

Policy / Procedure Cover Sheet

Policy/Procedure	Health & Safety Policy		
Type	Health & Safety		
Applies to project(s)	Bright Sparks Learning Centre	Policy No	HS/01
Created by(owner)	Judith Little		
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Change History:

Version	Description	Date issued	Reason	Approved by
1.0	New Policy	01.09.2020	New Policy	CF

Related Policies:

Policy Ref No.	Policy Name	Policy Ref No.	Policy Name
HS/02	Fire Safety Management	HS/07	Use of Reasonable Force
HS/03	Firs Aid	HS/08	Intimate Care
HS/04	Medical Needs	OP/09	Lock Down
HS/05	Managing Drugs	HS/10	Accident t Reporting
HS/06	Positive Mental Health and Wellbeing	HS/11	Administration of Medication

Distribution:

Electronic copy - C:/Organisation Policies and Procedures/ Staff Shared Area

Hard copies – All Employees / School Office / Staff Policy Reference Folder

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Introduction

1 Statement of Intent

- 1.1 This is a statement of intent by Bright Sparks Learning Centre about its intentions, organisation and arrangements for ensuring, so far as is reasonably practicable, the health and safety at work of its employees, pupils and all visitors and to ensure an adequate system of communication on all matters affecting health and safety at work. The overall responsibility rests with the proprietor of the organisation.
- 1.2 The organisation recognises its health and safety duties under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 and associated protective legislation, both as an Employer and as an organisation, and to that end has appointed Judith Little to be responsible for health and safety at the organisation, to keep workplace procedures relating to health and safety under constant review and to liaise with the Health and Safety Executive wherever necessary, so as to keep the organisation updated on any new legislation affecting them, EU Directives, regulations and British Standards, in order to ensure compliance with same.

2 Objectives

- 2.1 In order to achieve compliance with the statement of policy, Bright Sparks Learning Centre, aims to:
- i. provide and maintain a safe and healthy environment
 - ii. establish and maintain safe working procedures amongst staff, pupils, and all visitors to the centre site
 - iii. have robust procedures in place in case of emergencies
 - iv. ensure that the premises and equipment are maintained safely, and are regularly inspected
 - v. to set and maintain high standards for health and safety at its site/workplace
 - vi. to identify risks and establish programmes to remove or reduce these risks
 - vii. to ensure that these standards are communicated to all employees
 - viii. to ensure that all personnel are given the necessary information, instruction, and training to enable them to work in a safe manner
 - ix. to ensure the dissemination and discussion of relevant information on safety and health issues
 - x. to encourage safety and health awareness of employees
- 2.2 It is also the duty of all staff to:

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- i. co-operate in implementing the requirements of all Health and Safety legislation, related codes of practice and safety instructions
- ii. ensure that any equipment issued to them, or for which they are responsible, is correctly used and properly stored
- iii. take reasonable care of their own safety and that of others who may be affected by their acts or omissions at work
- iv. co-operate with the organisation in its arrangements for complying with its legal duties
- v. neither intentionally nor recklessly interfere with anything provided for their health, safety, or welfare
- vi. use any work equipment, substance or system of work provided by their employee in accordance with the training and instruction given to them
- vii. inform their line management/proprietors of any situation which they may reasonably consider to be a serious and immediate danger to health and safety.

3 General

- 3.1 The effectiveness of the general policy statement and other specific policies in use throughout the organisation will be regularly reviewed annually and revised when necessary.
- 3.2 The organisation is committed to involving employees at all levels in the maintenance of Health and Safety standards and to provide them with adequate information, instruction, and training. External Health and Safety consultants will be used to provide professional health, safety, and occupational advice, as required.

