

Oaklands School



Health and Safety Policy

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1. Aims

As an independent SEN school, Oaklands School recognises its legal and moral responsibilities to set out its Health and Safety arrangements in a written Health and Safety Policy as per DfE November 2018 Health and Safety Advice on Legal Duties and Powers for Local Authorities, Headteachers, staff and governing bodies. Our school aims to:

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

2. Legislation

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

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

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

3. Roles and responsibilities

3.1 The Oaklands School Board

The Oaklands School Board has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to the Headteacher.

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

The Oaklands School Board as the employer, also has a duty to:

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

3.2 Headteacher

The headteacher is responsible for health and safety day-to-day. This involves implementing the health and safety policy, and

- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and inspected regularly
- Providing adequate training for school staff
- Reporting to the Oaklands School 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 nominated health and safety lead assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the School Business Manager

3.4 Staff

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

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

3.5 Pupils and parents

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

3.6 Contractors

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

4. Site security

The School Business 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. The School Business Manager is the key holder and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once every half term. The fire alarm is a loud continuous bell/buzzer.

Fire alarm testing will take place once a week.

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

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 (on the playground in front of the building)
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- Office staff will take a register of all staff and visitors
- 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.
- These are outlined in the Fire and Emergency Evacuation plans, which includes personal emergency evacuation plans (PEEPs).

A fire safety checklist can be found in appendix 1.

6. COSHH

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

- > Products containing chemicals
- > Fumes
- > Dusts
- > Vapours
- > Mists
- > Gases and asphyxiating gases
- > Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by School Business 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 located in a file in the School Business Manager's office.

6.1 Gas safety

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer

Gas pipework, appliances and flues are regularly maintained

All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

The School Business Manager is responsible for ensuring that a water risk assessment is completed and for ensuring that the identified operational controls are conducted and recorded in the school's waterlog book, This risk assessment will be reviewed every year 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, disinfection of showers.

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
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site. No asbestos on the school site at Norgate House (see Appendix 3).

7. 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 that it meets appropriate educational standards.

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

7.1 Electrical equipment

All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely. Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them. Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions. Any potential hazards will be reported to the School Business Manager immediately.

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed. All isolators' switches are clearly marked to identify their machine.

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person. Only trained staff members can check plugs. Where necessary a portable appliance test (PAT) will be 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 apparatus will be reported to the School Business Manager.

7.3 Display screen equipment

All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time.

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7.4 Specialist equipment

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

promote the responsible use of wheelchairs.

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 unit

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

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

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

9. Working at height

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

In addition:

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

10. Manual handling

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

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

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

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

11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details

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

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control

We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

We follow national guidance published by Public Health England when responding to infection control issues.

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action. See separate Coronavirus/ Covid-19 Risk Assessment.

15.1 Handwashing

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhea and/or vomiting and respiratory infections.

We will ensure all individuals have access to liquid soap, warm water, and paper towels. Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.

We will have signs and advise all individuals to clean their hands after using the toilet, before eating or handling food, after playtime and after touching animals.

All cuts and abrasions should be covered with a waterproof dressing.

We will educate children and young people on why hand hygiene is so important.

15.2 Coughing and sneezing

Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections.

We will encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow respiratory hygiene and cough etiquette, specifically, to:

- *cover nose and mouth with a tissue when coughing and sneezing,
- dispose of used tissue in a waste bin, and
- clean hands

*cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand and keep contaminated hands away from their eyes, mouth and nose.

We will educate children and young people on why respiratory hygiene is so important and why

spitting is not permitted or tolerated.

15.3 Personal protective equipment (PPE)

PPE can protect individuals and staff from contamination with blood or bodily fluids, which may contain germs that spread disease. PPE should be used in line with risk assessments and be proportionate to the risk identified.

Risk assessments look at both the risk of occurrence and the impact, and may need to be dynamic, based on the emerging situation. This ensures that all people, including those with complex or additional health needs, are supported to continue their care and education in school.

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

15.4 Cleaning of the environment

Keeping the school clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical, particularly when food preparation is taking place.

Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases. Essential elements of a comprehensive cleaning contract include daily, weekly and periodic cleaning schedules.

In the event of an outbreak of infection the UKHSA health protection team (HPT) may recommend enhanced or more frequent cleaning, to help reduce transmission.

Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

We will ensure that we clean surfaces that people touch a lot and regularly clean and disinfect all areas or surfaces in contact with food, dirt, or bodily fluids. In cleaning schedules, the activities required will be clearly described, as well as the frequency of cleaning and who will carry them out. We will develop plans for situations where additional cleaning will be required (for example in the event of an outbreak) and how we will carry this out.

All cleaning staff are appropriately trained and have access to the appropriate personal protective equipment (PPE), such as household gloves and aprons.

We will use a colour-coding system for equipment used in different areas with separate equipment for kitchen, toilet, classroom, and office areas (for example, red for toilets and washrooms; yellow for hand wash basins and sinks; blue for general areas and green for kitchens).

Cleaning equipment used will be disposable or, if reusable, disinfected after each use.

Cleaning solutions will be stored in accordance with Control of Substances of Hazardous to Health (COSHH).

The School Business Manager (SBM) will monitor cleaning standards, and staff should report issues with cleaning standards to the SBM.

In areas where food is handled or prepared

In accordance with recommendations of The Food Standards Agency (FSA) we will use either a dishwasher, a sterilising sink, or a steam cleaner to clean and disinfect equipment and utensils and maintain equipment according to the manufacturer's instructions and include regular dishwasher interior cleaning cycles. We will:

- Follow food hygiene standards from the Food Standards Agency.
- Educate children and young people on their role in improving food hygiene.

Toileting and sanitation

Good hygiene practices depend on adequate facilities and clear processes. Hand hygiene is extremely

important to emphasise to individuals who are supporting children and young people with toileting. Individuals who use continence aids (like continence pads, catheters) should be encouraged to be as independent as possible. The principles of basic hygiene should be applied by both individuals and staff involved in the management of these aids.

We will ensure that all individuals and staff will:

- Have hand wash basins available, with warm running water along with a mild liquid soap, preferably wall mounted with disposable cartridges.
- Have disposable paper towels next to basins in wall-mounted dispensers, together with a nearby foot-operated wastepaper bin.
- Have toilet paper available in each cubicle (it is not acceptable for toilet paper to be given out on request).
- Have suitable sanitary disposal facilities should be provided where there are children and young people aged 9 or over (junior and senior age groups).

Where nappy changing is taking place

We will ensure that there is a designated changing area for children and young people using nappies.

This should:

- where possible, be away from play facilities and any area where food and/or drink is prepared or consumed
- have appropriate hand washing facilities available

Staff involved in managing nappies should:

- wash and dry their hands after every nappy change, before handling another child or leaving the nappy-changing room
- wrap soiled nappies in a plastic bag before disposal in the general waste unless collected separately as offensive waste – see safe management of waste.
- where appropriate, clean children's skin with a disposable wipe (flannels should not be used)
- label nappy creams and lotions with the child's name and do not share with others
- wipe changing mats with soapy water or a mild detergent wipe after each use and at the end of each day
- check mats weekly for tears and discard if the cover is damaged

Where potties are used

We will designate a sink for cleaning potties (not a hand wash basin). This should be located in the area where potties are used. Staff involved in managing potties should:

- Wear disposable gloves to flush contents down the toilet.
- Wash the potty in hot soapy water and dry.
- Store potties upside down. Do not stack potties inside each other.
- Wash hands using soap and warm water and dry after removing disposable gloves.

For individuals with continence aids

Continence pads will be changed in a designated area, with hand washing facilities readily available. Staff involved will wear appropriate personal protective equipment (PPE). such as disposable gloves and a disposable plastic apron and change after every child or young person.

15.5 Safe Management of the Environment

Ventilation

Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.

As part of the COVID-19 pandemic response, the Department for Education provided state-funded

education and childcare settings with access to CO2 monitors to help them assess how well-ventilated their spaces were.

We will continue to use these monitors as a helpful tool to manage ventilation, sitting alongside the other protective measures in place to manage transmission, such as vaccinations and increased hygiene.

Where an area of poor ventilation has been identified, we will take steps to resolve it. We will:

- keep occupied spaces well-ventilated to help reduce the number of respiratory germs
- open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open)
- try and open higher-level windows to reduce draughts, where it is safe to do.
- use CO2 monitors, to balance the need for increased ventilation with maintaining a comfortable temperature.
- during the colder months, consider opening windows more when the room is unoccupied in between lessons.

