

# TEMPLEFIELDS

## MULTI-ACADEMY TRUST

### (TMAT)

## Health and Safety Policy and Procedures

### Tany's Dell Primary School

DATE OF THE POLICY	NOVEMBER 2018
POLICY FIRST ADOPTED AND RATIFIED BY THE TRUST	DECEMBER 2018
REVIEW DATE	POLICY TO BE REVIEWED ANNUALLY OR AS REQUIRED

*Andrew Sentance*

Signature:

Date: November 2018

Name: Andrew Sentance

CHAIR OF TRUST

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# 1. Aims

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

# 2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

# 3. Roles and responsibilities

## 3.1 The Templefields Multi-Academy Trust and Local Governing Board

Templefields Multi-Academy Trust has ultimate responsibility for health and safety matters in all of the TMAT schools, but delegates responsibility for the strategic management of such matters to the school's local governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

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

Templefields Multi-Academy Trust as the employer, also has a duty to:

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

- Ensure that adequate health and safety training is provided

The governors within each academy who oversee health and safety are:-

Fawbert and Barnard's	
Harlowbury	Paul Fuller
Tany's Dell	Scott Allen

### 3.2 Headteacher

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the headteacher's absence, the deputy head teacher and site manager assumes the above day-to-day health and safety responsibilities.

### 3.3 Health and safety lead

The nominated health and safety leads are:-

Fawbert and Barnard's	
Harlowbury	
Tany's Dell	Mr Andy McWilliam

### 3.4 Staff

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

Staff will:

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

### 3.5 Pupils and parents

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

### 3.6 Contractors

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

## 4. Site security

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

The Headteacher, school business managers and site managers *are key holders and will respond to an emergency.*

## 5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud [continuous bell/buzzer].

Fire alarm testing will take place [once a week].

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks. All visitors and outside agencies are given on arrival information about fire evacuation procedures and assembly points.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The School Business Manager/ Office Manager will take a register/record of all staff and visitors which will then be checked against who is onsite.
- Staff, pupils and visitors will remain outside the building until the Site Manager, Headteacher or the emergency services say it is safe to re-enter

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

*See the Emergency and Business Continuity Plan for further evacuation details.*

*A fire safety checklist can be found in appendix 1.*

## 6. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the site manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. These are kept in locked areas not accessible to children.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

### **6.1 Gas safety**

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

### **6.2 Legionella**

A water risk assessment has been completed on 26/02/2010 by Rentokil Specialist Hygiene. The certificate of conformity reference number is 355955 job number H26701. The Site Supervisor is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.

This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint. The last review was November 2018 by A McWilliam.

The risks from legionella are mitigated by the following:

6 monthly and annual service checks are conducted by AJC Heating and plumbing Ltd., in addition to monthly water temperature checks by the site supervisor or a contractor (AJC) instructed to do so.

### **6.3 Asbestos**

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work and they are asked to sign to say they have read the information on entering the building.
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site at the main reception desk.

## **7. Equipment**

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

### **7.1 Electrical equipment**

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

- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Headteacher or Site Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

## **7.2 PE equipment**

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the hall floor or other apparatus will be reported to the Headteacher or site manager

## **7.3 Display screen equipment**

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

## **7.4 Specialist equipment**

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

## **8. Lone working**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

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

## 9. Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The site manager retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

## 10. Manual handling

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

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

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

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

## 11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- Pre visits to be under taken to ensure familiarity of the venue
- All off-site visits are appropriately staffed
- Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils ( parents' contact details will be taken on residential visits, visits abroad or out of school hours visits)
- There will always be at least one first aider on school visits
- On an EYFS visit, there will be at least one first aider with a current paediatric first aid certificate on school visits, as required by the statutory framework for the Early Years Foundation Stage.
- The visit leader shall share all information and planned routes, timetables and risk assessments with group leaders to ensure safety of the group.
- The visit shall be checked and signed off by the EVC leader/ Headteacher and for residential visits by the local governing body.
- Emergency Z cards will be taken by all group leaders to ensure all adults have an emergency plan

## 12. Lettings

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

it. After School Clubs run by external providers will be expected to have their own risk assessments, be first aid trained and have their own insurance.

## **13. Violence at work**

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

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

## **14. Smoking**

Smoking is not permitted anywhere on the school premises.

