TFM contract may be available for schools to purchase in the future, but this is not in place at the moment.)

- any defective electrical equipment identified is immediately withdrawn from use until rectified or scrapped.
- no personal electrical equipment should be brought into the school unless it can be shown that it is electrically safe
- extension leads are not used as permanent installations but should be protected when laid across an access
- only trained persons may change an electric plug or fuse

All staff have a responsibility to ensure that:

- defective equipment or any suspected defects with the electrical system are immediately reported
- any electrical equipment provided is correctly used
- personal electrical equipment is not brought into school without a relevant test certificate and the Site Manager's knowledge.

Full details about the inspection and testing requirements for electrical equipment are contained in RBK's Health and Safety Handbook plus the Caretaker's Handbook.

Lovelace Primary & Nursery School

Health & Safety Policy & Arrangements

'Safety Starts With Me'

APPENDIX 7 HAZARDOUS SUBSTANCES

The Control of Substances Hazardous to Health (COSHH) Regulations 1988 impose duties on employers to protect employees from exposure to Substances Hazardous to Health.

Legal Requirements - The regulations require employers to:

- assess the risks to health arising from the use, handling, storage and transport of a Substance Hazardous to Health
- identify appropriate control measures that are required to prevent and control risk of exposure
- ensure that control measures are used and that equipment is properly maintained and regularly tested
- where necessary, monitor the exposure of workers to hazards and carry out health surveillance
- inform, instruct and train employees about the risks to health and precautions to be taken.

To comply with the Regulations, the following procedures are undertaken:

- COSHH Assessments for all Substances Hazardous to Health used within the school are completed
- Hazards to health associated with the use of any COSHH substance are identified
- control measures required to reduce the risk of exposure to any COSHH substance are identified
- any personal protective equipment/clothing required is identified
- storage requirements, first aid and emergency procedures for any COSHH substances are identified
- staff are trained in the risks to health and the precautions to be taken.

A substance hazardous to health is a product with one or other of these classifications:

The classification symbol will be on the label in an orange coloured box. Comment: the labelling standards have changed. The information below shows the new label format:

COSHH

KNOW YOUR SAFETY SYMBOLS / HAZARD PICTOGRAMS

 **Harmful to the Environment** – Hazardous to the environment & causes aquatic toxicity.

 **Highly Flammable** – Gases, aerosols, liquids and solids, such as: Self-heating substances & mixtures; Pyrophoric liquids and solids that may catch fire when in contact with air; Substances which in contact with water emit flammable gases; Self-reactive substances that may cause fire when heated.

 **Explosive** – Self-reactive substances & organic peroxides that may cause explosion when heated.

 **Oxidising** – Gases, solids & liquids, which can cause or intensify fire and explosion.

 **Toxic / Very Toxic** – Handling a chemical that is acutely toxic in contact with skin, if inhaled or ingested, may be fatal.

 **Corrosive** – Corrosive & can cause severe skin burns and eye damage. It is also corrosive to metals.

 **Harmful / Irritant** – Means: Acutely toxic; Causes skin sensitisation, skin & eye irritation; Respiratory irritant; Narcotic (causes drowsiness or dizziness); or Hazardous to the ozone layer.

 **Gas Under Pressure** – Means: Gas under pressure, may explode when heated; Refrigerated gas, may cause cryogenic burns or injuries; or, Dissolved gases.

 **Longer Term Health Hazards** – With one or more of the following: Carcinogenic; Affects fertility & unborn child; Causes mutations; Respiratory sensitiser, which may cause allergy, asthma or breathing difficulties when inhaled; Toxic to specific organs; or, May be fatal or harmful if swallowed or if it enters airways.

General Safety Precautions when using Hazardous Substances

1. Always read the label and follow safety instructions.
2. Use the specified Personal Protective Equipment (PPE)
3. Do not breathe vapours, spray or dust.
4. Avoid skin contact, wash immediately with water.
5. If contact with eyes or mouth occurs, rinse with plenty of cold water and seek medical advice **IMMEDIATELY**.
6. Wash hands thoroughly before you eat, drink or smoke.



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Health & Safety Policy & Arrangements
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Assessments

Regulation 6 of COSHH requires the completion of Assessments:

"An employer shall not carry on any work which is liable to expose any employees to any Substance Hazardous to Health unless he has made a suitable and sufficient assessment of the risks and of the steps that need to be taken to meet the requirements of these Regulations"

The assessment is written down on a form, a sample of which is attached. (see further guidance in RBK Health and Safety Handbook for Schools). These forms are collated and stored in the School Office.

No member of staff must bring in to school their own materials likely to fall under the COSHH regulations without prior discussion with the Site Manager.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Appendix 8 - PHYSICAL EDUCATION, INCLUDING SWIMMING AND PLAYGROUND EQUIPMENT SAFETY

All children should be dressed appropriately i.e.,

- ✓ T-shirt and shorts
- ✓ plimsolls / trainers
- ✓ sweatshirts (not school uniform type) and jogging bottoms may be worn in winter months
- ✓ trainers may be worn for outdoor lessons provided they are only used for P.E. lessons
- ✓ no jewellery: earrings should be removed or be worn covered with surgical tape
- ✓ long hair must be tied back / fingernails should be of safe length

Staff should wear appropriate footwear i.e. plimsolls or trainers. If staff wish to change for P.E. lessons, shower facilities are available.

When using large apparatus in either of the halls, children should learn as early as possible to put the equipment out and away as safely as possible. **Children should never be left unsupervised with the large apparatus.**

The class teacher is responsible for checking the safety of the apparatus prior to allowing the children to use it. The school arranges an annual inspection of the PE equipment. The school takes the necessary steps to comply with the report recommendations.

Swimming

The swimming pool is used for the summer term and half the Autumn term. It is prepared for use by the trained and competent site manager/ caretaker.

The area should be clean and tidy. Lifesaving equipment should be available at all times. Suitable supervision ratios must be maintained. No children must be able to access the pool area unsupervised.

RBK's safety guidelines for school swimming pools and lessons are used and are located in the Health and Safety Handbook, accessible via' RBK's health and safety website for schools. All staff working in the pool area, including swimming teachers and supporting staff, should familiarise themselves with the content of this document.

Playground Equipment Safety

The equipment is provided for the use of pupils during break times and is only to be used when there is adult supervision. The school takes no responsibility for accidents that occur either before or after school, or during school holidays. Children and parents are frequently reminded that the equipment is not to be used during those times.

Staff are on duty during breaks. During the lunchbreak a supervisory assistant will be positioned by the area in order to direct children and supervise play activities.

All supervising adults will be familiarised with the levels of response which may be reasonably expected from the children. Children will have a clear understanding of the appropriate conduct on the equipment.

The number of children using the equipment at any one time will be restricted. This number may be adjusted at the discretion of the supervisors.

Supervisors must check carefully during inclement weather that the equipment is safe to use.

Children will not be allowed on the equipment with inappropriate footwear. Parents are encouraged to buy appropriate shoes as the teachers cannot allow children the time to change footwear.

RBK's guidelines on play equipment safety are attached. The guidelines include a specific playtime risk assessment, advice about risk assessing playtimes and information about play equipment standards including safety surfacing requirements.

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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Appendix 9 SCIENCE, DESIGN AND TECHNOLOGY EQUIPMENT

Science

Science in primary schools is a very safe activity. However, when children are engaged in a variety of open-ended investigations, there is always the possibility that something could go wrong. Teachers need, therefore, to be vigilant. The science policy highlights safety issues for teachers to be aware of and how to involve the children, through discussion and safe practice, regarding particular areas of Health and Safety.

- Under COSHH Regulations no chemicals (including kitchen chemicals) should be used until a Risk Assessment has been carried out - this means checking section 7 of the 'Be Safe' booklet. Expanded polystyrene (waste packaging) should **NOT** be used by children in the nursery or infant department.
- The School Science Service (CLEAPSS) provides a wide range of hazard cards – short documents which summarise the properties of chemicals and any safe systems of work required when using them. It also provides a wide range of advice in relation to science activities, including those taking place in Primary school settings.
- No mains powered electrical equipment should be brought in from home. An annual safety check should be made on all electrical equipment by the LEA.
- Teachers wishing to keep animals in their classrooms should adopt the practices described in relevant RSPCA publications or the CLEAPSS school science service can also be consulted. This aspect should be discussed with the Headteacher in the first instance.

Further information:

Health and Safety Handbook No 8
Health and Safety in School Science
Royal Borough of Kingston

CLEAPSS School Science Service
Brunel University
Tel: 01895 51496
<http://www.cleapss.org.uk/>

Design Technology

When undertaking any technological activity, the safety of pupils is paramount. Risk assessments must be undertaken and if there is any doubt, the activity must not take place until advice is sought.

Important safety practices in the classroom.

