# FLANSHAW JUNIOR INFANT AND NURSERY SCHOOL

# Health & Safety Policy

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**Approved by**

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# Contents

1. Aims & Statement of Intent ..... 3
2. Legislation ..... 3
3. Roles and responsibilities ..... 4
4. Site security ..... 5
5. Fire ..... 5
6. COSHH ..... 5
7. Equipment ..... 6
8. Lone working ..... 7
9. Working at height ..... 7
10. Manual handling ..... 8
11. Off-site visits ..... 8
12. Lettings ..... 8
13. Violence at work ..... 8
14. Smoking ..... 9
15. Infection prevention and control ..... 9
16. New and expectant mothers ..... 11
17. Occupational stress ..... 12
18. Accident reporting ..... 12
19. Driving at work ..... 14
20. Training ..... 14
21. Monitoring ..... 14
22. Links with other policies ..... 14
Appendix 1. Fire safety checklist ..... 15
Appendix 2. Recommended absence period for preventing the spread of infection ..... 16

## 1. Aims & Statement of Intent

Our statement of intent is to follow the Wakefield Council (WMDC) strategy and operation assurance documents for – Managing Health and Safety and Risk Assessments.

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
- Consult with our employees on matters affecting their health and safety;
- Co-operate with WMDC in matters related to health and safety;
- Ensure safe handling and use of substances;
- Provide information, instruction, and supervision for employees;
- Ensure all employees are competent to do their tasks, and to give them adequate training;
- Prevent accidents and cases of work-related ill health;
- Maintain safe and healthy working conditions; and
- Review and revise this policy as necessary at regular intervals.

## 2. Legislation

The school follows the latest UK Health Security Agency (UKHSA) guidance 'Health Protection in Children and Young People's Settings, Including Education' and associated public health exclusion period guidance

This policy is based on advice from the Department for Education (DfE) on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the following legislation:

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to visitors on your premises
- 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 (HSE) and set out the timeframe for this and how long records of such accidents must be kept
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- The Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register
- The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff
- The Work at Height Regulations 2005, which require employers to protect their staff from falls from height

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

Sections of this policy are also based on the statutory framework for the Early Years Foundation Stage.

# 3. Roles and responsibilities

## 3.1 The local authority and governing board

Wakefield Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

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

## 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 Headteacher assumes the above day-to-day health and safety responsibilities.

## 3.3 Health and safety lead

The nominated health and safety lead is School Business Manager.

## 3.4 Staff

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

Staff will:

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

## 3.5 Pupils and parents/carers

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

## 3.6 Contractors

Contractors will agree health and safety practices with the School before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. They will complete the Contractor Induction Paperwork.

## 4. Site security

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

## 5. Fire

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

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place once a week.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

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

The school has 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. Personal Emergency Evacuation Plans (PEEPs) outline these plans.

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 but not limited to:

- 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 Premises 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.

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

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

### 6.1 Gas safety

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

### 6.2 Legionella

- A water risk assessment has been completed on 20/07/2026 by Expert Water Services. The Premises Manager 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 2 years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks, heating of water.

### 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. All contractors must sign the asbestos register before work commences.
- Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site

## 7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

### 7.1 Electrical equipment

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Premises Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs

- Portable electrical equipment will be inspected and tested in accordance with the school's electrical safety risk assessment.
- Portable appliance test (PAT) will be carried out by a competent person
- All isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

### 7.2 PE equipment

- 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 gym floor or other apparatus will be reported to the Premises Manager.
- The Premises Manager or Premises Supervisor carries out a daily programme of inspection of the playgrounds and trim trails and EYFS staff carry out daily checks of the EYFS outdoor learning area to ensure all equipment is safe to use. Any defects are immediately reported to the Company who installed the equipment. The equipment will not be used until an effective repair/replacement part has been installed.
- An annual inspection of PE Gym Equipment and outdoor Play Equipment (Trim Trails) is carried out annually by a competent person.

### 7.3 Display screen equipment

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

### 7.4 Specialist equipment

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

## 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
- Remote working, self-isolation and/or remote learning

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

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

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

## 9. Working at height

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

We will ensure that there is a suitable and sufficient working at height risk assessment in place and that any person working at height follows the control measures identified in the risk assessment to minimise the risk of harm from the work activity.