## **15. Personal Safety**

- Our staff do not wear jewellery or fashion accessories, such as belts, high heels or flip flops, that may pose a danger to themselves or children.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- Earrings must be removed for P.E, these cannot be taped. Earrings should be removed by the parent before school, when the child is unable to do so themselves.

## **16. Infection prevention and control**

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

### **16.1 Handwashing**

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

### **16.2 Coughing and sneezing**

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

### **16.3 Personal protective equipment**

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

### **16.4 Cleaning of the environment**

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

- Deep cleaning of classrooms and resources to reduce the spread of communicable virus and diseases.

### **16.5 Cleaning of blood and body fluid spillages**

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste using a biohazard bag and dispose of safely in the clinical waste foot operated bin in the nursery staff toilet, medical area at reception or the west wing disabled toilet depending which is nearest to the affected area. Remove clinical waste with a registered waste contractor.

### **16.6 Laundry**

- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **16.7 Clinical waste**

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

### **16.8 Pupils vulnerable to infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza. (See Hospital Action Plans and seek medical advice whether appropriate.)

### **16.9 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

## **17. Issuing Medicines**

- School staff should not administer any medicines unless the form 'Issuing medicine to a child during school time' has been filled in. As a general rule, medicines issued to children during school time should be restricted to pupils who suffer from a chronic complaint and could not otherwise attend school. However, medicines can be given where there is a compelling need to administer short term medication for a serious complaint.
- All clinical waste must be disposed of using a biohazard bag and dispose of safely in the clinical waste foot operated bin in the disabled toilet. Remove clinical waste with a registered waste contractor.

See also, "Medicines at School" policy and procedures.

## **18. New and expectant mothers**

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

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

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

## **19. Occupational stress**

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

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

## **20. Accident reporting**

### **20.1 "Bump" record book**

- All first aid incidents will be recorded in the school "bump" books.
- The first aider will complete the treatment given and record the cause of the incident
- Any head injuries and or incident which have left a mark on the child – a phone call home is made.

### **Online accident record**

- In some cases where the incident involving the child, staff member or visitor is recorded using the online reporting forms by the School Business Manager/Office Manager and a copy sent to Essex County Council and the Headteacher.
- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

### **20.2 Reporting to the Health and Safety Executive**

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

The head teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

### **20.3 Notifying parents**

The first aider and or office staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable. First aid slips are sent home at the end of a day more minor playground bumps and grazes.

### **20.4 Reporting to Ofsted and child protection agencies**

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

The Headteacher and or CEO of the Trust will also notify Essex Family Operations Hub of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **21. Training**

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

Staff who work in high risk environments, such as work with pupils with special educational needs (SEN) or challenging behaviours are given additional health and safety training.

Head teachers ensure they attend tri-annual training.

## **22. Monitoring**

- A safety audit of the school will be carried out each year by the Headteacher, site manager and a member of the Resources Committee.
- The outcome and actions taken will subsequently be reported to the Local Governing Body.
- The Annual Health and Safety Audit Report will be completed – checklist is included in Appendix 3

This policy will be reviewed by the Resources Committee annually.

At every review, the policy will be approved by the Local Governing Body and the Board of Trustees.

