

HEALTH AND SAFETY

Sept 2024

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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, 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](#), 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 require 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](#).

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The trust board

The trust board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to Head teacher Mr Din

The trust 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 trust 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
- › Ensuring there is enough staff to safely supervise pupils
- › Ensuring that the school building and premises are safe and regularly inspected
- › Providing adequate training for school staff
- › Reporting to the trust 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, Mrs King-Harmes, School Business Manager assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is James Clark.

3.4 Staff

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

3.5 Pupils and parents/carers

Pupils 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 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

James Clark Site manager and Michael King-Harmes Site supervisor are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Securitas, James Clark, Michael King-Harmes are key holders 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 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 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 points.
- › Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- › The Mr Din the headteacher will take a register of all staff
- › Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

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 James Clark BSM 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 displayed near where hazardous products are stored and in areas where they are routinely used.

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 they have adequate ventilation

6.2 Legionella

- › A water risk assessment has been every month by 3D who is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- › This risk assessment will be reviewed every when significant changes have occurred to the water system and/or building footprint
- › The risks from legionella are mitigated by the following: 3D completing temperature checks, heating of water, disinfection of showers, etc.]

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 that 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

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

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

7.1 Electrical equipment

- › All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- › Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- › Any potential hazards will be reported to Mr James Clark immediately
- › Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- › Only trained staff members can check plugs
- › Where necessary, a portable appliance test (PAT) will be carried out by a competent person
- › All isolator switches are clearly marked to identify their machine
- › 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

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 the gym floor or other apparatus will be reported to the BSM or BSS

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/carers are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal, storage and replacement of oxygen cylinders.

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 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.

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 BSM/BSS 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, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
- › For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- › For other trips, there will always be at least one first aider on school trips and visits

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

15.1 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
- › Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and sneezing

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

15.3 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 (e.g. 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

15.4 Cleaning of the environment

Clean the environment, including toys and equipment, frequently and thoroughly

15.5 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
- › Make spillage kits available for blood spills

15.6 Laundry

- › Wash laundry in a separate dedicated facility
- › Wash soiled linen separately and at 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

15.7 Clinical waste

- › Always segregate domestic and clinical waste, in accordance with local policy

- › Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- › Remove clinical waste with a registered waste contractor
- › Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

15.8 Animals

- › Wash hands before and after handling any animals
- › Keep animals' living quarters clean and away from food areas
- › Dispose of animal waste regularly, and keep litter boxes away from pupils
- › Supervise pupils when playing with animals
- › Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet

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

Implementing an appropriate cleaning regime

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

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

15.10 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.11 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.

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 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

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.

The Canterbury Cross Primary School will endeavour to support any member of staff experiencing anxiety or stress, even though this may not be work related, and a strict need to know confidence will be observed at all times.

Any member of staff who considers their well-being is being compromised due to work related pressures are to be encouraged to raise concerns with their line manager or the Well-being representatives, who will, if necessary, seek external advice from SLT, Canterbury Cross Primary Schools Employee Relations, BCC Occupational Health or other Service or external provider.

Canterbury Cross Primary School will endeavour to support any member of staff experiencing anxiety or stress even though this may not be work related and a strict need to know confidence will be observed at all times. The Canterbury Cross Primary School adopts the Mental Health & Well-Being Policy Guidance. Support for staff is provided through the 'Help' Employee Assistance.

Any member of staff who considers their well-being is being compromised due to work related pressures are to be encouraged to raise concerns with their line manager, who will if necessary seek external advice from Canterbury Cross Primary Schools Employee Relations Service or Health and Well-being service on 0121 303 3300.

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.

- Serious accidents involving pupils will also be recorded on the Accident A1 Form then sent to Education Safety Services.
- All accidents involving staff must be reported and recorded on the Accident form and sent to Education Safety Services.
- All accidents will be investigated by a member of the Safety Improvement Group in order to establish facts. Where necessary, the risk assessment and procedures will be reviewed, and where appropriate, recommendations made to prevent any reoccurrence.
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18.2 Reporting to the Health and Safety Executive

The head of first aid 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 head of first aid Mrs Bhopal 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, DHT teacher 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. 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

Pupils 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 field trip)
- › The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- › 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](#)

18.3 Notifying parents/carers

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

18.4 Reporting to child protection agencies

The DHT will notify of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

18.5 Reporting to Ofsted

The DHT will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil 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.