Signed **Claire Fyfe**
 On behalf of Bright Sparks Learning Centre
Claire E Fyfe
 Dated: 1st September 2020

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1. Legislation

This policy is based on advice from the Department for Education on health and safety in schools and the following legislation:

- i. The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings.
- ii. Management of Health and Safety at Work Regulations 1999: require employers to carry out risk assessments, make arrangements to implement necessary measures, appoint competent people and arrange for appropriate information and training.
- iii. Workplace (Health, Safety and Welfare) Regulations 1992: cover a wide range of basic health, safety and welfare issues such as ventilation, heating, lighting, workstations, seating and welfare facilities.
- iv. Health and Safety (Display Screen Equipment) Regulations 1992: set out requirements for work with Visual Display Units (VDUs).
- v. Personal Protective Equipment at Work Regulations 1992: require employers to provide appropriate protective clothing and equipment for their employees.
- vi. Provision and Use of Work Equipment Regulations 1998: require that equipment provided for use at work, including machinery, is safe.
- vii. Manual Handling Operations Regulations 1992: cover the moving of objects by hand or bodily force.
- viii. Health and Safety (First Aid) Regulations 1981: cover requirements for first aid.
- ix. The Health and Safety Information for Employees Regulations 1989: require employers to display a poster telling employees what they need to know about health and safety.
- x. Employers' Liability (Compulsory Insurance) Act 1969: require employers to take out insurance against accidents and ill health to their employees.
- xi. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR): require employers to notify certain occupational injuries, diseases and dangerous events.
- xii. Noise at Work Regulations 1989: require employers to take action to protect employees from hearing damage.
- xiii. Electricity at Work Regulations 1989: require people in control of electrical systems to ensure they are safe to use and maintained in a safe condition.
- xiv. Control of Substances Hazardous to Health Regulations 2002 (COSHH): require employers to assess the risks from hazardous substances and take appropriate precautions.
- xv. The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff.
- xvi. The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height.
- xvii. The school follows national guidance published by Public Health England when responding to infection control issues.

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2. Roles and responsibilities

2.1 Principal/Proprietor – Claire Fyfe

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

- i. implementing the health and safety policy
- ii. ensuring there is enough staff to safely supervise pupils
- iii. ensuring that the centre building and premises are safe and regularly inspected
- iv. providing adequate training for school staff
- v. ensuring appropriate evacuation procedures are in place and regular fire drills are held
- vi. ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- vii. 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
- viii. inform employees about risks and the measures in place to manage them
- ix. ensuring all risk assessments are completed and reviewed

In the proprietor's absence, the deputy principal and health and safety lead assumes the above day-to-day health and safety responsibilities.

2.2 Health and safety lead – Judith Little

The nominated health and safety lead is Judith Little. The health and safety lead will:

- i. actively participate in and support the development of a positive health and safety culture
- ii. be familiar with the broad requirements of health and safety legislation
- iii. ensure the preparation, communication and implementation of policies and procedures in compliance with organisation requirements and appropriate to the operational sphere
- iv. ensure the regular review of organisation performance in health and safety issues, policies and procedures
- v. request that COSHH data sheets are supplied for all hazardous substances
- vi. compile a library of hazard data sheets relevant to the business, and review and update on a regular basis.
- vii. set a personal example at all times, making the subject of health and safety a topic of conversation in every management/staff meeting
- viii. take reasonable care for their own health and safety and for the health and safety of those people who may be affected by their actions
- ix. be responsible for the investigation of accidents and near misses in accordance with RIDDOR Regulations.

2.3 Staff

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

Staff will:

- i. take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- ii. co-operate with the organisation on health and safety matters
- iii. work in accordance with training and instructions
- iv. inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken

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- v. model safe practice for pupils
- vi. understand emergency evacuation procedures and feel confident in implementing them
- vii. know, understand and implement policy, standards and rules at all work locations as applicable to personal work tasks and appreciate the allocated responsibilities
- viii. attend and participate in training and briefing sessions on health, safety and environmental issues in order to maintain an up-to-date awareness of appropriate legislation, codes and guidance notes
- ix. consult and co-operate with their line managers/proprietor and visiting advisors on health and safety topics as appropriate
- x. report any incidents, accidents or unsafe conditions to the proprietor or designate immediately
- xi. set a personal example at all times, particularly by wearing appropriate protective clothing and safety equipment
- xii. take reasonable care for their own health and safety and for the health and safety of those people who may be affected by their actions or failures to act.