## **21. Links with other policies, procedures and documentation**

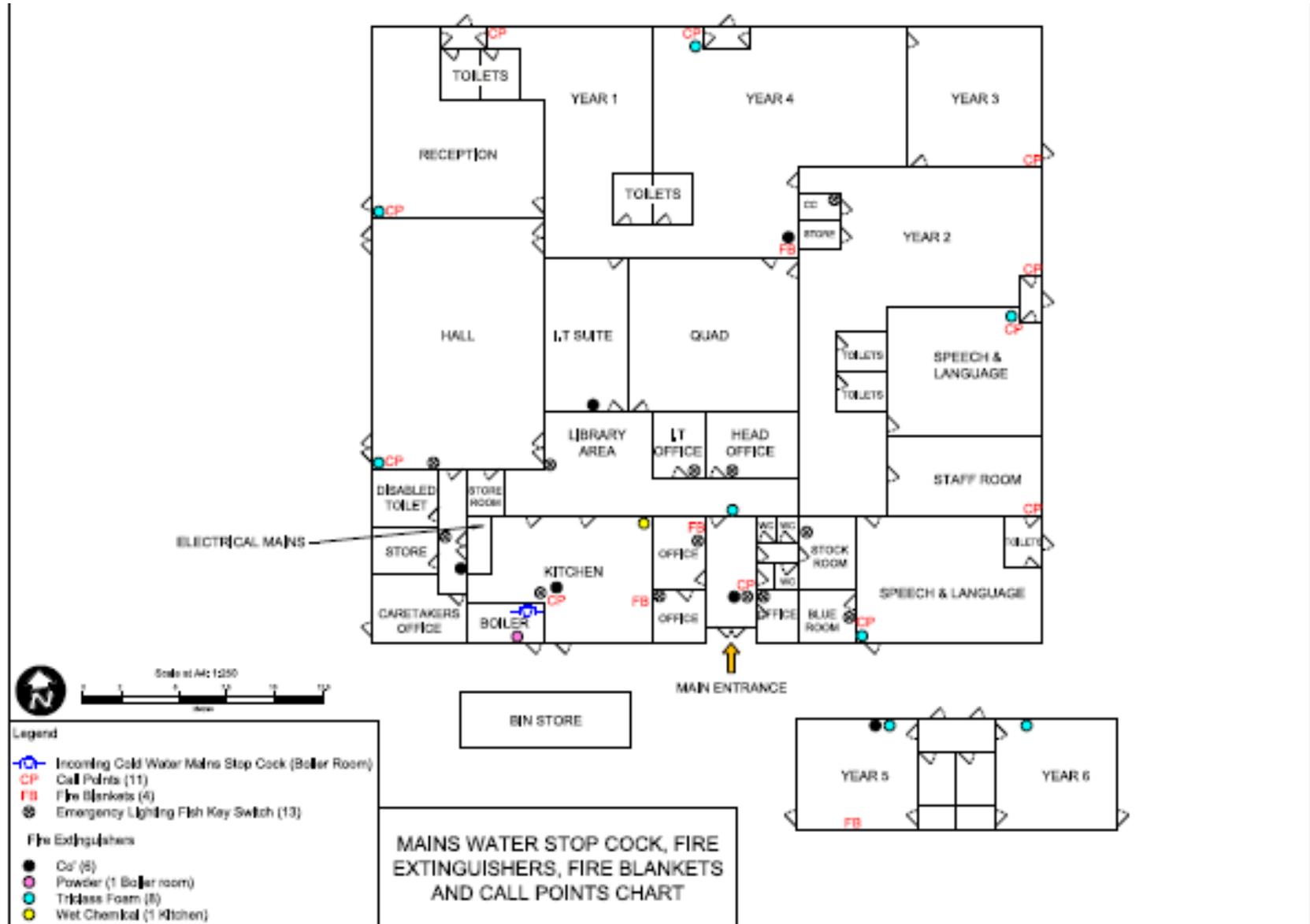
This health and safety policy is not a standalone policy and links to the following policies and documents:

- First aid
- Medical Policy
- Risk assessments
- Evolve and supporting documentation ( including risk assessments and risk benefits documents)
- Accessibility plan
- Safeguarding Policies and Procedures
- Intimate Care Policy
- Positive Handling Policy
- Induction Policies, procedures and checklists
- Emergency Business Continuity Plan
- Inclusion Policy