Keeping animals on site

Some schools will choose to include pets and other animals to enhance the learning environment or provide respite or support for people. However, contact with animals can pose a risk of infection including gastro-intestinal infection, fungal infections and parasites.

Some people may be at greater risk of developing a severe infection. However, sensible measures can be taken to reduce the risk of infection.

We will only consider pets that are mature and toilet trained and identify a knowledgeable staff member to be responsible for animals and abide by the Animal Welfare Act 2006, which places a duty on animal owners to ensure their animal's welfare needs are met. The responsible person should ensure that the animal has recommended treatments and immunisations, is regularly groomed (including claws trimmed) and checked for signs of infection.

Where an individual has a support animal, responsibility for implementing infection prevention measures, and supporting the individual to do so, will be allocated to a staff member.

In the eventuality of animals being permitted we will develop a written agreement detailing:

- the types of animals allowed
- how to manage them and permitted behaviour whilst on the premises
- any insurance liability of owners and handlers

Any animals must always be supervised when in contact with children and young people and all persons must wash their hands immediately after handling animals, or touching their bedding or equipment.

A clean environment will be maintained, making sure that:

- bedding is laundered regularly
- feeding areas are kept clean and food stored away from human food
- food not consumed within 20 minutes is taken away or covered

There are some additional considerations for cats, such as:

- cat litter trays should be cleaned daily wearing disposable gloves
- litter trays should not be placed near food preparation, storage or eating areas
- pregnant staff should not clean litter trays due to a risk of toxoplasmosis

Reptiles are not suitable as pets in schools as all species can carry salmonella which can cause serious illness.

Safe management of linen and soft furnishings

Where soft furnishings are used, they should ideally have a wipeable surface. If there is a need for laundry facilities, designate an area on site that:

- is separate from any food preparation areas

- has appropriate hand washing facilities
- has a washing machine with a sluice or pre-wash cycle

If staff have uniforms or use cotton tabards, they should change them every day and wash them using normal washing detergent at the hottest temperature specified on the garment.

If clothing is contaminated with blood or bodily fluids:

- wear gloves and aprons when handling soiled linen or clothing
- remove clothing as soon as possible and place in a named and sealed plastic bag or container
- send clothing home with the child or young person with advice for the parent or carer on how to launder the contaminated clothing
- wash any contaminated clothing separately in a washing machine, using a pre-wash cycle, on the hottest temperature that the clothes will tolerate
- wash hands thoroughly after removing the gloves and aprons

Safe management of blood and bodily fluids

Blood and bodily fluids can contain germs that cause infection. It is not always evident whether a person has an infection, and so precautions should always be taken.

Clean any spillages of blood, faeces, saliva, vomit, nasal discharges immediately, wearing PPE.

Use gloves and an apron if you anticipate splashing and risk assess the need for facial and eye protection. Clean using a product which combines detergent and disinfectant that is effective against both bacteria and viruses. Manufacturer's guidance should always be followed. Cleaning with detergent followed by the use of a disinfectant is also acceptable. It should be noted that some agents, such as NaDCC (Sodium Dichloroisocyanurate or Troclosene Sodium, a form of chlorine used for disinfection), cannot be used on urine.

Use disposable paper towels or cloths to clean up blood and bodily fluid spills. These should be disposed of immediately and safely after use.

A spillage kit will be available for bodily fluids like blood, vomit and urine.

Nominated first aiders who are appropriately trained will take Standard Infection Prevention and Control (SIPC) precautions when dealing with any cuts or abrasions that involve a break in the skin or bodily fluid spills to reduce the risk of unknown (and known) disease transmission. These include:

- wearing gloves when in contact with blood, bodily fluids, non-intact skin, eyes, mouth, or nose (washing grazes, dressing wounds, cleaning up blood after an incident) and wearing a disposable plastic apron
- carefully cleaning the wound under running water if possible or using a disposable container with water and wipes; carefully dab dry
- covering all exposed cuts and grazes with waterproof plasters
- keeping the dressing clean by changing it as often as is necessary
- managing all spillages of blood or body fluids

Safe management of waste (including sharps)

Under the waste management duty of care, we must ensure that all waste produced is dealt with by a licensed waste management company.

Any used PPE will be placed in a refuse bag and dispose of as normal domestic waste. PPE should not be put in a recycling bin.