2.4 Pupils and parents

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

2.5 Contractors

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

3. Site security

- 3.1 The duty holder is responsible for the security of the centre site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.
- 3.2 The duty holder (Stuart Whale, 07958 60309) is a key holder and will respond to an emergency.

4. Fire

- 4.1 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.
- 4.2 Emergency evacuations are practised at least once a term.
- 4.3 The fire alarm is a hand bell will ring continuously together with the verbal shout “Fire!Fire!Fire!”
- 4.4 New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.
- 4.5 In the event of a fire:
 - i. the alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
 - ii. 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
 - iii. staff and pupils will congregate at the assembly point. This is located at the front of the building to the side of the carpark
 - iv. form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
 - v. the health and safety lead will take a register of all staff
 - vi. visitors must make themselves known to the receptionist (who will be holding “Visitors” placard)
 - vii. staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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- viii. the centre 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.

5. COSHH

- 5.1 Centre are required to control hazardous substances, which can take many forms, including:
 - i. chemicals
 - ii. products containing chemicals
 - iii. fumes
 - iv. dusts
 - v. vapours
 - vi. mists
 - vii. gases and asphyxiating gases
 - viii. germs that cause diseases, such as leptospirosis or legionnaires disease

- 5.2 Control of substances hazardous to health (COSHH) risk assessments are completed by Judith Little and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- 5.3 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.
- 5.4 Any hazardous products are disposed of in accordance with specific disposal procedures.
- 5.6 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. Gas safety – responsibility of the duty holder

- 6.1 There are no gas installations at the premises.

7. Asbestos – responsibility of the duty holder

- 7.1 Staff are made aware of the presence of the asbestos report held in reception. There is no asbestos present in the building.

8. Equipment

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

9 Electrical equipment

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

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

10 Display screen equipment

- 10.1 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
- 10.2 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)

11. Lone working

- 11.1 The very nature of one to one/small group tuition lends itself to potential risks. Staff should take every reasonable step to eliminate potential risks to increase safety and confidence. Make sure you are aware of, and have a copy of, the individual student’s risk assessment. This is particularly important where there are known risks around Domestic Violence, Drug and Alcohol use and offending behaviour.
- 11.2 Advice for staff:
 - i. always have a mobile phone charged and available
 - ii. do not give your address or home phone numbers to pupils and/or parents and do not contact them on your home phone as they can then access your personal number
 - iii. keep your personal items, purse/wallet, car keys, etc. safe and secure , locked away in the school office
 - iv. ensure an appropriate adult is always present if tuition is in the home, or use a public building, e.g. library
 - v. ensure regular contact with the proprietors
 - vi. keep a running record of each session – including brief notes of work covered, people present and any other appropriate information, e.g. issues with pupil and/or parent

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- vii. compile your own risk assessment of each venue you use
- viii. report any concerns to Bright Sparks Learning Centre as soon as possible
- ix. if at any point the tutor feels threatened they should ensure the pupil is left with a responsible adult and terminate the session. Any concerns for personal safety should be reported to Bright Sparks Learning Centre as soon as possible.

12. Violence at work

- 12.1 We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.
- 12.2 All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/principal immediately. This applies to violence from pupils, visitors or other staff.

13. Smoking

- 13.1 Smoking is not permitted anywhere on the premises.

14. Infection prevention and control

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

15. Handwashing

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

16. Coughing and sneezing

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

17. Personal protective equipment

- 17.1 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).
- 17.2 Wear goggles if there is a risk of splashing to the face.
- 17.3 Use the correct personal protective equipment when handling cleaning chemicals.