## Appendix 1. Fire safety checklist

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

## Appendix 2. Fire Extinguishers and Call Points



### Appendix 3:- Health and Safety Checklist

<b>AREA /OFFICE INSPECTED:</b>	Whole site	
<b>NAME &amp; JOB TITLE:</b>	A McWilliam – Site manager	
<b>SIGNED: A McWilliam</b>	<b>DATE OF INSPECTION: November 2018</b>	
<b>INSPECTION POINTS</b>	<b>YES/NO/ NA</b>	<b>COMMENTS/ACTION (where action required record on separate action plan)</b>
<b>General Premises:</b> <ul style="list-style-type: none"> <li>Window restrictors in place where needed and operating properly? (e.g. where open out on to walkways or to prevent possible falls from height)</li> <li>Glazing film in good condition where present? (no bubbling &amp; peeling)</li> </ul>	<b>yes</b>	
<b>Plant Room(s):</b> <ul style="list-style-type: none"> <li>Adequate access to the boiler room? (e.g. stairs in good condition with handrail, adequate lighting etc)</li> <li>Free of combustible items or other items which should not be stored in boiler room?</li> <li>Access to boiler units, dials, controls etc clear and unobstructed?</li> <li>Adequate access to switch room / cupboard? (e.g. not blocked. Access should be maintained at all times in case emergency access needed)</li> <li>Free of combustible items or other items which should not be stored in switch room / cupboard?</li> <li>Access to panels, controls etc kept clear?</li> <li>Individual panels kept locked / secured?</li> <li>Room / cupboard is secure and is kept locked at all times?</li> </ul>	<b>All yes</b>	
<b>External:</b> <ul style="list-style-type: none"> <li>Access routes in to the site kept clear at all times? (some establishment may have a system of restricted access at certain times)</li> <li>Access routes clear (and marked if necessary)</li> <li>As far as possible is there separation of vehicle and pedestrian traffic (also marked where possible)?</li> <li>Where access ramps provided they are of good condition?</li> <li>Adequate external lighting? (clearly lit pathways)</li> <li>Steps, walkways, access routes in good condition? (no excessively raised paving slabs, obstructions etc)</li> <li>Wheelie bins and other similar items positioned to minimise unauthorised access to roof area?</li> </ul>	<b>All yes</b>	<b>With exception of tree roots lifting playground surface in one area next to flower bed.</b>  <b>Professional advice has been sought and awaiting result and quotation (Nov 2018)</b>

<ul style="list-style-type: none"> <li>• Rubbish and other items kept to minimum to reduce risk from arson?</li> <li>• Gates in good condition? (no rust affecting hinges, if automatic sensors working to prevent trapping etc)</li> <li>• Gates set up to prevent injury through misuse? (e.g. padlocks, stoppers, hinge guards – all to prevent finger or other trapping if swung on / misused)</li> <li>• Trees / branches / shrubs well maintained? (not overgrown, unstable, decaying)</li> <li>• Tree roots under control? (not damaging walkways etc. within play areas / general areas tree roots naturally create unevenness but judgement has to be made on any unacceptable hazard being caused)</li> <li>• External area generally ok? (consider clearing of leaves, ice, moss etc on this day as indication of how external site maintained on day to day basis)</li> </ul>		
<p><b>External Play Equipment:</b> (note: there is guidance and a checklist regarding maintenance and checking of play equipment. The questions below provide an additional quick check but should not be used in place of the more detailed formal check)</p> <ul style="list-style-type: none"> <li>• General condition of play equipment good? (no splinters, loose nuts/bolts, broken ropes etc)</li> <li>• Safety surface in good condition? (bark to adequate depth, no holes in wet-form surface etc)</li> </ul>	<b>All ok</b>	<b>With exception of safety surface which is now past its useful life and will need replacing within the next three years</b>
<p><b>Access to Heights:</b></p> <ul style="list-style-type: none"> <li>• Is there a safe access point to get on to the roof?</li> <li>• Is there a tie point for where the roof is accessed (if no tie point in place the ladder must be footed)?</li> <li>• Are fragile roofs / areas clearly marked once up there? (check with site manager)</li> </ul>	<b>All yes</b>	
<p><b>Asbestos:</b> Note: refer to Asbestos Register and Asbestos Management Plan for frequency of formal inspections and how they are carried out.</p> <ul style="list-style-type: none"> <li>• Known and visible asbestos materials in good condition?</li> <li>• Asbestos register held at reception or other point where contractors would sign in to?</li> </ul>	<b>All yes</b>	
<p><b>Legionella:</b></p> <ul style="list-style-type: none"> <li>• Are temperature checks being taken and recorded in the legionella risk assessment monitoring sheets?</li> <li>• Is there evidence that where temperatures are too high or too low action is being taken?</li> </ul>	<b>All yes.</b>	<b>Site manager records temperatures in place of new contractor who will start to do so in Dec 2018</b>
<p><b>Indoor Working Environment:</b></p> <ul style="list-style-type: none"> <li>• Is there matting at entrances to minimise slips risk when raining outside?</li> <li>• Is the temperature acceptable? (e.g. not</li> </ul>	<b>All yes</b>	