Managing prevention of exposure to infection (including needlestick or sharps injuries, and bites)

An exposure is an injury from a used needle or a bite which breaks the skin, and/or exposure of blood and body fluids onto:

- broken skin
- the eyes, nose or mouth

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites resulting in puncture or breaking of the skin are potential sources of exposure to

blood borne infections, therefore, it is essential that they are managed promptly.

If someone pricks or scratches themselves with a used hypodermic needle or has a bite which breaks the skin:

- dispose of the needle safely in a sharps container to avoid the same thing happening to someone else
- wash the wound thoroughly with soap and warm running water
- cover the wound with a waterproof dressing
- seek immediate medical attention or advice from your local accident and emergency department
- record it in the accident book and complete the accident form

15.6 Supporting immunisation programmes

Immunisation means both receiving a vaccine and then becoming immune to a disease. A full dose of vaccination generally provides immunity similar to that provided by the natural infection, but without the risk of the disease or its complications. When children and young people receive all the vaccinations included in the national routine childhood immunisation programme, this has a direct positive impact on their health and wellbeing, as well as their communities.

Achieving high levels of immunity against vaccine preventable diseases is vital to reduce the spread of infection and prevent outbreaks. High levels of immunity can result in herd immunity, whereby the protection from immunisation programmes extends to individuals who cannot be vaccinated for a number of reasons.

Evidence shows that delivering immunisations in schools reduces health disparities by making access to vaccines easier for all, for example parents don't need to take time off work to book immunisation appointments and children who are not registered with a GP are included.

The offer of the adolescent vaccines in school is an important opportunity to check that children are up to date with all their routine immunisations and to ensure they are caught up. Oaklands School will fully participate and co-operate with the national routine childhood immunisation programme by:

- supporting families, children and young people to understand their choices and the potential consequences
- hosting the immunisation team and helping them with aspects of the vaccination process
- providing space and time in the timetable for vaccination
- reminding staff, children, and young people about the date of the immunisation session(s)
- sharing information leaflets and consent forms with parents or carers
- providing a list of eligible children and young people and their parent or carer's contact details to the immunisation team

15.7 Staff immunisation

It is important that all staff are up to date with their vaccinations. Staff may wish to speak to their GP or practice nurse for support or advice. All staff should be encouraged to check their immunisation records and contact their GP practice if they are unsure if they are up to date or if they need to catch up.

In particular, all staff should make sure that they have had 2 doses of the MMR vaccine. The MMR vaccine is the safest and most effective way to protect yourself against measles, mumps and rubella, which are viral infections that can quickly spread and cause outbreaks. Rubella caught in pregnancy can lead to miscarriage or cause very serious harm to the unborn baby and so all people who are considering a pregnancy should make sure they are up to date with their 2 doses of the MMR vaccine. The MMR vaccine is available for free on the NHS with no upper age limit.

Immunisation for outbreak response

Occasionally clusters and outbreaks of vaccine preventable diseases such as measles, mumps, hepatitis A and meningococcal disease are linked to children and young people's school. Suspected outbreaks should be notified to the UK Health Security Agency (UKHSA) health protection team (HPT) promptly in line with advice on Managing outbreaks and incidents.

The HPT will conduct a risk assessment and as part of the control measures may consider offering vaccination to all persons in the school. This will require the school to support with clear and prompt communication with parents/carers and rapid coordination of arrangements.

15.8 MANAGING OUTBREAKS

Many infectious diseases can be managed by reinforcing the measures recommended in Preventing and controlling infections and by:

- encouraging all people who are unwell not to attend the school or remain separate from others, wherever possible
- ensuring all eligible groups are enabled and supported to take up the offer of immunisation programmes including coronavirus (COVID-19) and flu
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning and hand hygiene
- requesting that parents, carers or students inform the school of a diagnosis of any infectious disease

During an outbreak or incident, when there are either several cases, or indications of more serious disease, additional measures may be required.

These could include:

- considering communications to raise awareness among parents or carers and students (ensuring this is accessible for those who speak other languages or with lower levels of literacy)
- reinforcing key messages amongst children and young people, including the importance of hand and respiratory hygiene measures using materials such as the e-Bug resources

When people should stay away from school

People who are showing the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test should be advised to stay away from school for the minimum period recommended, if required, and until well enough.