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18. Cleaning of the environment

18.1 Clean the environment frequently and thoroughly.

19. Cleaning of blood and body fluid spillages

19.1 Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment.

19.2 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.

19.3 Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.

19.4 Make spillage kits available for blood spills.

20. Pupils vulnerable to infection

20.1 Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The centre 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.

20.2 We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

21. Exclusion periods for infectious diseases

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

22. New and expectant mothers

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

22.2 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.

22.3 **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.**

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22.4 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.

23. Occupational stress

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

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

24. Accident reporting

Accident record book

24.1 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. An accident form can be found in Appendix 2.

24.2 As much detail as possible will be supplied when reporting an accident.

24.3 Information about injuries will also be kept in the pupil's educational record.

24.4 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.

24.5 The Accident Book is held at Reception.

25. Reporting to the Health and Safety Executive

25.1 The health and safety lead 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).

25.2 The health and safety lead 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.

25.3 Reportable injuries, diseases or dangerous occurrences include:

i. Death

ii. 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

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- 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.

iii. 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

25.4 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>

26. Notifying parents

26.1 The principal/proprietor 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.

27. Reporting to HSE and child protection agencies

27.1 The principal/proprietor will notify HSE 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.

27.2 The principal/proprietor will also notify the commissioning schools and respective local authority of any serious accident or injury to, or the death of, a pupil while in the centre's care.

28. Lock Down Procedure

28.1 ALARM – a long blow of a whistle

28.2 The emergency lockdown is used when it is necessary to restrict movement around the centre site.

28.3 On hearing the alarm – a long blow of a whistle – visitors and contractors should proceed to the nearest office or teacher supervised classroom as quickly as possible.

28.4 Staff and pupils will remain in these classrooms and await further instruction from the Health and Safety Lead.

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29. Working at Height

- 29.1 Staff are encouraged not to 'work at height'. Most major injuries in schools/organisations are caused by 'low' falls (below two metres) and involve stairs. However, other activities are also involved, such as falls from desks/chairs while putting up displays and falls from ladders while putting up stage lighting.
- 29.2 Falls can, and do, happen anywhere in schools/organisations. They are most likely to happen when staff are under pressure towards the end of term. Staff are encouraged to:
- i. always ask themselves if they can avoid or minimize work at height if possible, e.g. use lightly weighted
 - ii. use strings to pull display items up over beams, prepare displays as far as possible before putting them up
 - iii. always use suitable equipment for working at height, e.g. 'kick-step' type stools, properly designed and maintained low steps, poles for opening high windows etc. If staff still cannot reach without overstretching, ask for help from a member of staff
 - iv. be aware of the centre's risk assessment, which should cover the possibility of falls from height
 - v. always think of personal safety and assess the risk from what staff propose to do
 - vi. remember that educational furniture was not designed for people to stand on
 - vii. be aware of obstructions at all times
 - viii. wear suitable footwear
 - ix. report poor maintenance, such as damaged window mechanisms, which could create hazards
 - x. be aware of slippery surfaces, particularly stairs
 - xi. reduce accidents on stairs by encouraging people not to run or push
 - xii. if staff are worried about the lack of equipment or its poor quality, inform the head teacher or health and safety lead.

30. Training

- 30.1 Staff are provided with health and safety training as part of their induction process.
- 30.2 Staff who work in high-risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

31. First Aid

- 31.1 Bright Sparks Learning Centre recognises its duties under the Health and Safety (First Aid) Regulations 1981 (as amended), and the Approved Code of Practice (L74), whereby arrangements must be made for a suitable number of employees to receive training in first aid. This will enable the centre to cope in an emergency placing particular emphasis on the types of injuries which are common in our industry.
- 31.2 Notwithstanding the above, Judith Little has been nominated as an Appointed Person. Additional training will include courses in First Aid at Work (FAW), or Emergency First Aid at Work (EFAW), and specialist training as identified by the First Aid Needs Assessment.
- 31.3 The premises shall contain at least one suitably stocked First Aid Box, which shall be under the control of a qualified person, held at Reception, together with appropriate notices displayed giving names, contact details and locations of personnel and equipment.

