

OAKMONT Education

Policy



Health and Safety

Ratification	
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Signature	<i>K Price</i>

Policy	
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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.

Legislation and Guidance

The policy is designed to ensure the health, safety, and welfare of all pupils, employees and others who may be affected by the school's activities. The following legislation forms the basis of the policy:

The Health and Safety at Work etc. Act 1974: This act imposes a general duty on employers to ensure the health and safety of their employees and other people who may be affected by their activities.

The Management of Health and Safety at Work Regulations 1992: These regulations require employers to assess the risks to the health and safety of their employees and make arrangements to implement necessary measures.

The Management of Health and Safety at Work Regulations 1999: These regulations require employers to carry out risk assessments, make arrangements to implement necessary measures, and provide appropriate information and training.

The Control of Substances Hazardous to Health Regulations 2002: These regulations require employers to control substances that are hazardous to health.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013: These regulations 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: These regulations 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: These regulations require work on gas fittings to be carried out by someone on the Gas Safe Register.

The Regulatory Reform (Fire Safety) Order 2005: This order requires employers to take general fire precautions to ensure the safety of their staff.

The Work at Height Regulations 2005: These regulations require employers to protect their staff from falls from height.

Roles and Responsibilities

Headteacher

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

- Implementing the health and safety policy
- Ensuring there are 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, teachers assume the above day-to-day health and safety responsibilities.

Health and safety lead

The nominated health and safety lead is Kelly Price Director.

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.

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.

Contractors

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

Site Security

Laura Baggus and Aimee-Beth Jones 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. Laura Baggus and Aimee-Beth Jones are key holders and will respond to an emergency.

Fire Safety

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 panel is located by the entrance with a fire plan displayed next to it.

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 the assembly point. This is in the rear garden by the rear fence.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The headteacher will take a register of all staff.
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

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

COSHH

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

- Chemicals
- Products containing chemicals.
- Fumes
- Dusts
- Vapors
- 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 Kelly Price 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.

We take the storage and handling of hazardous substances seriously. All hazardous substances are stored in a designated area, which is clearly marked and restricted to authorised personnel only. The storage area is locked at all times to prevent unauthorised access and is equipped with appropriate signage to indicate the potential hazards associated with the stored substances.

Pupils do not have access to any hazardous substances and are not permitted to handle or use them under any circumstances. All hazardous substances are used strictly in accordance with the manufacturer's instructions and only by trained and authorised staff members who are familiar with the risks associated with these substances.

In addition to these measures, we have also developed a detailed risk assessment process for the use and storage of hazardous substances. This includes regular inspections of the storage area to ensure that all substances are correctly labelled and stored in a safe and secure manner.

We also provide appropriate training and information to staff members who handle or use hazardous substances, including information on safe handling procedures, the use of protective equipment, and emergency procedures in case of accidental exposure or spillage.

Legionella

A water risk assessment has been completed on 17/01/2024 by Vector Air and Water. Kelly Price Director is responsible for ensuring that the identified operational controls are conducted and recorded in the school's waterlog book.

We also carry out regular disinfection taps and other water outlets, as well as flushing of infrequently used outlets to prevent the growth and spread of Legionella bacteria. All of these measures are carried out in accordance with best practice guidelines and industry standards to ensure that our water systems are as safe as possible for our staff and pupils.

This risk assessment will be reviewed every annually and when significant changes have occurred to the water system and/or building footprint.

Equipment

All equipment and machinery are 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.

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 Liz Nihan Headteacher immediately.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.
- Only trained staff members can check plugs.
- A portable appliance test (PAT) will be carried out by a competent person.
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.

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.

Smoking

Smoking is not permitted anywhere on the school premises.

Infection 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.

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.

Coughing and sneezing

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

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.
- 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.

Cleaning of the environment

- Clean the environment frequently and thoroughly.

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.

Clinical waste

- Always segregate domestic and clinical waste.
- Used 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.

Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, 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.
- 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.

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.

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
- Some pregnant women will be at greater risk of severe illness from COVID-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

Accident reporting

Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- 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

Reporting to the Health and Safety Executive

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

The Director Kelly Price 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 – <http://www.hse.gov.uk/riddor/report.htm>

Notifying parents

The Headteacher Liz Nihan 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.

Training

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

Review and monitoring

The Health and Safety Policy will undergo an annual evaluation to ensure its continued relevance and effectiveness. All revisions and historical versions of the policy will be systematically documented and archived for accountability. Periodic inspections will be conducted to identify hazards and verify adherence to safety standards.

All safety incidents or near-misses must be reported and investigated to understand root causes and prevent recurrence.

Safety performance will be monitored using key metrics such as incident frequency, compliance audit results, and training completion rates.

Amendments to the Health and Safety Policy will be communicated promptly to all staff via appropriate internal communication channels.

Training on New Procedures: Where necessary, additional training will be provided to ensure effective implementation of changes.

Appendix 1

Fire Safety Checklist

To be completed

Date:

Issue to check	Yes	No	Remedial action taken	Signature
Are fire regulations prominently displayed?				
Is fire-fighting equipment, including fire blankets, in place?				
Does fire-fighting equipment give details for the type of fire it should be used for?				
Are fire exits clearly labelled?				
Are fire doors fitted with self-closing mechanisms?				
Are flammable materials stored away from open flames?				
Do all staff and pupils understand what to do in the event of a fire?				

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](#).

Infection or complaint	Recommended period to be kept away from school
Athlete's foot	None.
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. 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.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
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 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).

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 adviser 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).
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.

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 (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Accident form

Name	
Role/Class	
Date and time	
Location of accident	

Incident details

Describe in detail what happened, how it happened and what injuries the person incurred.

Action taken

Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.

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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