- At the beginning of each session discuss safety in the classroom with the whole class
- Children should be taught to use equipment safely, e.g. the correct way to carry scissors, use a hacksaw
- Store materials in such a way that easy and safe access is possible
- Glue guns must be used by teachers (or adult helpers) in an area away from the children's equipment and store of materials
- Goggles must be worn when sawing, drilling or handling wood
- 'Stanley' type knives should not be used by children under any circumstances
- Electric cookers must only be used when under very close supervision by the teacher or another adult. When the cooker is in use, children should not touch it under any circumstances.
- For DT activities involving food, please observe the "Food Safety and Hygiene in the Classroom Guidelines" - see attached

Appendix 10 - RISK ASSESSMENT

Risk/Hazard Assessment at Lovelace Primary School

Two trained people (at least) should be involved in the risk assessment

Five Steps to Risk Assessment



1. **LOOK** for HAZARDS (something with the potential to cause harm e.g. patch of water) which could reasonably result in an accident
2. Decide who might be harmed and how (Pupils, staff, contractors, parents, visitors)
3. Evaluate the risks (the likelihood that the harm will occur and its severity e.g. slipping on the patch of water)
 - Low, medium or high risk?
 - Are existing precautions/controls adequate?
 - Should more be taken?
4. Record the findings
5. Review the assessment on the next visit & revise if necessary

Hazards only present a risk when there is human interaction i.e. the water only becomes a hazard if someone treads in it

Identifying the hazards

A hazard has the potential to cause harm. Hazards may be associated with activities, with materials or substances, equipment, work places, people or procedures. Only those hazards which constitute a significant problem should be recorded (see attached list).

Evaluating the risks

Risks constitute the likelihood of a hazard being realised. Any significant risks identified should be prioritised and, within the limitations of budget and manpower, opportunities should be found to either eliminate the hazard, eliminate the risk or to control the risk to such an extent that its opportunity to be harmful is very unlikely. A risk ranking system may be used.

Level of Risk	Description	Action
Not significant	a risk that is unlikely to result in minor injury or illness leading to lost time, disability or death	No urgent action but measures should be prioritised for attention
Low	a risk that will probably result in minor injury or illness leading to lost time, disability or death	

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
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Moderate	a risk that is likely to result in injury or illness leading to lost time, disablement or death		
High	a risk that is highly probable and will result in serious injury, or illness leading to lost time, disablement or death	Urgent action required. Progress towards elimination must be undertaken	
Very High	a risk that will certainly result in serious injury or illness dealing to lost time, disablement or death		

Recording Findings

There is a requirement under the Management of Health & Safety at Work Regulations (1992) to record significant findings. This must not only record the hazards themselves, but also the conclusions. The recordings of a risk assessment should identify the following:

- a proper check was made
- individuals who might be affected were identified
- obvious significant hazards were dealt with, taking into account the number of people who would be involved
- the precautions are reasonable and the remaining risk low

The written document should be kept for future reference and will demonstrate that legal requirements have been met (see attached sheet).

Potential Hazards

Mechanical
 Entanglement
 Friction/abrasion
 Cutting, Shearing
 Stabbing/puncturing
 Impact, Crushing
 Drawing-in
 Fluid injection, Ejection

Biological
 Bacteria
 Viral
 Fungal

Environmental
 Noise
 Vibration, Light
 Humidity

Particles and Dust
 Inhalation
 Ingestion
 Abrasion of skin or eye

Radiation
 Ionising
 Non-ionising

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

<u>Transport</u> Minibus (Tyres, Mechanical, Electrical, Safety Belts) Pressure/vacuum Travel policy	Temperature Climate Pressure/vacuum	<u>Fire and Explosion</u> Emergency procedures Emergency equipment Combustible material
<u>Access/Egress</u> Slips, trips and falls Falling for moving objects Obstruction or projection	<u>The Individual</u> Individual not suited to work Long hours High work Rate Unsafe behaviour of individual	<u>Procedures/Policies</u> Discipline Traffic through/around Confined spaces Medicines in school Care and Control School Development Plans
establishment		
<u>Handling/Lifting</u> Equipment, Packages Furniture	<u>Organisational</u> Poor maintenance Lack of supervision Lack of training Lack of information Inadequate instruction Unsafe systems	
<u>Electricity</u> Power supply systems Large & small electrical equipment	Provision of unsuitable equipment Inadequate monitoring arrangements Skills level appropriate to usage of equipment	Violence to staff
<u>Chemicals</u> Toxic, Irritant Sensitising, Flammable Corrosive, Explosive Carcinogens Combustible material		

(Sample RA) Assembly/Main Hall

School Name LOVELACE PRIMARY SCHOOL		Decide who may be harmed (insert ✓):					
		Student	✓	Contractors	✓	Visitors	✓
Department / Location/Year Group (if applicable) LOWER HALL		Staff	✓	Vulnerable People	✓	Volunteers	✓
Identified Hazards	Initial Risk Rating	Existing Control Measures (select all that are in place)			✓	Actions / Comments	
Slips, trips, falls	H	Floor coverings are suitable for the environment, routinely inspected and maintained in a good condition (checks are documented)			✓		
		Students and staff are regularly reminded not to leave props, resources, equipment, furniture, personal belongings or other items in walkways, on stage/ back stage areas			✓	<i>Refer to Whole School Slips/Trips/Falls Risk Assessment If Appropriate</i>	
		Consumption of food or drink in the hall is not permitted			✓		
		Trailing cables are eliminated through the use of cable management devices			✓		
		Adequate overhead and task lighting is provided			✓		
Fall from Height/Falling Objects/Equipment	H	Staff are regularly reminded to minimise working at height, only those appropriately trained are permitted to use stepladders/ ladders/mobile towers			✓		
		All flats, lighting & PA systems, curtains etc are securely installed, regular checks are made by a competent person			✓	<i>Complete an Activity Specific Working at Height Risk Assessment if Appropriate</i>	
		Window openers are provided so high level windows can be opened/closed			✓		
		Storage in the hall is minimised, locked cupboards are provided and chairs are not stacked more than five high. A good standard of housekeeping is maintained at all times.			✓		

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
'Safety Starts With Me'

		Cupboards and other equipment (e.g. whiteboards/notice boards/projectors etc) are appropriately fastened to walls/ceilings, and routinely checked to ensure they remain secure. (checks are documented)	✓		
Manual Handling	H	Staff are regularly reminded not to move heavy objects/equipment unless they have received the appropriate training.	✓	Refer to Task Manual Handling Risk Assessment if Appropriate	L L
Manual Handling	H	Staff are regularly reminded not to move heavy objects/equipment unless they have received the appropriate training.	✓	Refer to Task Manual Handling Risk Assessment if Appropriate	L L
		Students are only permitted to move furniture/equipment/resources after the hazards of doing so have been fully explained, they have been shown the correct techniques, and only under close staff supervision	✓		
Cuts/bruises/trapped fingers/other injuries	H	Doors, windows, furniture, fixtures, fittings are subject to routine visual inspections to ensure they remain in a safe condition (checks are documented)	✓		L L L L L L L
		Site staff regularly inspect under stage areas to ensure area is free of clutter, flammable or combustible items.	✓	Pupils are NEVER allowed under the stage.	
		Raised stages or podiums are routinely checked to ensure they are safe for use, pupils are NOT allowed on these structures unless staff are supervising	✓		
		Low surface temperature radiators or radiator guards are installed	✓		
		A known procedure is in place to report damaged/defective furniture/equipment/fittings/doors/windows/flooring/lighting etc	✓		
		Adequate number of trained first aiders are available, suitable first aid facilities are provided and there is a known procedure in place for reporting of accidents/incidents or near miss occurrences	✓	Also Refer to Whole School First Aid Risk Assessment if Appropriate	L L
		An adequate number of supervising staff are always on duty when the Hall is in use (the ratio is risk assessed in advance of the activity/event)	✓		
Electrocution/Electric Shock	H	Site staff visually inspect electrical equipment & lighting for damage before use, faulty items are taken out of use and reported immediately	✓		L L

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

		All electrical equipment is inspected by a competent person annually (PAT Tested). Staff are reminded not to use electrical equipment that does not have a current PAT certificate	✓		
Use of Computers	TBA	Staff who use classroom based computer equipment have undertaken a Display Screen Equipment (DSE) assessment	TA B		TBA
Horseplay/Inappropriate Behaviour	H	Appropriate supervision is in place and students are regularly reminded about appropriate behaviour. A known behaviour policy is in place and sanctions are enforced where appropriate	✓	Refer to the School Behaviour Policy if Appropriate	L
		Pupils are not allowed in the Hall unless supervised by staff	✓		L
		Students with significant behavioural issues have an Individual Behaviour Management Plan in place	✓		L
		Staff to pupil supervision ratios take account of the abilities/experience /behavioural issues and the activities taking place	✓		L
Exposure to Noise	M	Facilities provided are not excessively resonant, sound absorbing materials are used as much as possible to reduce reverberation	✓		L
Exposure to Asbestos	M	An assessment of the location and condition/type of any asbestos has been undertaken and details provided to staff who use the studio. Staff are informed when they can and can't attach things directly in to walls/ceilings	✓	Refer to School Asbestos Survey if Appropriate	L
Fire/Other Emergency Evacuation Situations	H	Fire exit doors/circulation routes are kept free of obstructions, and provide a clear and easy means of escape. Seating layout does not impede a safe and speedy evacuation	✓	The Hall limit is 120 seated and 240 standing Refer to School Fire Risk Assessment if Appropriate	L
		A safe limit for fire evacuation purposes has been confirmed and is not exceeded , and clear evacuation signage is in place	✓		L
		Fire retardant paint and materials and paint are used in the hall	✓		L
		Combustible materials are kept to a minimum	✓		L
		Fire evacuation procedures are clearly displayed & staff ensure evacuations are undertaken in a controlled and orderly manner	✓		L
		Known procedures and collation points are in place for different emergency situations, and drills to test procedures are routinely undertaken	✓		L

Lovelace Primary & Nursery School
Health & Safety Policy & Arrangements
‘Safety Starts With Me’

Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.