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 when adapted, the policy will be approved by the Trust board

21. Links with other policies

This health and safety policy links to the following policies:

	<u>To be discussed/explained/covered during the induction process during the first 4 weeks of employment</u>	<u>Date completed</u>	<u>SLT initials</u>	<u>Employee's initials</u>
<u>1</u>	Safeguarding guide for new staff received			
<u>2</u>	Safeguarding training including FGM, Prevent, CSE, Right Help Right Time, Early Help			
<u>3</u>	Training on how to use CPOMs			
<u>4</u>	Keeping Children Safe in Education 2023/24 read			
<u>5</u>	Tour of the school, school security and codes			
<u>6</u>	Introduction to ECT mentor/ year group partners/phase leader			
<u>7</u>	Introduction to staff in year group team			
<u>8</u>	Health and safety-fire, lockdown, first aid			
<u>9</u>	General staff communications procedures-daily diary/year planner/absence procedures			
<u>10</u>	Behaviour policy			
<u>11</u>	Anti-bullying policy			
<u>12</u>	Marking policy			
<u>13</u>	Subject policies-literacy, maths, SEND, Equality, Whistleblowing			
<u>14</u>	Presentation Policy-read and discuss			
<u>15</u>	Curriculum updates-read and discuss			
<u>16</u>	Class medical list and expiry dates			
<u>17</u>	Introduction to class through the class profile folder			
<u>18</u>	Overview of children with SEND (meeting with SENCO if required/if there are EHCP pupils in the class)			
<u>19</u>	Curriculum overview provided			

20	ICT-logins for network, SIMs, email/BGFL 365, SONAR, CPOMs, printer codes, Rising Stars, TTRS			
21	Performance Management-advise who the Performance Manager is and what the process is			
22	Termly planner given out			
23	Code of Conduct shared and read			

Medical Emergency Procedures

September 2023

Introduction

At Canterbury Cross Primary School, we follow the first aid principles of the three Ps-Preserve life Prevent the condition worsening Promote recovery

All permanent teaching and support staff are trained in first aid by Power Medics Training on a three year rolling programme, so at all times during the school day there are first aid trained members of staff on site or off site on educational visits/residential. The member of staff in charge of medical needs is the Deputy Head Teacher-Mrs. James and the senior first aider-an experienced HLTA-Mrs. Bhopal.

All teaching staff are trained annually in how to support pupils with asthma and allergies/anaphylaxis (including epipen training), as well as epilepsy and diabetes awareness when there is a child in school with epilepsy. All dinner supervisors take part in allergies/anaphylaxis (including epipen training), diabetes and epilepsy awareness training.

This policy does not seek to reference all the types of first aid which may be required, but some of the most common in a school, which require specific procedures. Teachers are expected to follow their first aid training for other first aid situations not referenced in this policy. (see the Power Medics booklet for further support)

This policy runs alongside the Health and Safety Policy, Medical Conditions Policy and Adminstrating Medicine Procedures.

Employer's responsibilities

Under Health and Safety Law, an employer has the responsibility to ensure that first aid provision is sufficient. This includes:

- Carrying out an assessment to decide how many first aiders are needed and where they should be located
- Provide sufficient first aid kits and equipment for the workplace
- Ensure staff are aware of how and where to get first aid treatment

There is a medical room at Canterbury Cross located in the Key Stage One building through the door at the top of the ramp. There is also a first aid kit kept in the kitchen area in the Key Stage 2 building. There are spare inhalers in the Medical Room, the School office and Nursery, and these are taken on Educational Visits. There are spare epipens in the SLT room, as well as two defibrillators.

Medical Needs

It is parents' responsibility to notify the school of any medical conditions, which is done by application forms at the point of entry, or as a medical need becomes diagnosed. On occasion, the school nurse or GPs will notify the school, for example asthma management plans. The parents should also provide any necessary medication, which is recorded on a spreadsheet with the expiry dates. The Receptionist and Deputy Head Teacher manage this, and inform parents a month in advance when medication will be out of date. This spreadsheet is updated at least monthly.