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- 31.4 Periodical inspection will take place to ensure that all First Aid Kits are kept clean and adequately stocked.
- 31.5 The following table offers guidance to minimum levels of First Aid cover, but is no replacement for a thorough risk assessment:
- 31.6 In addition, the following factors will be taken into account:
 - i. inexperienced workers or employees with disabilities or particular health problems
 - ii. employees who travel a lot, work remotely or work alone
 - iii. employees who work shifts or out of hours
 - iv. premises spread out across buildings/floors
 - v. workplace remote from emergency medical services
 - vi. employees working at sites occupied by other employers
 - vii. planned and unplanned absences of first aiders/appointed persons
 - viii. members of the public who visit the workplace.

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Degree of Risk	Number of Employees	Suggested number of first aid personnel
Low risk e.g. offices, shops, libraries	Less than 25	At least one appointed person
	25 to 50	At least one first-aider trained in EFAW
	More than 50	At least one first-aider trained in FAW for every 100 employed (or part thereof)
Higher risk e.g. light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	Less than 5	At least one appointed person
	5 to 50	At least one first-aider trained in EFAW or FAW depending on the type of injuries that might occur
	More than 50	At least one first-aider trained in FAW for every 50 employed (or part thereof)

32. Tools and Equipment

- 32.1 Where appropriate, new equipment is subjected to assessment and evaluation by the Health and Safety Lead/appropriate Competent Person, in compliance with the Provision and use of Work Equipment Regulations 1998.
- 32.2 The centre undertakes to reduce known hazards as far as reasonably practicable and will provide suitable information, training and instruction to employees who are to use the equipment.
- 32.3 The arrangements and layout for the installation of equipment will be reviewed by the Health and Safety lead who will consider aspects of the changes likely to impact on the health and safety of personnel.
- 32.4 All hired or leased equipment will be checked so that it meets satisfactory safety standards. The Health and Safety lead will ensure that Certificates of Thorough Inspection, Portable Appliance Testing, Calibration, and compliance to LOLER and PUWER regulations are met, as necessary.

33. Ingress, Egress and Traffic

- 33.1 We are committed to providing a safe and secure working, teaching and learning environment for all staff, pupils, contractors and visitors whilst on site.

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- 33.2 The centre recognises that many of its pupils, visitors and staff, whether disabled or otherwise, have individual needs when accessing the centre site and facilities.
- 33.3 As part of the ongoing commitment to the delivery of an inclusive educational service, we will endeavour to ensure, as far as possible, that disabled pupils, staff and visitors have easy access to the centre's reception area and other parts of the centre and reasonable adjustments are in place.
- 33.4 The centre understands that whilst there is a need to promote an open and welcoming environment, there is also a responsibility to address all security and personal safety-related issues. This will ensure protection of the centre's staff, pupils, visitors and contractors, as well as its physical assets.
- 33.5 The security within the working environment is the responsibility of everyone on site. The site will only be as secure as the people who use it.
- 33.6 The principal will liaise with the duty holder on a weekly basis to ensure that any perimeter or maintenance issues are addressed. During and out of school hours, access to the building will be via the front entrance. The entrance door will be locked during and out of school hours.
- 33.7 Exterior lighting will be present by all access and egress areas including the car park. Floors and traffic routes must be kept free of obstructions which may present a hazard or impede access.
- 33.8 Any arrangements for lettings or extended activities outside of the school day, will be arranged on a separate basis and authorised by senior management and the duty holder.
- 33.9 All the appropriate signage should be displayed throughout the site directing visitors, staff and pupils to the front entrances that are to be used to access the building. This door will have access control measures in place for use during the school day. Staff should check these measures at regular times to ensure they are in working order and have not been compromised. All staff will ensure that doors and windows to their areas are secured at the end of the working day.
- 33.10 Information and instruction will be given to both staff and pupils regarding the importance of personal safety whilst on site.
- 33.11 Keys for the building will be given out under the agreement of the principal and duty holder, limiting master keys to a restricted number where possible.
- 33.12 All visitors and volunteers will have restricted access to the centre, reporting to the main reception, using the signing in system always. Visitors will be accompanied by a member of staff at all times.
- 33.13 Badges will be issued to visitors and they must be informed that they should display them at all times. Staff should also be advised that they must wear identity badges at all times.
- 33.14 Staff should be aware of the centre's procedures and actively question all persons on site if they are not wearing a badge and are unknown. Where volunteers are entering the centre, they should be expected to sign in at reception and carry ID. Volunteers should have proper checks in place and only exceptionally have unsupervised access to children.
- 33.15 All contractors should be made aware of the centre's procedures for 'contractors working on site.' A nominated person (usually the duty holder) will oversee the contractors, ensuring they are aware of any security related issues, which may be affected by their work. Assessment should be made of all areas if such work will breach the current access control measures in place.
- 33.16 The learning centre, and outside space, are Private Property and not for general public access. Any person who enters the site without permission or a bona fide reason is a trespasser and should be asked to leave. If a trespasser refuses to leave the school premises and grounds, causes a disturbance, or enters