Other Hazards Identified	Additional Control Measures to be Put in Place				
Any other foreseeable hazards that are associated with the activities being carried out to be listed here.	<p><i>Where you have identified other hazards record the additional control measures you are going to put in place to mitigate these below:</i></p> <ul style="list-style-type: none"> • SEPARATE AND DETAILED RISK ASSESSMENTS ARE UNDERTAKEN FOR SPECIFIC ACTIVITIES/EVENTS • REFER TO EVENTS TOOLKIT AS APPROPRIATE 				
Date of Assessment:	04/09/2017	Carried out by:	Nick Mildenhall	Signature:	
Date of next review:	09/2018	Carried out by:		Date Review Completed:	

Note: Health and safety in our school is the responsibility of everyone and is about taking a sensible and proportionate approach to ensure that the learning environment provides a healthy and safe place for all who use it, including staff, volunteers, visitors and students.

Hazard Inspection Checklist

	/ X	ACTION REQUIRED	DATE ACTIONED
<p>1. <u>CIRCULATION AREAS</u></p> <p><u>STAIRS</u></p> <p>1.1 Steps in good condition 1.2 Banister/Handrails secure 1.3 Stairways well lit</p> <p><u>CORRIDORS</u></p> <p>1.4 Floor surfaces in good condition 1.5 Mats/Carpets secure 1.6 Mat wells level with floor surface 1.7 Passageways clear of obstructions</p> <p><u>DOORS</u></p> <p>1.8 Doorways unobstructed 1.9 Doors in good condition with: - no loose or broken hinges - no damaged or faulty catches - no loose or faulty handles 1.10 Safety glazing provided in panelled doors</p> <p><u>WINDOWS</u></p> <p>1.11 Safety glazing provided as appropriate 1.12 Windows open easily 1.13 Safe access to windows provided 1.14 Window poles provided, where necessary 1.15 Windows in safe position when open 1.16 Window mechanism in good condition</p>			

		<i>/ X</i>	ACTION REQUIRED	DATE ACTIONED
2. <u>HEATING AND VENTILATION</u>				
2.1 Adequate heating is provided				
Adequate ventilation is provided				
3. <u>FIRE SAFETY</u>				
3.1 Fire doors and exit routes are clear from obstructions				
3.2 Fire doors - one is kept closed				
- second door closes when alarm is activated				
3.3 All designated Fire Exits are clearly marked and can be opened from the inside without the use of a key				
3.4 Evacuation procedures are clearly identified				
3.5 All staff, pupils, visitors and hire groups are familiar with evacuation procedures				
3.6 A fire drill is held termly and timed with a record kept				
3.7 Fire extinguishers are serviced annually				
3.8 Access to fire extinguisher equipment is kept clear at all times				
3.9 The fire alarm is tested regularly (weekly)				
3.10 There is an up to date fire risk assessment for the school.				
4. <u>ASBESTOS</u>				
4.1 There is an up to date asbestos survey/professional re-inspection for the school and staff have been advised of its contents.				
4.2 Caretaking staff have attended Asbestos Awareness training within the last three years.				
4.3 When any work to the fabric of the building including refurbishment work is planned, the school will organise a refurbishment/demolition asbestos survey for the area concerned.				
5. <u>ELECTRICAL EQUIPMENT</u>				
5.1 All electrical equipment is regularly inspected and in good condition with:				
- no trapped or frayed cabling				
- no cracked plugs				
- no loose flexes				
- no exposed wiring				
5.2 Electrical sockets are not overloaded				
5.3 Electrical sockets are in good condition and secure				
5.4 Electrical cables are secured and not causing a trip hazard				

5.5 Residual current circuit breakers are used where appropriate (e.g. for outside electrical works)

5.6 Drum extension cables are fully unwound when in use

5.7 Electrical switch/meter rooms are kept clear of obstructions

	/ X	ACTION REQUIRED	DATE ACTIONED
<p>6. <u>FIRST AID</u></p> <p>6.1 First Aid notices are clearly displayed</p> <p>6.2 First Aid boxes are adequately stocked and only contain items on the statutory First Aid List.</p> <p>6.3 A First Aid kit is provided for all external trips</p> <p>6.4 An accident book is provided for use</p> <p>6.5 All staff are aware of the accident reporting procedures</p> <p>6.6 All medicines are clearly labelled and dispensing details recorded</p>			
<p>7. <u>HAZARDOUS SUBSTANCES</u></p> <p>7.1 COSHH assessments have been completed for all chemical substances within the school.</p> <p>7.2 Copies of contractors' assessments have been provided</p> <p>7.3 Appropriate Personal Protective Clothing is provided for handling chemicals</p> <p>7.4 Chemical stores are locked at all times</p> <p>7.5 Cleaning materials are not left out in classrooms</p>			
<p>8. <u>CLASSROOMS</u></p> <p>8.1 Check sections 1-4</p> <p>8.2 All cupboards, shelving etc. are secure</p> <p>8.3 Classroom furniture is in good condition and there are no:</p> <ul style="list-style-type: none"> - sharp edges - loose screws or nails - splinters <p>8.4 All equipment is safely stored</p> <p>8.5 Steps are provided for safe access to high or awkward shelving</p> <p>8.6 All carpets are secure with no raised edges</p> <p>8.7 Where appropriate, hot pipes are protected</p>			

	/ X	ACTION REQUIRED	DATE ACTIONED
<p>9. <u>HALLS</u></p> <p>9.1 Check sections 1-4</p> <p>9.2 Floors are clean, even, non-slip and in good condition</p> <p>9.3 All brackets securing ropes and wall bars are sound</p> <p>9.4 PE equipment is annually inspected by a qualified technician</p> <p>9.5 Benches, beams etc. are in good condition</p> <p>9.6 Pupils are given instruction on safe moving and lifting</p> <p>10. <u>TOILET FACILITIES</u></p> <p>10.1 Toilet facilities are maintained in a clean condition</p> <p>10.2 Soap and paper towels (or other means for hand drying) are provided</p> <p>11. <u>OFFICE AREAS</u></p> <p>11.1 Check sections 1-4</p> <p>11.2 VDU Users have been identified and have received vision screening</p> <p>11.3 Workstation assessments have been completed</p> <p>11.4 Staff have received health and safety information on VDU workstation design</p> <p>11.5 Where appropriate the following have been provided:</p> <ul style="list-style-type: none"> - adjustable chair with lumbar support - screen support - document holder - footrest - antiglare filter - window blinds 			

	/ X	ACTION REQUIRED	DATE ACTIONED
<p>12. <u>PLAYGROUNDS</u></p> <p>12.1 Playground surface is in good condition.</p> <p>12.2 Outside steps are secure.</p> <p>12.3 Fences, gates and barriers are secure and in good condition.</p> <p>12.4 All play areas are free from glass and other sharp objects.</p> <p>12.5 Safety surfacing, where provided, is in good condition.</p> <p>12.6 All ropes, bar, steps, timber frames on playground equipment are in good condition and secure.</p> <p>12.7 All playground equipment is inspected annually by a qualified technician.</p> <p>12.8 All play equipment is secure.</p> <p>12.9 Use of outdoor play equipment is individually supervised and groups size restricted accordingly.</p> <p>12.10 Pupils are provided with instruction on the safe and correct use of the equipment.</p>			

	/ X	ACTION REQUIRED	DATE ACTIONED
<p>13. SWIMMING POOL</p> <p>13.1 The pool area is kept free from obstructions and is in good condition.</p> <p>13.2 The pool is kept free from leaves and other debris.</p> <p>13.3 The pool area is locked when not in use.</p> <p>13.4 Long rescue poles and lifesaving equipment are provided in the pool area.</p> <p>13.5 Signs indicating the pool depth are provided.</p> <p>13.6 'No Diving' signs are provided.</p> <p>13.7 A footpath is provided by the swimming pool.</p> <p>13.8 Water quality is tested and recorded regularly (x3 day).</p> <p>13.9 Water and air temperature is regularly recorded (x3 day).</p> <p>13.10 All pool chemicals are assessed under the COSHH Regulations.</p> <p>13.11 Appropriate Personal Protective Clothing has been provided for the use of pool chemicals.</p> <p>13.12 All chemicals are securely stored out of public access.</p> <p>13.13 Pool plant equipment is well maintained and regularly serviced.</p> <p>13.14 Supervision arrangements for lessons conform to RBK Guidelines.</p> <p>13.15 Caretaker has attended Pool Plant Operators training within the last three years.</p>			

Inspection Record

Name: _____ Designation: _____ Date: _____

Name: _____ Designation: _____ Date: _____

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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Appendix 11 - THE ROLE OF THE SAFETY REPRESENTATIVE AND TRAINING OF STAFF

Under the Health and Safety at Work Act 1974 and the Safety Representative and Committee Regulations 1977, recognised trade unions may appoint a safety representative.

The main function of the safety representative is to help promote health and safety within the school by :

- Carrying out termly joint inspections with the Headteacher to ensure good health and safety standards are maintained (as per the attached sheets).
- Investigating staff complaints on any health, safety or welfare issues and liaising with the Headteacher on possible improvement actions.

At the date of this policy, all staff have been involved in its formulation.

As new staff take up appointment, the main points of the policy will form part of their induction programme with the Deputy Headteacher, School Business Manager or Site Manager. Staff will then be expected to read the full policy and raise any queries with the School Business Manager.

