



Health and safety policy

Brighton & Hove Montessori School

Approved by:	Daisy Cockburn	Date: September 2023
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1. Aims

Our school aims to:

- › Provide and maintain a safe and healthy environment
- › Establish and maintain safe working procedures amongst staff, children and all visitors to the school
- › 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](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

- › [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to 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

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

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

3. Roles and responsibilities

3.1 The proprietor

The proprietor has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the School Manager.

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

The proprietor, 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 School Manager

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

- › Implementing the health and safety policy
- › Ensuring there is enough staff to safely supervise children.
- › 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 have access to personal protective equipment, where necessary

3.3 Staff

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

Staff will:

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

3.5 Children and parents/carers

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

3.6 Contractors

Contractors will agree health and safety practices with the School Manager before starting work.

4. Fire

See Fire Safety & Evacuation Policy and Procedure

5. 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

The school does not use or store any hazardous substances.

General cleaning products are kept at height in the office and in locked cupboards. Products are kept in their original containers, with clear labelling and product information.

5.1 Gas safety

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

5.2 Legionella

- › A risk assessment has been undertaken and will be reviewed every three years or when significant changes have occurred to the water system and/or building footprint
- › The risk of contracting Legionellosis from our water system is low as the school uses a combi-boiler meaning there is no water storage.
- › The risks from legionella are further mitigated by the heating of water and disinfection of showers.

5.3 Asbestos

- › There is no known asbestos material in the school. Building work to the school (inside, roof, attic and also to shed and garage) has not encountered asbestos.
- › Staff are briefed on the hazards of asbestos, the location of any asbestos in the school (if discovered) and the action to take if they suspect they have disturbed it
- › Contractors will be made aware of any asbestos (if discovered) on the premises and procedures will be put in place to ensure that it is not disturbed by their work
- › Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe
- › A record will be kept of the location of any asbestos that has been found on the school site

6. Equipment

All equipment is maintained in accordance with the manufacturer's instructions.

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.

6.1 Electrical equipment

- › All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- › Any child 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 immediately reported to the Lead Teacher or Office Staff (as appropriate)
- › All electrical equipment is checked annually - Portable Appliance Testing (PAT) is 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
- › Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

6.2 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. Lone working

Lone working may include:

- › Late working
- › Home or site visits
- › Weekend working
- › Site cleaning duties
- › Working in a single occupancy office
- › Remote working, self-isolation and/or remote learning

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

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

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

8. 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:

- › Children 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

9. 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.

Staff and children 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

10. Going Out

See also Going Out Policy and Procedure

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

- › Risk assessments will be completed where off-site visits and activities require them
- › All off-site visits are appropriately staffed
- › Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of children, along with the parents/carers' contact details
- › For trips and visits there will always be at least one first aider with a current paediatric first aid certificate

11. 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 children, visitors or other staff.

12. Smoking

Smoking is not permitted anywhere on the school premises.

13. Infection prevention and control

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

13.1 Handwashing

- › Wash hands with liquid soap and warm water, and dry with paper towels
- › Always wash hands after using the toilet, before eating or handling food, and after handling animals

13.2 Coughing and sneezing

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

13.3 Personal protective equipment

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

- › Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

13.4 Cleaning of the environment

- › Clean the environment, including learning materials and equipment, frequently and thoroughly

13.5 Cleaning of blood and body fluid spillages

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

13.6 Laundry

- › Soiled linen is washed separately and at the hottest wash the fabric will tolerate
- › Personal protective clothing is worn when handling soiled linen
- › Children's soiled clothing is double bagged and sent home, it is never rinsed by hand

13.7 Clinical waste

- › Used nappies/pads, gloves, aprons and soiled dressings are double bagged and stored in foot-operated bins
- › Waste is removed by a registered waste contractor

13.8 Animals

- › We wash hands before and after handling any animals
- › Animals' living quarters are kept clean and away from food areas
- › Children are supervised when touching animals
- › We seek veterinary advice on animal welfare and animal health issues, and the suitability of an animal as a pet

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

Implementing an appropriate cleaning regime

- › We regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned daily.

Keeping rooms well ventilated

- › Measures are in place to improve airflow through the school, including opening external windows, opening internal doors and mechanical ventilation if required.

13.10 Children vulnerable to infection

Some medical conditions make children vulnerable to infections that would rarely be serious in most children. The school will have been made aware of such vulnerable children at the point of admission, we regularly remind parents/carers to update us of any change in circumstances, including health issues. 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.

13.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

14. New and expectant mothers

Risk assessments will be carried out whenever any employee 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

15. Occupational stress

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

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

Our approach to managing work related stress is based on the principles that all persons take individual responsibility for: - their own feelings and reactions to stressful situations and their personal methods of coping; - informing their line manager, or the Headteacher, if they feel they are experiencing the adverse effects of stress, so that the underlying causes may be addressed.

Line Managers are responsible for ensuring that work related stressors are proactively identified, properly assessed and minimised.

Our insurance company can provide information, expert advice and specialist counselling to staff to effectively manage both work and non-work related stress. Their contact details are displayed in the office.

16. Accident reporting

16.1 Accident log

- › An accident form will be completed as soon as possible after any accident occurs by the member of staff or first aider who deals with it. This is then countersigned by the parent/carer and School Manager. 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 child's class file
- › Records held in the first aid and accident log will be retained by the school for a minimum of 25 years years, in accordance with our insurer's guidance, and then securely disposed of.

16.2 Reporting to the Health and Safety Executive

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

The School Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- › Death
- › Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- › Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the School Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- › Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome

- Occupational asthma, e.g from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- › Near-miss events that do not result in an injury, but could have done. For example, an electrical short circuit or overload causing a fire or explosion

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

These include:

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

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

- › A failure in the way a work activity was organised (e.g. inadequate supervision of a trip)
- › The condition of the premises (e.g. poorly maintained or slippery floors)

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

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

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

16.3 Notifying parents/carers

The Lead Teacher will inform parents/carers of any accident or injury sustained by a child in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

16.4 Reporting to child protection agencies

The School Manager will notify Front Door For Families of any serious accident or injury to, or the death of, a child in the Early Years Foundation Stage while in the school’s care.

16.5 Reporting to Ofsted

The School Manager will notify Ofsted of any serious accident, illness or injury to, or death of, a child in the Early Years Foundation Stage while in the school’s care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

17. Training

Our staff are regularly provided with health and safety training.

18. Monitoring

This policy will be reviewed by office staff annually.

At every review, the policy will be approved by the Proprietor.

21. Links with other policies

This health and safety policy links to the following policies:

- › Child Protection & Safeguarding
- › First aid
- › Fire safety
- › Risk assessment
- › Accessibility plan
- › Going out Policy and Procedure

Appendix 1. Accident/ Incident report



Incident Form/pre-existing injury or treatment

Updated February 2023

Date & Time: CH/E/OSC:		Name:		Incident/Concern (circle relevant)	
Others involved/attending:		Reporting adult:		Location:	
Full description:					
Nature of accident/incident:		Response/treatment given:		Injury sustained:	
Further action taken/required:					
Signed off and date Headteacher:			Signed off and date parent:		

Appendix 2. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.](#)

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
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.
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>
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)	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 adviser 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)	Childs 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. Childs and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough	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

(pertussis)	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.