In addition:

- The premises team 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, wherever possible
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as a roof, is only permitted by trained and competent persons

## 10. Manual handling

The procedures related to manual handling apply to activities where there is a foreseeable risk of injury.

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 must seek further assistance.

We will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and that those who may be involved in manual handling activities are required to read it. We will make sure proper mechanical aids and lifting equipment are available in the 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
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least 1 first aider with a current paediatric first aid certificate
- For other trips, there will always be at least 1 first aider on school trips and visits

## 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.

## 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 at themselves to their line manager/headteacher immediately. This applies to violence from pupils, visitors or other staff.

## 14. Smoking

Smoking and vaping is not permitted anywhere on the school premises.

## 15. Infection prevention and control

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

### 15.1 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

### 15.2 Coughing and sneezing

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

### 15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (e.g., nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

### 15.4 Cleaning of the environment

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

### 15.5 Cleaning of blood and body fluid spillages

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

### 15.6 Laundry

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate

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

## 15.7 Clinical waste

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

## 15.8 Animals

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

## 15.9 Infectious disease management

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

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

**Following good hygiene practices**

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

**Implementing an appropriate cleaning regime**

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned

**Keeping rooms well ventilated**

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

## 15.10 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 any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

## 15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 2.

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

In addition to general cleaning guidance:

## 15.12 Preventing and controlling infections in EYFS

In addition to general cleaning guidance, we will:

- Ensure all toys carry a BS, BSI or CE mark and where possible buy toys and equipment that can be easily cleaned
- Store toys in a clean container
- Not let children take toys into toilet areas
- Store reusable equipment that has been cleaned but is not in use separately from used equipment and away from where equipment cleaning takes place

In addition to general food hygiene guidance, when preparing and storing formula milk foods for babies, staff will:

- Follow the manufacturers' instructions for making formula milk
- Use freshly boiled water that they have allowed to cool
- If possible, where dried formula for reconstitution has been supplied, make up each feed before using it; alternatively, encourage parents or carers to provide ready-made formula bought in sealed cartons/bottles

In addition to general food hygiene guidance, when preparing and storing breast milk foods for babies:

- All breast milk should be labelled with the child's name and date of expression
- Use milk within 24 hours of it being expressed
- Store breast milk in the body of the fridge between 1°C and 4°C before use (not in the door where pasteurised drinking milk is often stored, as the temperature can vary considerably when opened)

When disposing of unused milk:

- Dispose of the remaining milk portion left after a feed
- Rinse and wash bottles, teats, plastic spoons and other utensils thoroughly and return to parent or carer at the end of the day where appropriate

Where nappies are used:

- Have a designated changing area away from the play facilities, and any area where food or drink is prepared or consumed
- Staff take the appropriate measures to wash and dry their hands after every nappy change
- Wrap soiled nappies in a plastic bag before disposing in the general waste
- Clean the children with a disposable wipe, and do not share nappy creams and lotions amongst the children
- Clean the changing mats with soapy water or a detergent wipe after each use and at the end of the day

Where potties are used:

- Have a designated sink for cleaning these (which is not a hand wash basin) and wash them in hot soapy water and dry
- Wear disposable gloves to flush contents down the toilet
- Store potties upside and not inside each other
- Wash hands using soap and warm water and dry after removing disposable gloves

## 16. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation

- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

## 17. Occupational stress

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

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

The school also provides access to mental health and well-being services for all staff.

The school will undertake stress risk assessments where appropriate and monitor workplace wellbeing in line with HSE Management Standards."

## 18. Accident reporting

### 18.1 Medical Tracker

- All accidents and bumped heads are completed on Medical Tracker as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- For more serious injuries, or injuries to staff, an accident/incident report will be submitted to WMDC via their online reporting system as soon as possible after the accident occurs. This will be done by the injured person where possible, or the School Business Manager if not, who is responsible for ensuring that procedures are followed. These will be investigated by the Headteacher or School Business Manager.
- 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 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 in accordance with the Local Authorities Retention and Disposal policy. All significant accidents/incidents/near miss or violent incidents will be reported to Wakefield Council Health and Safety Team within 5 days and will be approved by the Headteacher.