Supply teachers are provided, in the first instance, with information concerning Fire and Emergency procedures. They are asked to communicate immediately with a permanent member of staff should they have any concerns with matters relating to Health and Safety.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
'Safety Starts with Me'

Appendix 12 - LETTING THE PREMISES OUT TO HIRERS

Any organisation or individual wishing to hire the school (or any part of it) approaches the School Business Manager in the first instance. The Site Manager should also be consulted on his availability (giving at least 2 week's notice).

Details of the letting and financial arrangements are then discussed prior to the Headteacher's involvement.

Following verbal agreement to the let, the hirer is issued with a form (see (i)). Any necessary public liability insurance cover is checked by the bursar. A notification of approval of the let (see (ii)) is then issued.

The Site Manager has a claim form pad for lettings. The claim forms must be signed by the hirers **at the time of the letting**, by the Site Manager and subsequently by the School Business Manager.

The Site Manager should be on-site half an hour before the let begins and remain on-site throughout the let, observing the school's security measures. He should then ensure that hirers leave the building as they find it. The Site Manager has half an hour after a let has ended in which to make the building secure.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
'Safety Starts with Me'

Appendix 13 - CONTRACTORS IN SCHOOL

For many construction, refurbishment, maintenance and repair (including redecoration) works the Construction (Design and Management) Regulations 2007 (Ref 3) will apply. These Regulations place duties upon clients (i.e. the Governing Body and/or RBK), CDM Co-ordinators, Designers and Principal Contractors to plan, co-ordinate and manage health and safety throughout all stages of a construction project. The contractor will be required to complete a "Contractors Pack" and returned to the school before any works can commence.

Under the Regulations, the school is legally required to take responsibility for:

- appointing **competent** designers & contractors
- insuring the contractors pack has been issued and returned to the school
- providing **information** on potential hazards on site
- ensuring there is sufficient **time** and **resources** for risks to be addressed
- ensuring there are **adequate welfare facilities** on site for workers

The above duties apply to all projects. For projects which are 'notifiable', schools have additional duties. Notifiable projects are those expected to last longer than 30 days or involve more than 500 person days of construction work. These duties include:

- appointing a competent CDM Co-ordinator
- appointing a competent Principal Contractor
- approving the Construction Phase Health and Safety Plan
- ensuring the Health and Safety Executive is notified of the project

Key Issues

Selecting Contractors for Non-notifiable Projects:

To assist schools with this there are two databases listing contractors. They are:

EXOR

This list provides contact details of contractors who have been approved to undertake work. For details on how to access the EXOR website, contact Annette Turner on 020 8547 5592 or via e-mail on: Annette.turner@kingston.gov.uk.

and

CHAS – Contractors Health and Safety Assessment Scheme

CHAS provides details of over 50,000 contractors who have completed a health and safety assessment. Schools can access CHAS via the internet to check whether contractors passed or failed that assessment.

www.chas.gov.uk

User name: RBKSCH

Password 85475161 PLEASE DO NOT GIVE THESE DETAILS TO ANY CONTRACTORS OR
CONSULTANTS

Planning and Organising the Work

Clear parameters must be established for everyone involved, including sub-contractors where appropriate.

The health and safety arrangements will deal with the services which the contractor may require when on site and cover the plant/equipment they bring with them. Special areas of secure storage may need to be set aside. Toilets and first-aid facilities must be properly organised.

Pupil requirements should be carefully considered in terms of access, playground usage etc. Generally, contractors will be required to work to cause minimal disruption to the school's working day.

Contractors and sub-contractors should be made aware of the school's evacuation and emergency procedures.

NSM 07.07.2021

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
'Safety Starts with Me'

Controlling the work

The headteacher or school-based appointee will liaise with the contractor to establish day-to-day control and monitor health and safety standards. These controls extend to sub-contractors, including those introduced at a later stage or whose work on site is intermittent.

Contract completion

Health and Safety matters should be properly verified on completion. Relevant documentation (e.g. electrical test certificates) must be obtained. For new builds and extensions, the school must be provided with a Health and Safety File which includes information about future maintenance and safety arrangements for the safe completion of cleaning and maintenance.

All equipment and material must be removed and working areas left in a safe condition. Any damages to fixtures, fittings, floor surfaces etc. must be made good.

If equipment has been installed, safe operating procedures, maintenance routines etc. must be clearly identified and understood. Necessary documentation must be handed over.

Legal duties cannot be delegated by contract. In keeping with all aspects of the work to be undertaken, managing health and safety requires collective effort and commitment of all the parties involved.

Appendix 14 - Violence at Work / Abusive Visitors

We have an in school protocol to guide us through this issue: [2018 Lovelace Abusive Visitors Protocol \(1\).docx](#)

1. Introduction

Whilst acknowledging that violence does occur at work, and cannot always be avoided, the Council is committed to the firm conviction that steps must be taken to minimize the risk of violence and to provide support whenever it occurs. In addressing this issue RBK demonstrates its support and commitment to employees and the value which is placed upon them. We have separate document 'Guidance for Staff concerning abusive visitors & procedures'

Clearly any incident of physical assault which causes an injury to a member of staff, whether it results in physical pain and suffering or anxiety and stress, is a cause for serious concern. It is important to recognize that verbal abuse and/or threats also may take their toll in emotional strain with equally serious effect. Failure to address the issue can lead to low morale and poor performance and there may be the associated costs of absence as staff are rendered incapable of coming to work because of injury, depression or fear.

Furthermore, there is a legal requirement to consider which places a statutory obligation on the Council to provide a safe system of work, a safe place of work and a safe working environment. This duty extends to protecting employees from assaults.

2. Definition of Violence

"Violence is considered to be any incident in which an employee is abused, threatened or assaulted in circumstances arising out of the course of his or her employment".

3. Statement of Policy

The Royal Borough of Kingston is committed to ensuring the health, safety and welfare of all staff, including agency staff, our contractors and those seconded to the Council. It does not accept, and will not tolerate, physical, verbal or emotional abuse to staff who are going about their duties on behalf of the Council. Violence to RBK employees is not accepted as being 'part of the job'.

4. Responsibilities of Managers

All our managers will familiarise themselves with the RBK Health & Safety Policy and Violence Risk Assessment guidelines, and will take any measures which are reasonably practicable to ensure that all staff remain safe from foreseeable dangers while at work. Managers should ensure that there is a system for:

- Identifying the significant hazards and **undertaking risk assessments** in their area (record of incidents, known individuals, recognised 'at risk' situations)
- Informing staff about the steps to protect themselves, including lone working
- Review working practices in the light of any changes
- Recording and reporting details of incidents - sharing information with other directorates/departments/schools where necessary
- Ensuring staff have received training on coping with violence
- Providing help and support for staff affected by violence at work
- Monitoring and reviewing the situation within their department

5. Responsibilities of staff

All staff are required to follow procedures and practices designed to protect their own health and safety and that of their colleagues - and this extends to the risk of violence at work.

Staff are required to co-operate with the measures provided by managers and these include:

- Following departmental procedures when dealing with members of the public and making off-site visits
- Familiarizing themselves with the health and safety guidelines
- Attending training courses on preventing violence at work
- Reviewing information held within the department prior to meetings with unknown persons

6. Home Visits Arrangements:

We may undertake home visits for a variety of reasons such as 'on entry' to school, for non-attendance, to visit pupils in hospital or significantly unwell at home. Generally there are two staff present but not always. Staff always inform office staff of where they are going and when they will be back. All staff carry a mobile phone. See also the 'lone working appendix'.

- Ensure managers with staff who undertake home visits have access to the 'Caution Before Contact' database. Contact Caroline.woodliffe@kingston.gov.uk for more information.
- Where possible, visits take place at the school rather than in pupils' homes.
- If home visits are unavoidable, the Caution Before Contact database is checked prior to organizing the visit.
- For persons unknown to the school and not listed on Caution Before Contact, then two staff will arrange to visit the home.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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Appendix 15 WASTE DISPOSAL & RECYCLING

Classroom materials

Each classroom has at least one bin which should be emptied daily by the cleaners. Staff should ensure that any 'messy' materials e.g. paint, glue is securely wrapped in newspaper. The waste should then be placed in bin liners which are tied securely and placed in the main bins outside. In addition, each pair of classrooms has a large paper bin to encourage recycling. These should be emptied into the paper/ cardboard bins as soon as they are near to becoming full by the Caretaker.

Paper towels

Towel dispensers are placed in each classroom, all adult toilets and the main office. Used towels should be placed in the bins. These are to be emptied daily into the bin liners which are tied securely and placed in the main bins.

Main office and staffroom bins

As well as containing used paper towels these bins are also likely to contain left-over food. These bins are provided with bin liners which should be tied securely and placed daily in the main bins.

Playground bins

These bins contain rotting fruit and should be emptied weekly, either into the bin liners from the office/staffroom or into another bin liner. The bag should then be securely tied and placed in the main bins.

Skip

The skip is sited at the rear of the school if needed usually at the end of a school year. The bin liners must be pushed down into the bottom of the skip to maximise its cost efficiency. The plastic cover must cover the contents of the skip during the day.

Clinical Waste

Spillage of body fluids should be cleared up as quickly as possible in accordance with guidelines. As advised by the OH unit: small quantities of clinical waste, such as those arising from providing first aid treatment, should be double bagged and disposed of in the normal way. There is no need to use yellow bags, arrange for a clinical waste collection or contact the Environmental Health department.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
‘Safety Starts with Me’

Appendix 16 Lone working

Lone workers are those employees who work by themselves without close or direct supervision and, as such, come under the school's Health and Safety at Work policy. For example:

- Site Manager or the last employee in the building (locking up)
- Employees working outside of normal working hours (7am to 5.25pm)
- People attending out of hours meetings or functions
- Contractors on site

Although there is no general legal prohibition on working alone, there is still a duty to identify hazards of the work, assess the risks involved, and put measures in place to avoid or control the risks.