<p>excessively hot or cold for long periods of time?</p> <ul style="list-style-type: none"> <li>• Is it felt that there is adequate ventilation / air movement?</li> <li>• Is there adequate control over lighting to ensure it is light enough for staff?</li> <li>• Is there reasonable access to toilet facilities, with hand washing facilities, hot water, soap and means to dry hands?</li> <li>• Is there access to drinking water?</li> </ul>		
<p><b>Slips &amp; Trips (indoors)</b></p> <ul style="list-style-type: none"> <li>• Cables around the premise positioned safely?</li> <li>• Floors, stairs, steps, walkways in good condition?</li> <li>• Are general routes / corridors / walkways within the premise clear of obstructions?</li> </ul>	<b>All yes</b>	
<p><b>Indoor Housekeeping</b></p> <ul style="list-style-type: none"> <li>• Work and/or storage areas tidy?</li> <li>• Objects stored safely and/or securely?</li> <li>• Shelving stable and secure?</li> <li>• Combustible items not stored near heat sources or sources of ignition?</li> </ul>	<b>All yes</b>	
<p><b>Workstations:</b> Check:</p> <ul style="list-style-type: none"> <li>• Equipment arranged to avoid unnatural positions or excessive stretching;</li> <li>• Sufficient space to obtain a comfortable working position;</li> <li>• Chairs meets minimum requirements, i.e. has 5 castors and back and seat are adjustable separately.</li> </ul>	<b>All yes</b>	
<p><b>Fire Prevention:</b></p> <ul style="list-style-type: none"> <li>• Quantity of paper and combustible materials controlled &amp; stored safely?</li> <li>• Heaters positioned safely?</li> <li>• Fire evacuation notices displayed and up to date? (pictorial white on green)</li> <li>• Fire extinguishers in place where indicated needed by fire extinguisher sticker / label or stand?</li> <li>• Fire escape routes clear and fire doors not wedged open?</li> <li>• Automatic fire doors not blocked?</li> </ul>	<b>All ok</b>	
<p><b>First Aid:</b></p> <ul style="list-style-type: none"> <li>• Are there a suitable number of notices indicating the first aid arrangement and detailing the first aiders?</li> <li>• Are the first aid boxes suitably stocked? (refer to list on First Aid pages. No other items should be stored in first aid box although other items may stored with it)</li> </ul>	<b>All ok</b>	
<p><b>Stepladders / Kick-stool:</b></p> <ul style="list-style-type: none"> <li>• Access equipment provided where needed, e.g. kick stool, step ladder where there is high level storage? (question any employees around about how they access items at height or put up displays at height)</li> <li>• Where access equipment provided is it</li> </ul>	<b>All ok</b>	

<p>suitable for the task? (e.g. high enough, provide a solid standing point etc).</p> <ul style="list-style-type: none"> <li>• When not in use is it positioned or secured so that it will not get knocked over?</li> <li>• Is it in good condition (ladders are required to be formally checked every 6 months and a ladder register kept)?</li> </ul>		
<p><b>Portable Electrical Appliances</b></p> <ul style="list-style-type: none"> <li>• Is there evidence that portable electrical items are tested (e.g. labels)</li> </ul> <p>Spot check a couple of items:</p> <ul style="list-style-type: none"> <li>• No damage to cable;</li> <li>• No damage to plug casing or bent pins;</li> <li>• No evidence of overheating (burn marks or discolouration);</li> <li>• On/off switch working correctly</li> </ul>	<b>All ok</b>	
<p><b>Harmful Substances (COSHH) - General:</b></p> <ul style="list-style-type: none"> <li>• Substances with orange hazard warning labels being stored safely?</li> <li>• Bottles clearly labelled with details of content and hazard (indicated by symbol)?</li> <li>• Stored safely to prevent container damage or accidental mixing? (e.g. pool chemicals store dry acid separately to bleach)</li> <li>• Flammable substances stored in metal container / cupboard?</li> <li>• Appropriate personal protective equipment available and used where necessary? (e.g. possibly goggles, gloves, apron depending on process)</li> <li>• Are there suitable arrangements for dealing with spillages</li> </ul>	<b>All yes/ok</b>	
<p><b>Cleaners Cupboard:</b></p> <ul style="list-style-type: none"> <li>• Cleaning substances stored securely?</li> <li>• Cleaning substances all clearly labelled to show contents?</li> <li>• Low level cleaners sink available for use?</li> <li>• Cupboard kept locked at all times not in use?</li> </ul>	<b>All yes</b>	
<p><b>Site Managers Area:</b> General:</p> <ul style="list-style-type: none"> <li>• Area sufficiently tidy?</li> <li>• Kept locked when not in use?</li> </ul> <p>Machinery (e.g. circular saw, sander. For full details of standards refer to workshops / design &amp; technology health &amp; safety pages):</p> <ul style="list-style-type: none"> <li>• Machinery securely fitted or clamped to work bench?</li> <li>• Guards in place? (refer to generic risk assessments for machinery if unsure)</li> <li>• Emergency stop buttons fitted and working? (e.g. stop machine in under 10 seconds)</li> <li>• Suitable Personal Protective Equipment</li> </ul>	<b>All yes or not applicable</b>	

