

Policy name: Health and Safety  
Date: October 2019  
Reviewed: Oct '20, Sept '21, Apr '22.  
Next review due: April 2023

Linked Documents:  
First Aid and Medical Emergency  
Risk Assessment Policy and Procedure  
Fire Risk Assessment  
Going Out Policy and Procedure

The Headteacher of Brighton & Hove Montessori School believes that the health and safety of persons within the school is of paramount importance. It is our intent to provide and maintain a safe and healthy environment, prevent accidents and occupational ill health and where possible eliminate hazards. We have robust procedures in place in case of emergencies and ensure that the premises and equipment are maintained safely and are regularly inspected.

It is the intent of the Headteacher to establish and maintain safe working procedures amongst staff, children, and all visitors. We will ensure that adequate information, instruction, training, and supervision is provided to ensure that staff can carry out their work safely.

The Headteacher will ensure that others who are affected by our activities are not subjected to unacceptable risks to their health and safety including children, visitors, parents, volunteers, and contractors.

The Headteacher will ensure that adequate resources are identified for health and safety.

We believe that health and safety standards will be maintained only with the co-operation of all staff, children, and visitors to the school. We expect all staff to co-operate fully with this policy. In addition, we will ensure that all children, visitors, and contractors are provided with the information they require to enable them to comply with this policy and remain safe. It is the intention of the Headteacher that procedures to ensure relevant health and safety issues are embedded within the curriculum at all levels where appropriate.

The effectiveness of the policy will be regularly monitored to ensure that health and safety arrangements are being implemented and that the people named in the policy are carrying out their duties. The policy will be reviewed annually and revised where necessary.

## 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 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](#).

## Roles and responsibilities

### Headteacher

The Headteacher has ultimate responsibility for health and safety matters in the school and 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.

As the employer, the Headteacher 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

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise children
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board (once established) 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

### Staff

School staff have a duty to take care of children 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 children
- Understand emergency evacuation procedures and feel confident in implementing them

### Children and Parents

Children 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.

Children are expected to:

- Follow the safety rules of the school and in particular the instructions of teaching staff given in an emergency;
- Use and not wilfully misuse, neglect or interfere with things provided for their safety;
- Exercise personal responsibility for the safety of themselves and others;
- Observe standards of dress consistent with safety and or/or hygiene
- Treat others, their work and equipment with respect;
- Support the school behaviour policy and guidance necessary to ensure the smooth running of the school;

Parents are expected to:

- Support the school in any health and safety matters reported to them in newsletters or via email
- Support the school behaviour policy and guidance necessary to ensure smooth running of the school.

## **Fire**

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place once a week.

New staff will be trained in fire safety and all staff and children 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 children will congregate at the assembly point on the corner of Stanford Avenue and Cleveland Road.
- Lead teachers will take a register of children, which will then be checked against the attendance register of that day
- The office manager will take a register of all staff
- Staff and children will remain outside the building until the emergency services say it is safe to re-enter

The school has PEEPs 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
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

The school does not use or store 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.

### **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

### **Legionella**

The risk of contracting Legionellosis from our water system is low as the school uses a combi-boiler meaning there is no water storage.

A risk assessment has been undertaken and this will be reviewed on an annual basis.

### **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.
- The Headteacher will liaise with contractors to ensure they are provided with relevant safety information and will be responsible for approving works to be undertaken in the school.
- 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 asbestos that has been found on the school site.

### **Electrical Equipment**

- All staff are responsible for ensuring that they carry out a pre-use visual check 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

- Any potential hazards will be reported to the lead teacher or office staff (as appropriate) immediately
- 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
- If there is any doubt about the safety of the equipment it will not be used.
- The head teacher must be made aware of and approve the use of any item being brought into school by a member of staff, volunteer or a student.

## **PE Equipment**

Children are taught how to carry and set up PE equipment safely and efficiently. Staff check that equipment is set up safely.

## **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).

## **Lone Working**

Lone working may include:

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

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

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

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

## **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

## **Manual handling**

All equipment must be moved safely.

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, 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

## **Off site visits**

(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 pupils, along with the parents' contact details
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits

## **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.

Should a parent/adult become abusive, they should be asked to leave the premises in a calm and non-threatening way. It might be appropriate for a member of staff to alert the police should the adult refuse to leave or if their behaviour is causing concern in any way. If any incident has occurred an incident form should be completed and given to office staff. Make sure you attend to your own emotional needs following an incident and seek help and support if necessary.

## **Smoking**

Smoking is not permitted anywhere on the school premises.

## **Infection prevention and control**

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and children 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 (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

## 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

## Laundry

Wash laundry in a separate dedicated machine on the hottest wash the fabric will tolerate

Wear personal protective clothing when handling soiled linen

Bag children's soiled clothing to be sent home, never rinse by hand

## Animals

Wash hands before and after handling any animals

Keep animals' living quarters clean and away from food areas

Dispose of animal waste regularly

Supervise children when playing with animals

## 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 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 will regularly clean equipment and rooms and ensure surfaces that are frequently touched are cleaned daily.

### 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 if needed.

## Children vulnerable to infection

Some medical conditions make children 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 syndrome (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought.

## 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.

## 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 syndrome 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

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 child's educational record

Records held in the accident log will be retained by the school for a minimum of 25 years, as per guidance from our insurers.

### Reporting to the Health and Safety Executive

The Headteacher 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 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>

### Notifying parents

Teaching staff will inform parents 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.

### Reporting to child protection agencies

The Headteacher 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.

### Reporting to Ofsted

The Headteacher 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.

### Noise at Work

All members of staff need to be aware of "nuisance noise" and respect the needs of others in the school. Common sense and courtesy by all members of staff, children and visitors to the school will prevent problems arising. Any member of staff or visitor detecting a potential problem will report immediately to office staff.

### Training

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

### Monitoring

This policy will be reviewed annually

## 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: 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.

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	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.
<b>Cold sores</b>	None.
<b>Respiratory infections including coronavirus (COVID-19)</b>	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.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	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.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	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.
<b>Ringworm</b>	Exclusion not needed once treatment has started.

<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	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.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<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>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	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.
<b>Food poisoning</b>	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).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.

<b>Tuberculosis (TB)</b>	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.
<b>Whooping cough (pertussis)</b>	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.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	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.
<b>Hepatitis B</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.
<b>Hepatitis C</b>	None.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.

<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.
------------------	--