RBK guidelines on lone working are provided on the Google docs / ACTION HR health and safety website for schools <https://actionhr.uk/>

All employees should consider whether it is really necessary for them to work alone, and whether arrangements can be made for others to work at the same time. As this is not always possible, all staff must be made aware of this policy and the procedures required for lone working.

Some of the issues that need special attention in your risk assessment are:

- Can the risks of the job be adequately controlled by one person?
- Does the workplace present a special risk to the lone worker?
- Is there a safe way in and out for one person?
- Can external doors be kept closed and locked?
- Can all the activities and equipment necessary for the job be safely managed by one person?
- Is there a risk of violence?
- Are women and/or young workers especially at risk if they are alone?
- Is the person medically fit and suitable to work alone?
- Are they capable of responding to an emergency situation and aware of emergency procedures, e.g. fire?

Lone workers must not knowingly put themselves at risk, and should follow these procedures:

- Ensure that someone is aware that you are working alone, that you keep in regular contact and/or have given them an expected time of return
- Have a mobile phone to hand
- When entering or leaving the building during darkness, make sure your key is readily available and be alert for intruders
- If leaving the building at night after a function or meeting, try to leave with others
- Do not confront intruders or unauthorised people unless you are sure it is safe to do so
- Notify the headteacher, site manager or police if there is any sign of intrusion or you are concerned about unauthorised people.
- Training is particularly important where there is limited supervision and may be critical to avoiding panic reactions in unusual situations.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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Appendix 17 Work at Height

Work at heights, necessitating the use of ladders, step ladders exceeding 3 metres in height or in areas where there is a risk from falling, will only be undertaken by, or when approved by, the Site Manager / School Business Manager.

RBK guidelines on work at height are provided on the health and safety ACTION HR website for schools which is accessed via the ACTION HR website Health & Safety Link <https://actionhr.uk/>

School pupils must not be permitted to undertake work at heights (for example when arranging lighting for plays or similar events).

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
‘Safety Starts with Me’

Appendix 18 Infectious Diseases and Immunisations

The Royal Borough of Kingston has a duty under the Health and Safety at Work etc. Act 1974, and the Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health 2002, to protect employees' health in the workplace.

In most cases this will mean applying general hygiene precautions such as handwashing and the use of personal protective clothing. In some cases, additional protection may be necessary in the form of immunisation. Employees who face an increased risk of disease as a result of their work will be contacted by the Occupational Health Unit to assess the need for immunisation, and advised how to obtain any necessary vaccinations. This would normally be part of the induction process.

Vaccinations are not considered to be compulsory for work within Local Authority settings, staff are encouraged to follow national guidance on immunisation where risk to their own health and that of others can be avoided.

The following infectious diseases are included in this guidance:

- Tuberculosis
- Hepatitis B & other blood borne viruses
- Tetanus
- Influenza
- Slapped Cheek Syndrome
- Scabies
- MRSA

1 Tuberculosis

Tuberculosis is caused by an infection with *Mycobacterium tuberculosis*. It most commonly affects the lungs, but can affect any part of the body. It is most commonly spread through droplets in the air produced when someone with the infection in their lungs coughs or sneezes. It is not highly infectious, generally requiring prolonged close contact with an infectious person, for example living in the same household. It may take many years before someone infected with TB develops the full disease.

Preventing the risk of infection:

The most important part of controlling TB is identifying and treating those who already have the disease, to shorten their infection and to stop it being passed on to other people. Immunisation plays the key role in the prevention of infection.

Immunisation:

The BCG vaccine contains a very weak form of the bacteria that causes tuberculosis. Because it is weak the vaccine doesn't cause the disease but helps the body to start to build protection against it.

The following groups are recommended to have BCG immunisation	Example within RBK
Staff working in homeless persons hostels (not HPU unit) & refugees and asylum seekers	Saxon House, Four Oaks, Gloucester Rd, Thomas Pooley

All staff in the above groups are asked to disclose on their pre-employment health questionnaire whether they have ever had BCG immunisation when they join RBK.

If staff cannot remember whether they have ever received vaccine they will be requested to contact the TB Clinic at Kingston Hospital for an appointment. At the appointment the staff member will be offered a skin test which will assess their sensitivity to tuberculin protein. This is assessed 48-72 hours later and if the result shows no sensitivity a BCG immunisation will be offered. This practice reflects the current advice issued by the Health Protection Agency

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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Action to take in the event of contact with known cases

Contact the Occupational Health, Safety & Wellbeing Department who will assist in any contact screen programme led by the SW London Health Protection Unit, Springfield Hospital and the TB Clinical Nurse Specialist at Kingston Hospital.

2 Blood Borne Viruses inc. HIV, Hepatitis B & Hepatitis C

2a HIV

Human Immunodeficiency Virus (HIV) affects the body's immune system by destroying and inactivating the defence cells. When the immune system has been weakened in this way it becomes vulnerable to infections which take advantage of this weakness (known as opportunistic infections). If someone develops one or more of the more serious of these opportunistic infections (called AIDS defining conditions) they will be given a diagnosis of Acquired Immune Deficiency Syndrome (AIDS).

Good working practices and infection control measures will prevent HIV infection as they will other infections. The Council will ensure there are procedures and instructions to maintain good working practices and infection control measures.

Employees must follow the procedures on infection control contained in the Council's Health and Safety Handbook (Health & Hygiene Guidance). Departments will review working procedures for all work activities to ensure they are fully understood, are effective in preventing the spread of infection and are in operation.

Action to take in the event of an 'at risk' injury or incident (e.g. contact with blood or needle stick Injury)

Wash area well with warm running water and soap

Encourage gentle bleeding. Do not suck wound.

Dry and cover with waterproof dressing (no visible air-holes)

If splashed in mouth or eyes rinse freely with water

Report to line manager/ or practitioner. Reporting of the needle-stick/sharp injury must not be delayed because the staff member may wish to receive Post Exposure Prophylaxis (PEP).

- If the source can be identified, obtain basic details (name, DOB, contact number, GP).
- Attend Accident & Emergency, Kingston Hospital (switchboard 020-8546 7711 and ask for the Specialist Registrar (Spry) on the Clinical Infection Unit (CIU)). The staff member must attend immediately.

A risk assessment will be undertaken by the OHD or CIU Spry and recommended treatment given and follow up arranged.

- Complete an Incident Form.
- Ensure source contact details are collected, and that they are aware they may be contacted once the risk assessment has been completed

2b Hepatitis B

Hepatitis simply means inflammation of the liver. It is commonly caused by viruses and of particular concern in local authority settings is type 'B' virus. Hepatitis B is a serious infection, it can lead to long term ill health and, in some cases, be fatal.

The virus is transmitted through blood and bodily fluids that contain blood. This can occur through direct blood-to-blood contact, unprotected sex, and intra-venous drug use. It can also be passed from an infected woman to her new-born during the delivery process.

Occupational risk factors included bites (and to a much lower extent) - scratches from service users, pupils or members of the public; accidental inoculation through handling a needles and syringes; direct contact with blood in an emergency situation.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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Preventing the risk of infection:

A hierarchy of measures exist to protect staff from contracting any blood borne virus. These include:

- All at risk activities are explained to members of staff who face any occupational risk of exposure to blood or body fluids
- Staff are reminded to ensure that all cuts and abrasions on hands and arms are covered with a waterproof dressing
- Disposable gloves to be worn when handling any blood or body fluid
- Handwashing following any contact with blood or body fluids
- All exposure prone incidents (e.g. a human bite which punctures the skin, splash into the eye or a needle stick injury) are treated immediately by washing the wound/eye thoroughly
- Hepatitis B vaccine is provided for at risk groups

Immunisation is recommended for all members of staff who have an occupational risk and these include

Hazard	Example within RBK
Possible contact with blood, or body fluids containing blood, when working with people with severe learning disabilities. Contact with adults or children who may bite frequently and regularly	Staff working in residential homes – Fairlawn, Woodbury, Dysart School, Hobkirk House (Nursing Unit)
Possible contact with discarded needles and syringes	Housing caretakers, Environmental Health officers, RSWs working with young people who may bite, scratch or use IV drugs. Contractors involved in refuse collection, street cleansing and grounds maintenance. Some Housing Officers (assessing void properties)
Exposure to direct violence (human bites and scratches) from members of the public, pupils or service users	Staff working in residential homes – Fairlawn, Woodbury, Dysart School, Beverley House

Immunisation:

All staff are asked to disclose whether they have had immunisation when they join RBK.

Staff who have no previous record of immunisation are requested to make an appointment with their GP or attend the Occupational Health Unit and offered a full course of vaccine. Doses are given at the following intervals:

On joining	1 st dose
1 month	2 nd Dose
5 - 6 months	3 rd Dose
8 months	Blood test

All staff will be informed of their blood test result in writing and offered further advice about the prevention of cross-infection in the workplace.