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after being asked to leave, the staff member should report this to the principal and/or notify the police. Staff should avoid any risks as far as possible to their confrontation with the offender.

33.17 Arrangements for Pupils – The following protocols must be observed:

- i. All pupils entering the centre later than the dedicated time of arrival must report to the main reception, registering in through the centre’s system and process
- ii. Any child leaving the site before the dedicated time should only be allowed to do so with prior arrangement through an appropriate member of staff
- iii. No student should be allowed to leave the centre unless accompanied by an adult with parental responsibility or confirmed permission
- iv. Where age appropriate, children may be allowed to leave the centre alone provided contact has been made with an adult with parental responsibility via written or verbal permission/agreement. If in doubt this **MUST** be checked with the Designated Safeguarding Lead or other senior member of staff
- v. Any child who is removed from the site during normal school hours **MUST** be signed out
- vi. Should a child leave the centre premises without permission, staff should not chase after a child in case this should put the child at more risk. A report of the event must be made to the office. Parents and police will be immediately informed of the circumstances.
- vii. All students enter the building at the front entrance. There is a ramp/sloped access. This access route is protected from vehicles with a barrier. No vehicles are permitted to park against this barrier
- viii. There is visitor and staff parking to the front of the building which is clearly signed. The duty holder is responsible for the maintenance of the carpark area.
- ix. The principal will make the appropriate arrangements for the supervision of the pupils during break and lunch times. Arrangements for each day will be displayed in the reception area. Any difficulties or issues must be notified to the senior manager on duty who will keep the senior management team informed who may need to review processes.

33.18 Information and instruction will be given to both staff and pupils regarding the importance of personal safety whilst on site.

34. Monitoring

34.1 This policy will be reviewed by the Health and Safety lead every year.


34.2 At every review, the policy will be approved by the principal/proprietors.

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Form No:
 Issue:
 Date:
 Procedure:



FIRST AIDERS

Name	Tel

If you require an ambulance dial
999

Location:
 Date Updated:

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Appendix 2. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<p><i>Describe in detail what happened, how it happened and what injuries the person incurred</i></p>			
Action taken			
<p><i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i></p>			

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Follow-up action required

Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again

Name of person attending the incident

Signature

Date

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Appendix 3. Asbestos record

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

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Appendix 4. 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. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>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.</p> <p>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.</p>
Cold sores	None.

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Rubella (German measles)	5 days from appearance of the rash.
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.
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.
Ringworm	Exclusion not needed once treatment has started.
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 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).

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Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>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.</p> <p>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 advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
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.
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).

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Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
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.
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.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.

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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.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).

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Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

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