### 18.2 Reporting to the Health and Safety Executive

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
The School Business Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e., by telephone) and followed up in writing within 10 days.

**School staff: reportable injuries, diseases or dangerous occurrences**
These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the School Business Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include, but are not limited to:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g., from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g. from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

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

These include:

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

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

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

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

## 18.3 Notifying parents/carers

All accidents and head bumps are reported via Medical Tracker are sent automatically to parent/carers by the systems. Parent/carers are telephoned and informed of all head bumps.

## 18.4 Reporting to child protection agencies

The Headteacher will notify child protection agencies of any serious accident or injury to, or the death of, a pupil..

## 18.5 Reporting to Ofsted

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care, and any incident of food poisoning affecting 2 or more pupils while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

## 19. Driving at work

School will follow the Wakefield Council Driving at Work Policy and Procedure.

## 20. Training

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

## 21. Monitoring

This policy will be reviewed by the School Business Manager every year.

At every review, the policy will be approved by the headteacher and full governing board.

## 22. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Emergency or critical incident plan
- Allergy Policies

## 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 |

# Appendix 2. 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 the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

In confirmed cases of infectious disease we will follow the recommended self-isolation period based on government guidance.

| Infection or complaint | Recommended period to be kept away from school or nursery |
|---|---|
| **Athlete's foot** | None. |
| **Bacillary Dysentery (Shigella)** | Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school. |
| **Campylobacter** | Until 48 hours after symptoms have stopped. |
| **Chicken pox (shingles)** | Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.<br>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over. |
| **Cold sores** | None. |
| **Conjunctivitis** | None. |
| **Cryptosporidiosis** | Until 48 hours after symptoms have stopped.<br>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea. |
| **Diarrhoea and/or vomiting (Gastroenteritis/norovirus)** | Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.<br>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. |
| **Diptheria** | Exclusion is essential. Contact your local UKHSA health protection team about any cases in your setting.<br><br>For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team. |

| Infection or complaint | Recommended period to be kept away from school or nursery |
|---|---|
| **E. coli (verocytotoxigenic or VTEC)** | The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers and care staff working with vulnerable people). The health protection team will advise in these instances. |
| **Flu (influenza)** | Until recovered. |
| **Food poisoning** | Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise). |
| **Giardiasis (giardia)** | Until 48 hours after symptoms have stopped. |
| **Glandular fever** | None (can return once they feel well). |
| **Hand, foot and mouth** | Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. |
| **Head lice** | None. |
| **Hepatitis A** | Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice), or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis. |
| **Hepatitis B** | Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required. |
| **Hepatitis C** | None. |
| **Impetigo** | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. |
| **Measles** | Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period. |
| **Meningitis** | Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed. |
| **Meningitis viral** | Until recovered. |
| **Meningococcal meningitis/ septicaemia** | If the child has been treated and has recovered, they can return to school. |
| **Mpox** | Until recovered and deemed safe to return by their clinician or in line with current guidance. |

| Infection or complaint | Recommended period to be kept away from school or nursery |
|---|---|
| **MRSA (meticillin resistant Staphylococcus aureus)** | None. |
| **Mumps** | 5 days after onset of swelling (if well). |
| **Respiratory infections** | Children and young people should not attend if they have a high temperature and are unwell. |
| **Ringworm** | Exclusion not needed once treatment has started. |
| **Rotavirus** | Until 48 hours after symptoms have stopped. |
| **Rubella (German measles)** | 5 days from appearance of the rash. |
| **Salmonella** | Until 48 hours after symptoms have stopped. |
| **Scabies** | The infected child or staff member should be excluded until after the first treatment has been carried out. |
| **Scarlet fever** | Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff. |
| **Slapped cheek syndrome, Parvovirus B19, Fifth's disease** | None (not infectious by the time the rash has developed). |
| **Threadworm** | None. |
| **Tuberculosis (TB)** | Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough. |
| **Typhoid and Paratyphoid fever** | Inform your local health protection team as soon as possible. Seek advice from environmental health officers or the local health protection team on required exclusion periods. |
| **Whooping cough (pertussis)** | A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment. |