Human Bites

This can occasionally happen to staff working in schools. The children normally reside in family settings and have conditions which trigger unpredictable behaviour. There is a very low risk of exposure to hepatitis B even if the bite punctures the skin. If the staff member has not received a course of immunisation - a course of 'post exposure' vaccine is required. Staff should make an appointment to see their GP or attend A&E dept. at their local hospital on the day of the injury. A course of antibiotic therapy is also usually required.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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3 Tetanus

Tetanus, commonly called lockjaw, is a bacterial disease that affects the nervous system. It is contracted through a cut or wound that becomes contaminated with tetanus bacteria. The bacteria can get in through even a tiny pinprick or scratch, but deep puncture wounds or cuts like those made by nails or knives are especially susceptible to infection with tetanus. Tetanus bacteria are present worldwide and are commonly found in soil, dust and manure. Infection with tetanus causes severe muscle spasms, leading to "locking" of the jaw so making it impossible to open the mouth or swallow, and may even lead to death by suffocation. Tetanus is not transmitted from person to person.

Preventing the risk of infection:

A hierarchy of measures exist to protect staff from contracting tetanus. These include:

- All at risk activities are explained to members of staff /volunteers who face any occupational risk of contracting tetanus and if there is any doubt advice should be given to check their immune status with their GP
- All cuts & abrasions on hands and arms should be covered with a waterproof dressing
- Protective gloves to be worn if involved with gardening activities
- Litter pickers when handling any discarded rubbish
- Vaccination is the best way to protect against tetanus. Most adults in the UK have received a primary course of vaccine during childhood. The current practise is to have a booster injection every 10 –15 years or following a susceptible injury. It is free of charge from a GP and is not available from Occupational Health Unit.

Hazard	Example within RBK
Direct contact with soil and sharp objects	Caretakers, cleaners, Grounds maintenance staff (inc. contractors), dog wardens, Environmental Health officers, volunteers involved in conservation projects

4 Influenza

Influenza is a serious disease which causes widespread illness every year and acute epidemics every few years. Although everyone is at risk of contracting 'flu for most people the illness is unpleasant but without complications. For some people with on-going health problems, such as listed below, the effect of 'flu carries an increased risk of serious illness and can result in bronchitis or pneumonia. The peak period is usually mid-December - Mid January. The Government's advice has been strongly in favour of providing immunisation to those at greatest risk from the effects of the illness including those of all ages with:

- Chronic heart or respiratory disease
- Chronic renal disease
- Diabetes
- Weakened immune systems

Staff that have any of the above conditions are advised to contact their GP for immunisation in October of each year.

The Government also advises Local Authorities to provide immunisation for front line health and social care providers to minimise the effects of staff sickness during the winter months.

The following groups of RBK staff are considered front line staff:

- Community Services staff including Social workers, home care, residential and day care staff in all centres, housing officers and reception staff.
- Staff working in Special Schools - Bedelsford and Dysart schools

'Flu vaccine is free of charge is offered via the Primary Care Trust and details of the immunisation arrangements are provided each year. It is not available from Occupational Health Unit.

Pandemic Influenza

Currently there is no vaccine against Pandemic Flu. Separate corporate guidance is available on specific arrangements for controlling infection and availability of anti-viral medication.

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
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5 Slapped Cheek Syndrome

This is a viral infection mainly of children aged 4-10 years which occurs in 4 yearly cycles. It is caused by Parvovirus B19; a virus is in the throat which is thought to be spread by droplets. Requesting that pupils should be kept away from school is unnecessary as they are infectious only in the week before the rash and not following it.

Hazard	Example within RBK
Direct contact with children who have the infection.	All staff who have frequent contact on a regular basis with young children – in particular schools staff.

Action to take in the event of contact with known cases

Any pregnant women who develop a skin rash during pregnancy should see their doctor for advice. Work contacts are normally considered 'close contact' in the same way as family members.

If there is an outbreak (2 or more cases within 3 weeks in the same class or 3 or more cases within the school) staff are advised to discuss this with their GP who can arrange, if necessary, for a blood test to be performed (even if there are no symptoms).

Pregnant staff may need to avoid coming to work during an outbreak in the first 20 weeks of pregnancy – this can be discussed with Occ Health or SW London Public Health Unit.

More information about Slapped Cheek Syndrome is available from Occupational Health Unit

6 Scabies

Classical scabies is a very itchy skin rash. The rash is an allergy to a tiny mite smaller than a pin head. The mites burrow anywhere in the skin, mostly on the hands, and cannot be seen. The rash is most frequently seen on finger webs, wrists, under armpits, inner elbows. Other affected areas are around the breasts, waist, thighs and buttocks. The rash is often symmetrical.

The usual kind of infection is called 'classical' scabies. 'Crusted' scabies, formally called Norwegian scabies, is the same infection but with many more mites causing scaling of the skin. Not all people with 'crusted' scabies itch. Scabies is more likely to spread from 'crusted' scabies. An urgent appointment with a skin specialist (Dermatologist) is usually necessary.

The mites pass easily from person to person when people are in skin to skin contact such as holding hands, groups of people living in family homes, residential and nursing homes. Outbreak transmission risk in schools is thought to be lower. Nurses and carers may catch scabies when looking after people. The itching begins up to two months after catching the mites, so mites can pass to someone else before the rash appears. Equally, not everyone develops a rash as not everybody will have sensitivity to the mite.

Staff are reminded that transmission is by direct, prolonged skin to skin contact. Scabies is unlikely to be caught by short contact such as shaking hands. Longer contact is needed but could be as little as 5-10 minutes close contact.

Treatment

By treating with a lotion or cream which can be bought from a chemist without a prescription, but it is better to see your doctor first.

RBK staff that may need treatment:

- Everyone who has scabies including household family contacts
- Anyone who has had skin contact with someone with scabies for more than 5-10 minutes
- Doctors sometimes advise treatment for suspected scabies, for example when someone has similar symptoms but may not have any visible burrows.

Everyone should be treated at the same time so the mites do not pass back to a treated person. Staff who have casual contact with service users or office colleagues who are known (or later discovered) to have

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
'Safety Starts with Me'

scabies are not at risk unless they have had 10 minutes or more close contact. This would normally include reception staff, housing officers and office based staff.

Advice should be sought from the Occupational Health Unit and or the SW London Health Protection Unit, Springfield Hospital.

Hazard	Example within RBK
Staff working in day care or residential care settings, home care assistants, occupational therapists	Staff working in residential homes & day care centres- Fairlawn, Woodbury, Causeway Centre, Dysart School, Resource Centres for older people; Beverley;

7 MRSA - Methicillin-resistant *Staphylococcus aureus*

Staphylococcus aureus is a type of bacteria carried in the nose of about 20 - 30% of healthy people, usually without causing any harm. However, in certain circumstances, particularly when the skin is broken (e.g. with cuts, sores, wounds) *S.aureus* can cause boils, wounds and other infections. These do not normally spread to other people outside the hospital setting.

In hospitals, however, there are many patients about to have surgery, or who have recently had surgery. These people are particularly vulnerable to infection with *S. aureus* because they are unwell or may have open wounds.

Wounds infected with MRSA are much like other infected wounds, they look similar and are treated in the same way. The difference is that there are only a few antibiotics with which to treat MRSA wounds, and some of these need to be given by injection.

The risk of cross-infection

There is little risk to members of the public, including residents of nursing or residential homes, unless they have open skin lesions. If basic good hygiene precautions are followed, MRSA carriers are not a hazard to other members of their family, visitors, care staff, including babies, children and pregnant women.

Having MRSA should not be a reason for stopping admission to a nursing or residential home, or for discharge from hospital to their own home.

Prevention:

The single most important practice to prevent the spread of MRSA is handwashing, by both the service user and staff member. The service user should be encouraged to practice normal good hygiene with handwashing after using the lavatory and before eating, and where possible, have regular baths. They should be assisted with handwashing if their mental or physical condition makes it difficult for them to do so on their own. Wounds should be covered with a suitable waterproof dressing. Staff with eczema or psoriasis should not be involved with intimate care tasks (e.g. catheter care). Further advice should be sought from managers and the Occupational Health Nurse.

Staff should also practice good hygiene at all times. This is important to prevent the spread of all infections, not just MRSA. The 'Health and Hygiene Guidelines', in the Health and Safety Handbook, set out the methods of reducing infection and are summarised below:-

Hands should be washed well with soap and water and dried thoroughly with disposable paper towels in all of the following situations

- before and after each shift
- after contact with body fluids or after handling soiled linen or contaminated equipment
- before eating, drinking or smoking, handling food, including serving meals or administering drugs
- disposable gloves and a disposable plastic apron should be worn when dealing with soiled bedclothes, performing catheter care and dressing pressure sores or other wounds. These should be discarded at the end of each procedure.

8 Other Miscellaneous Infections

Most infections which may arise through contact with clients and pupils are not serious for members of staff who are normally healthy (i.e. healthy immune system). Sensible precautions such as handwashing and

Lovelace Primary & Nursery School
Health & Safety Policy - A Royal Borough of Kingston School
‘Safety Starts with Me’

arranging for spillages of body fluids to be cleaned up promptly contribute to the reduction in risk of spreading infection in the workplace. In the event of a serious or unusual infection advice will be provided by the SW London Health Protection Unit, Springfield Hospital.

Useful Numbers:

O.H Duradiamond Health

01273 02 31 31

<https://www.duradiamondhealth.com/>

South West London Health Protection Unit

020 882 7850

Appendix 19 : Sun Safety

The increasing evidence of skin cancer in Britain is an issue for parents and schools. Prolonged over-exposure to the sun and episodes of sunburn under the age of 15 are major risk factors for skin cancer later in life.