See guidance for specific infectious diseases to find out if, and how long, people should be advised to stay away.

This period will depend on the infection the person has, and is outlined for each infectious disease, as well as included in the accompanying exclusion table.

Individuals who are close contacts of people who are unwell with an infectious disease, or an infection do not usually need to be excluded from the school. However, if this is required, your HPT will advise you on the specific precautions to be taken in response to managing a case or outbreak. They will contact you if this is required.

In most cases, parents and carers will agree that a child who is unwell and has symptoms of an infectious illness, such as a fever should not attend the school, given the potential risk to others.

If a parent or carer insists on a child with symptoms attending the school, where they have a confirmed or suspected case of an infectious illness, the Headteacher can take the decision to refuse the child if, in their reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from school for a longer period of time. This will be advised by your HPT.

Education is extremely important for a child or young person's health and wellbeing and high-quality face-to-face education is always preferable. Where required, children and young people should have access to remote education as soon as reasonably practicable, though in proportion to the length of absence and disruption to their learning. You can find out more information in the Department for

Education's (DfE) guidance on Providing remote education: guidance for schools.

Exclusion from school as a result of an infectious disease may cause challenges for parents or carers, due to the unexpected time off. Where possible and required, signpost parents or carers to services to access further support.

If a child or young person is already known to be vulnerable to neglect, abuse, or exploitation, and exclusion may increase this vulnerability, notify the appropriate agencies or individuals involved in safeguarding the child or young person. When to contact the HPT

There are some situations where you may need to contact your local UK Health Security Agency (UKHSA) HPT.

The local HPT for Oaklands School is: UKHSA Thames Valley Health Protection Team (South East) Chilton, OX11 0RQ

ICC.TVHIOW@ukhsa.gov.uk / Phone: 0344 225 3861

Out of hours for health professionals only: please phone 0844 967 0083

The Headteacher will contact the relevant UKHSA HPT for advice if they are concerned and/or have seen:

- a higher than previously experienced and/or rapidly increasing number of absences due to the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital
- more than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- an outbreak or serious or unusual illness for example:
 - E.coli 0157 or E. coli STEC infection
 - food poisoning
 - hepatitis
 - measles, mumps, rubella (rubella is also called German measles)
 - meningococcal meningitis or septicemia
 - scarlet fever (if an outbreak or co-circulating chicken pox)
 - tuberculosis (TB)
 - typhoid
 - whooping cough (also called pertussis)

Safeguarding

Everyone who works with children and young people has a responsibility for keeping them safe. It is important to keep them in focus when making decisions about their lives and working in partnership with them and their families. No single practitioner can have a full picture of a child or young person's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

When recommending exclusion on public health grounds, the school together with their HPT, should consider any adverse effects or hidden harms the child may be exposed to by imposing isolation, for example domestic abuse within the home setting or neglect due to parental substance misuse. Staff should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children. This may include a multi-agency meeting with the local authority safeguarding teams.

15.7 Exclusion periods for infectious diseases

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

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action. See separate Coronavirus/ Covid-19 Risk Assessment.

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 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.

18. Accident reporting

18.1 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. An accident form template can be found in appendix 2
- 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.

18.2 Reporting to the Health and Safety Executive

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

The Headteacher 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>

19. Training

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

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

20. Monitoring

This policy will be reviewed by Julie Smith, Chair of the Oaklands School Board every year. At every review, the policy will be approved by the full Oaklands School Board

21. Links with other policies and procedures

This health and safety policy links to the following policies

- Asbestos, Management of
- COSHH
- Medical
- Risk Assessment
- Working at Heights

This health and safety policy also links to the following procedures

- Accessibility plan
- COSHH data sheets
- Fire and Emergency Evacuation
- Risk Assessments, including Coronavirus/ Covid-19

Appendix 1. Fire safety checklist

ISSUE TO CHECK	YES/NO
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?	
Can you easily hear the fire alarm from all areas?	

Appendix 2. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
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	

Appendix 3. Asbestos record

The text in this table shows the record of asbestos on the school site at Norgate House

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Norgate House	No asbestos on the school site at Norgate House	n/a	n/a	n/a	n/a	n/a	Survey completed 03.02.2024 by Matthew Munro from Amity Group (admin@amitygroup.co.uk) 01865 733733

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.
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).

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)	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. 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. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
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.