<p>(PPE) provided where necessary? (e.g dust masks must be British Standard (BS) and not just be nuisance masks)</p> <ul style="list-style-type: none"> <li>• Where PPE is provided is it stored to prevent damage and / or contamination</li> <li>• Are safe working practices followed? (discussion with caretaker / site manager)</li> </ul> <p>Portable electrical appliances / tools:</p> <ul style="list-style-type: none"> <li>• Evidence that items electrically tested and inspected?</li> <li>• Stored securely and generally in good condition?</li> </ul>		
<p><b>Other Items:</b> (Use this area to record other items, including any concerns raised by employees).</p>		



## Appendix 5. Recommended absence period for preventing the spread of infection

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

### Rashes and skin infections

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

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

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

### Diarrhoea and vomiting illness

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

## Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Flu (influenza)</b>	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Tuberculosis*</b>	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Whooping cough*</b>	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
<b>Croup</b>	Children with croup should be considered contagious for three days after the illness begins or until the fever is gone.	Preventable by good hygiene as Croup is caused by viruses that can be spread easily through coughing, sneezing, and respiratory secretions (mucus and droplets from coughing or sneezing)

## Other infections

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

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

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

## Appendix 6. Risk Assessment for Pupils with Challenging Behaviours

Name of child **EXAMPLE**

Class

Teacher

School

<b>Identification of Risk</b>		
Describe risk	Physical assault Absconding Unsafe behaviours	
Is Risk potential or actual?	Actual	
List who is affected by the risk	Other children Adults Himself	
<b>Assessment of Risk</b>		
In which situations does the risk usually occur?	Lunchtime Break times When not engaging in learning and refusing to use a quiet and calming space to deescalate	
How likely is the risk to arise?	Almost certain	
If the risk arises, who is likely to be injured or hurt?	Children Adults Themselves	
What kinds of injuries or harm are likely to occur?	Punching Strangling Pushing Slapping Threatening to kill people Fall from climbing trees /fences and stair rails Damage to property Road accident if leaving the premises	
How serious are the adverse outcomes?	Hospitalisation Death Accidental death (RTA)	

**Assessment completed by:**

Signature Date

**Risk Reduction Options**

	Possible Options	Benefits	Draw back
Proactive interventions to prevent risk	De-escalation script Safe place Talk to a trusted adult Tactical ignoring	Self-regulation	Time Refusal to engage in the safe place
Early interventions to manage risk	Anger Management work Social Stories Lunchtime activities Understanding choices of actions and consequence Use of a control hold and or a restraint if necessary	Emotional Intelligence increased	Patterns of behaviour are already embedded Staff do not wish to be physically hurt
Reactive interventions to respond to adverse outcomes	Home lunch time exclusions 45 days Internal school exclusions Fixed term Exclusions Police Involvement	All children and adults in school are safe	Difficult to remove the whole school from the playground or dinner hall Relationships with adults damaged. Not regulating own behaviours

<b>Agreed Behaviour Management Plan &amp; School Risk Management Strategy</b>		
Focus of measures	Measures to be employed	Level of Risk
Proactive interventions to prevent risk	De-escalation script	Low
Early interventions to manage risk	Understanding choices of actions and consequence Lunchtime activities Zone of Regulation Intervention	Moderate
Reactive interventions to respond to adverse outcomes	Home lunch time exclusions Internal school exclusions Fixed term Exclusions	High

Agreed by: \_\_\_\_\_ Relationship to child

Date ..... Review Date

<b>Evaluation of Behaviour Management Plan &amp; School Risk Management Strategy</b>		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
<b>ACTIONS FOR THE FUTURE</b>		

Plans and strategies evaluated by:

Relationship to child

.....

.....

Date.....