With this in mind the aim of the school's Sun Safety Policy is:

To protect children and staff from skin damage caused by the harmful ultraviolet rays in sunlight.

The message for parents, children and staff is:



- Stay out of the sun as much as possible during the middle of the day
- Cover up with clothing and hats
- Use high factor sun screens
- Or in other words: **SLIP ON A SHIRT, SLAP ON A HAT, SLOP ON THE SUNCREAM**

In order to meet this aim the school has adopted the following guidelines:

- **Shade**
The school playground is a suntrap and can be baking hot in the middle of the day during summer months. There are shady spots available and the school is continuing to look at the options to provide more shade – the new outdoor classroom offers some protection. It is essential that children adequately protect their skin, as it is inevitable that it will be exposed to the sun.

- **Clothing**

This is the first line of defence against the sun's harmful rays. Shirts must always be worn. Collars help to protect the neck and are advisable. Shorts and skirts should be longer to protect the top of the legs. Loose fitting clothes are cooler. Most quality fabric will protect the skin although the closer the weave the greater the protection.

- **Hats**

Children should wear a wide brimmed or legionnaire-style hat to protect their face, ears and back of their neck. Hats are available for sale in the school uniform shop.

- **Sunscreen**

Parents should apply a high factor sunscreen (sun protection factor SPF15 or higher) on their child's exposed skin **before school**, paying particular attention to the ears, neck and face, even if hats are worn. Suncream can be bought into school but must be 'signed in' like all other medicines. Children need to be taught by parents to apply their own sun cream, if necessary, as staff will not be unable to do this. An exception is in the foundation stage where if parents complete a medical form and provide the cream, the staff will help children apply sun cream.

If children are particularly fair skinned and freckled, a higher factor (SPF 25) is recommended. Parents should provide each child with their own tube/bottle of lotion.

Drinking Water

Children are encouraged to increase their water intake in hot weather and are encouraged to drink water during break times and lunch times – we have increased the number of drinking fountains for this purpose. Every child should bring a water bottle to school. Filtered, cool water is available to everyone.

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Outdoor Games and activities

Outdoor physical education, sporting activities and sport's day, field trips, school outings, picnics, summer fairs and other events are times when pupils, staff and spectators are more exposed to the sun. There is a risk of sunburn and heat stroke. Appropriate clothing, hat and sunscreen are particularly important, as children will be outside for extended periods. The school will ensure there is extra drinking water and will remind children of the dangers of exposure to the sun.

Staff

Staff should act as positive role models and set a good example by seeking out the shade whenever possible and wearing suitable clothing, hat and sunscreen. They should discourage all children from sunbathing.

Heatwave

Summer temperatures in the UK can exceed 32 Celsius (90 Fahrenheit) and can be a risk to health. We implement the following advice in keeping cool to prevent dehydration, heat exhaustion and heatstroke:

Keeping cool

Some simple guidelines to stay fit and well during a long warm spell:

Staff & children should stay out of the sun particularly between 11 am and 3 pm.

Keep school as cool as possible -- shutting windows during the day may help to keep heat out

Opening high windows at night - when it is cooler

Drinking plenty of water (avoiding tea & coffee)

Wearing light, loose-fitting clothing, such as cotton, so sweat can evaporate

If children or staff feel sick or dizzy, they should keep out of the sun and seek medical advice from the school first aider

Appendix 20 Pandemic / Flu Guidance

Pandemic/Flu Guidance

Additional School Actions in the Event of ‘Flu Pandemic’ or similar illness event

Key Points from DfE Guidance:

- a flu pandemic is ‘inevitable’ at some point
- 25 to 50% population may become ill during one or more waves each lasting 3-4 months. 50,000 to 700,000 more people than usual may die
- Children are ‘highly efficient’ spreaders of respiratory infections to adults and other children
- Closing schools for a period might significantly reduce the numbers of children infected
- If too many staff are unwell the school may also have to close.

Lovelace Primary would follow government and local authority advice in the event of a pandemic. The Headteacher, in discussion with the Chair of Governors, would make the final decision that Lovelace Primary School would close.

Where a pandemic is currently affecting another region and/or the advice is to remain open:

- Ensure all contact details with parents/carers are up to date
- Sick and unwell children should be kept separate from other children to minimize contact with others until they can be collected by parents
- Ensure clear systems to reduce the spread of infections: rigorous handwashing routines, tissues disposed of in hazardous waste
- Staff and children with signs of infection should be sent home.
- Close liaison with the LA regarding absence rates
- Close liaison with the PCT via the School Nurse re latest advice

Advice to Premises Team on Flu similar outbreak:

- Cleaning and disinfection should be done **twice daily as a minimum** during an outbreak of D&V using **clean, disposable, single use cloths and dedicated mops/ mop buckets**.
- **Make sure you are using the coded BICSc (British Institute of Cleaning Science) cleaning system implemented in September**
- **Warm water and detergent** should be used to clean.
- **Warm water and detergent should be used to clean** hard surfaces, followed by **disinfection with a 1000ppm (0.1%) chlorine releasing agent/ hypochlorite solution** (e.g. bleach or „Milton” solution). Bleach or Milton is the recommended disinfectant (at 1000ppm), as this will kill both bacteria and viruses, but **if these are not available/ suitable for the surface to be used on, a disinfectant that has BOTH antibacterial AND antiviral properties MUST be used**.
- All disinfectants must be used in accordance with manufacturers’ instructions and diluted (if necessary) as advised for environmental cleaning. Ready-to-use products should be used rather than those requiring dilution. **Particular attention should be paid to cleaning and disinfecting toilet seats, toilet flush handles, door handles, commodes, wash-hand basin taps, light switches, push plates on doors, stair hand rails, lift buttons and other frequently touched areas.**

Lovelace Primary & Nursery School
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- **Vacuum cleaning carpets and floor buffing during an outbreak have the potential to re-circulate norovirus and are not recommended where classrooms are not dirty.**

Offices, toilets: e.g. door handles, toilet flush & lock handles, cupboard rims, water cooler, push pads, telephones, keyboards & mouse (only when turned off).

Please ensure a plentiful supply of antibacterial soap/Mr. Soapy soap in any sink location including classroom cupboards (make teacher aware) & paper towels & tissues in classrooms.

Classrooms & Corridor: all interior & exterior door handles / push pads / twist locks on doors and any handles of open windows, computer & remote pads, computer keyboards should be cleaned with anti-bacterial wipes.

All **bins** should be rinsed with disinfectant daily and rubbish placed in sealed black bin liners. Classroom bins will need to be emptied at lunchtime to remove old tissues. As usual tabletops & side rims with anti-bacterial wipe or disinfectant.

Toilets: usual cleaning routine plus door handles & locks, tap heads. Please ensure plentiful supply of paper towels (not too full in dispensers though otherwise they are difficult to get out). Ensure soap & towels are checked AM, lunch & PM in all locations.

Water filters & drinking fountains (including exterior ones): wipe tap heads with anti-bacterial cleaner with separate cloths.

Cleaners should wear gloves and hand wash regularly / hand sanitizer.

Preventions for COVID-19 & Good Hygiene

Introduction

Due to the current outbreak of the Corona Virus or 2019-nCoV which shows itself as a respiratory illness that was first uncovered in China in January of 2020, it is important to understand what cleaning operatives can do to help prevent the spread of infection whilst also protecting themselves. The virus, believed to be from the same strain as the SARS virus, has presented itself as a respiratory illness with varying levels of severity from minor symptoms to death. As with any virus, the spread can be rapid with person to person contact enabling it to spread at pace. Any form of infection is created by exposure to harmful micro-organisms such as bacteria, fungi, viruses and internal parasites.

Routes of Infection

Micro-organisms which can cause infection are generally spread by one of four main routes:

- 1. Airborne Transmission:** Transmitted through the air, coughing, sneezing, or contaminated dusts can result in respiratory discharge into the air we breathe.
- 2. Faecal-Oral Transmission:** Transmission through touch by not washing your hands effectively after using the toilet and transferring micro-organisms to touchpoints that could be passed onto other individuals touching the same point.
- 3. Direct Contact Transmission:** Transmission from person to person or even animals, the transfer of micro-organisms from anything that is touched.
- 4. Blood and Body Fluid Transmission:** Transmission through the penetration of skin from an injury or a contaminated needle, or other sharp object resulting in the breaking of the skin. It can even be caused by an animal or insect bite.

What can we do to help prevent the spread?

Standard precautionary measures need to be applied in order to help prevent the risk of spread of any infection. Not all infections are possible to identify straight away, or how any infection is spread may not be known in the early stages of an outbreak. We can help and contribute to the prevention and reduce the risk by applying good standard precautionary practices such as the following:

- Achieving good hand hygiene
- Correct use of personal protective equipment (PPE) such as gloves, aprons, masks etc.
- Managing sharps
- Disposing of waste appropriately
- Accident management
- Managing spillages of blood and body fluids
- Achieving and maintaining a clean environment

Achieving Good Hand Hygiene

Effective hand hygiene is one of the simplest and important measures we can adopt to help control the risk of infection. Handwashing needs to be thorough and methodical to ensure your hands are sufficiently cleaned. BICSc Hand Hygiene poster by Citation offers a step by step guide to effective handwashing and is available on our website www.bics.org.uk

Hand washing should always be carried out after the following:

- Before and after personal contact with individuals
- Following cleaning activities
- Before handling food
- Before eating, drinking or smoking
- Before taking medication
- Before inserting contact lenses
- After contact with body fluids
- After removing gloves

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- Whenever hands are visibly dirty
- After any activity or contact that contaminates the hands including using the toilet, coughing, sneezing, handling of waste - even if gloves have been worn.

In addition to hand hygiene, a precautionary measure to adopt when coughing or sneezing is always to use a tissue.

Catch it, flush it, kill it
Now wash your hands!

Achieving and maintaining a clean environment

Risk Assessment:

As with any task undertaken by a cleaning operative, it is essential that the necessary risk assessment is in place. In the case of any outbreak, this is even more important, and the associated risks from infection where an operative may come into contact with infectious micro-organisms within the workplace must be identified and communicated.

All employees need to be made aware of key factors:

- Where the organism may be present e.g. animal, person or environment
- How may they be exposed e.g. direct skin contact and/or inhalation
- What effects it may have e.g. infection, allergies
- What is the level of exposure i.e. frequency of contact considering the systems of work and what protective measures are in place?
- Who is at risk e.g. operatives, employees, visitors and building users?
- Identify any employees who may be at greater risk or more vulnerable.

The risk assessment will provide real-time information and allow for the right decisions to be made around the actions required to help prevent and control the risk.

Correct choice

Correct choice of chemical:

There are numerous manufacturers and suppliers within the industry that can help you to source the right chemical products to aid your requirements during an infection outbreak. Dependant on the type of building you work within you may need to cease using your current chosen cleaning product and use a product more suited for the type of infection you may be dealing with.

Manufacturers will provide specific guidance on what type of disinfectants are the most effective and advise on dilution rates and contact times for the type of infection you are required to deal with. It is important to liaise with your approved suppliers and seek professional guidance. Training may be required for any new products and operatives should undergo training before using any new product.

March 2020 | BICSc Infection Control Awareness

Appendix 21 Lovelace Cleaning Code to secure Good Hygiene

All staff should adopt the colour code below for cleaning materials and when cleaning. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, should be colour coded.

Red

Suitable for:
Use for toilet bowls and seats,
within the cubicle area and
toilet floors

Blue

Suitable for:
General use tables etc.

Green

Suitable for:
Kitchen areas, sinks in the
classroom etc.

Yellow

Suitable for:
WASH BASINS &
WASHROOM SURFACES

Appendix 22 - No Smoking/ Vaping

This policy has been developed to protect all children, employees and visitors from exposure to second hand smoke and to ensure compliance with the Health Act 2006.

At Lovelace we want all our children to learn to make sensible and healthy choices about how they lead their lives. We believe that the evidence on the damage caused by smoking is irrefutable and therefore the school is a no-smoking site and has been since 1999. This includes E-cigarettes.

Smoking/ vaping is prohibited anywhere on the school site and in close proximity to the school gate. England has been 'smoke free' since 1st July 2007 when it became against the law to smoke in enclosed public spaces. Our policy applies to any user of the building (including contractors or visitors). We display no smoking stickers as reminders and the staff handbook states our policy for all new staff.

We hope all members of our community will take the policy seriously and school staff will ask any person seen smoking to stop. In addition, we ask that parents and carers who wait by our entrance gates also refrain from smoking / vaping when the children are entering and leaving school – *'please don't smoke anywhere in sight of the school'*.

Drugs education at Lovelace includes 'smoking' and children learn of the health risks from smoking. Children often ask questions about how they can stop their parents smoking. All questions are answered honestly and reassuringly and children are encouraged to talk to their parents about their concerns.

If the school finds out that a child has been involved in a smoking we will inform parents immediately and decide together on appropriate action, which may involve the school nurse (see Drug Education Policy).

Local authority disciplinary procedures will be followed if a member of staff or visitor does not comply with this policy. Those who do not comply with the smoke free law may also be liable to a fixed penalty fine and possible criminal prosecution.

Guidance

- 'Everything you need to prepare for the new smoke free law'
- Help to Stop Smoking telephone **08001690169**
- <http://www.smokefreeengland.co.uk/resources>

Appendix 23 – Manual Handling

Any staff who undertake manual handling as part of their job should have attended manual handling training within the last three years. There are two forms of training – one for the movement of static loads and one for moving and assisting pupils. If you have queries, please discuss initially with your line manager.

Information about forthcoming in person and online training courses can be requested by visiting ACTION HR website on <https://actionhr.uk/Training>

Manual handling equipment is provided for staff when needed –or see individual job descriptions or support plans for specific children.

<http://www.hse.gov.uk/pubns/manlinde.htm>

Appendix 24 Snow & Ice Procedure & Risk Assessment

1.0 SNOW AND ICE CLEARANCE

- 1.1 Each year, many staff and members of the public suffer personal injuries as a consequence of slipping on ice and snow
- 1.2 The Health and Safety at Work Act 1974 and the Occupiers Liability Act place a responsibility upon the employer, so far as is reasonably practicable, that the means of access and egress from its premises are maintained in a condition that is safe and without risk to either its employees or other persons.
- 1.3 The approved code of practice which supports the Workplace (Health, Safety and Welfare) Regulations states that "arrangements should be made to minimise risks from snow and ice. This may involve gritting, snow clearing and closure of some routes."
- 1.4 It is a popular misconception that an occupier cannot be held liable for failing to clear snow / ice, but can be held liable once an attempt at clearance has been made and then someone is injured. The true position is that an occupier can be held liable for 'failing to act reasonably' in order to prevent accidents.
- 1.5 Heads of establishments are responsible for ensuring that the means of access to their establishment is safe for both employees and visitors and that adequate arrangements are made to ensure that the risks from snow and ice are minimised. It is recognised that it is not possible to remove immediately every piece of snow or ice. It does however, require those responsible for premises to exercise careful judgement and prioritise de-icing and salting of key access routes.
- 1.6 All reasonable efforts should be made to ensure that the establishment remains open as normal.

2.0 RISK ASSESSMENT

- 2.1 Head teachers and Site Manager must ensure that a risk assessment is in place, which covers the hazards associated with snow and ice on their premises.
- 2.2 The following recommendations are provided as a guide to typical arrangements which should be in place. The Site Manager is responsible for reviewing and revising the arrangements as determined by their local risk assessment.
 - Staff to be aware of their duties and responsibilities. It may be necessary for site staff to start work earlier on a particular day to commence a gritting plan.
 - Adequate equipment available (including salt /grit, Rock salt for de-icing)
 - Determine which access routes are the most used / important.

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- o Clear a path 1 metre wide from a single site entrance to the main building entrance. Pathways leading from car parks to buildings, slopes and steps on route should be regarded as a priority.
- o Treat cleared paths with salt/grit to maintain a clear pathway especially where temperatures remain below freezing.
- o As time permits, other pathways to entrances and between buildings should be cleared and gritted.

- Appropriate checks to be made to ensure continued safety.
- Identify any particularly dangerous areas which require extra care and should be checked / treated more frequently e.g. steps, slopes, gullies which may be hidden etc.
- Consider the needs of any visitors with particular needs (elderly, disabled etc.)

2.3 Where the Headteacher or Site Manager has concerns over the safety of certain external pathways, circulation routes, playgrounds etc., it may be appropriate for affected areas to be taken out of use. If this is the case this must be marked clearly using signs/cones/tape to ensure everyone is made aware.

2.4 If playgrounds remain in use, supervision levels may need to be increased.

2.5 All staff should be aware of the risk assessment in place for snow and ice and take responsibility for following the designated paths and access routes when such conditions exist.



Appendix 25 - Foxes, Cats Dogs - Toxocariasis Risk Assessment

Toxocariasis This is the most common disease which foxes and sometimes cats & dogs are likely to transmit to humans. It is caused by a parasitic roundworm, *Toxocara canis*. Microscopic *Toxocara* eggs are present in the faeces of infected animals. These eggs have thick, sticky shells which means that they can remain infective in the soil for two to four years after the faeces have disappeared. The sticky shell helps eggs to adhere to fingers or clothing.

Humans can become infected with *Toxocara* by accidentally swallowing the infective *Toxocara* eggs. This is why crawling babies and toddlers are most at risk; they tend to put dirty fingers and toys into their mouths. Once swallowed, *Toxocara* eggs release larvae into the intestine. These larvae travel through the body until they die, which may take several years.

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Toxocariasis is a rare condition, with an average of 10 cases occurring each year in England. Toxocariasis usually affects children who are between one and four years old. However, cases of toxocariasis have been reported in people of all ages. Young children are particularly at risk of getting toxicariasis because their play habits make them more likely to come into contact with contaminated soil. Many young children also have a habit of eating soil.

With treatment, the outlook for toxocariasis is very good. Treatment involves taking medication designed to kill the parasites. Most people will quickly make a full recovery and will not experience any long-term complications.

Due to advances in treatment, the potential risk of blindness is now a very rare complication of toxocariasis.

ACTION: Good hygiene can help prevent toxocariasis. Some of the steps you can take are listed below:

- Wash your hands well with soap and water after handling pets or coming into contact with soil or sand.
- Teach children to always wash their hands after playing with dogs or cats, after playing outdoors and before eating.
- Wash food that may have come into contact with soil.
- Don't allow children to play in areas that are covered in dog or cat faeces.

It is important to always clear up fox, dog or cat faeces as soon as possible after discovery using a poop scoop and bag and to deposit it in a dustbin, site staff to carry poop bags on them at all times, Staff do not cover with chair! Report it or clean it up. This is so as not to allow sufficient time for any roundworm eggs to incubate. Wear disposable gloves and wash your hands☺