The School Nurse team will draw up alert cards for epilepsy and allergies.

Care plans may be drawn up by the Deputy Head Teacher for specific needs, eg. long term conditions, as well as Care Plans for temporary conditions, such as broken limbs.

Specific medical procedures

All staff follow Canterbury Cross' Accident Flow Chart (see Appendix 1)

There are certain specific medical needs or incidents that can occur more commonly that require certain procedures to be followed. These are bumped heads and asthma attacks. These can be found in appendix 2 and 3.

Medical records

Every class teacher is given medical records at the beginning of the year, which is taken from SIMs. This is signed for by the staff, and shared at the beginning of each term to be signed for again. This is updated if there are any changes, eg. a new child is diagnosed with asthma then the medical records are updated on SIMs, the teacher orally informed, and new records printed off when they have been updated from SIMs on Staff Shared.

Medical reporting

All incidents that require first aid are reported on medical slips (on and off site), which are given to parents. The first aider will take them to the relevant classes and inform the teacher if there has been a more serious incident that needs keeping an eye on, or a bumped head. After lunch time, the dinner supervisor on duty will bring the slips to the office and these will be given out by the receptionist. Children will be given a bumped lanyard which they will wear in case the sticker falls off until their teacher has seen that they need to keep an eye on that child due to their bumped head. The office staff will collect the lanyards when they give the medical slips out.

If a child needs to be sent home due to a more serious accident or bumped head, and the school believe that a child should receive hospital or GP attention, then the parents will take a letter to give to the medical professional and sign a slip to say that they will do this. (these are kept in the school office)

Any medication given to children, or that which children administer themselves (eg. Inhalers) are recorded on administration forms (see Appendix 4 and 5), which parents fill in and sign at the School Office. If a child is to have two different medications at specific but different times, then the first medication will be recorded on a pink form, which is labelled FIRST and the second medication on a yellow form, which is labelled SECOND.

Canterbury Cross Primary School follow Birmingham's Administration of Medicines in Schools and Settings guidance which encourages parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Schools should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. Schools should ask parents to bring the antibiotic into school in the morning and take it home again at the end of each day.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that schools ask parents to administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

Schools must check the label on the antibiotic carefully as this will state;

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
- Whether it needs to be taken at a certain time and before, after or with food; and
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

As identified in Section 2 appropriate records must be made which will include if the pupil does not receive a dose, and the parent must be informed that day that a dose has been missed and given the reason why that was the case.

Any records of epileptic seizures or allergic reactions are filled in as they occur, and shared with parents, but also kept by the school in order to detect any patterns. (Appendix 6 and 7)

Medical records are kept as per GDPR regulations.

Access to inhalers

Inhalers are to be kept in the class yellow rucksacks, which can then be taken to the halls/outside for PE, or on educational visits.

Access to medication including epipens

All allergy medicines are kept in the medical room, except for those, which need to be kept in a fridge. Any temporary medicines are kept in the office or the fridge. Staff are responsible for collecting these when they go swimming, go on school educational visits or residential and for putting them back. Epipens are kept in the SLT room in a red rucksack.

Red hands

Each room in the school (and in the playground) has a red hand for emergency situations, which children are told to take to the office if directed by an adult, or if the adult in the room is seriously unwell.

There is also a choking hand in each of the dinner halls (the word choking is turned against the wall) and this will be taken to the office, if a child is choking, as directed by an adult. No child is left alone to eat in the dinner halls.

Emergency aid

At all phone points, there is an Emergency Aid card on yellow card which informs the caller of the procedures to follow if there is an emergency requiring one of the emergency services. (See Appendix 8)

Accident reporting

The school follows the Pupil and Members of the Public Accident Reporting flowchart, which the senior first aider, School Business Manager and Deputy Head will facilitate (Appendix 9) and the Incident Reporting in Schools (accidents, diseases and dangerous occurrences) Guidance for Employers. (Appendix 10). The form is online Accident, Incident and Near Miss Report - Page 2 - PART ONE: Details of the injured or affected person - Birmingham City Council

As this form is now online, the senior first aider will fill it in for children.

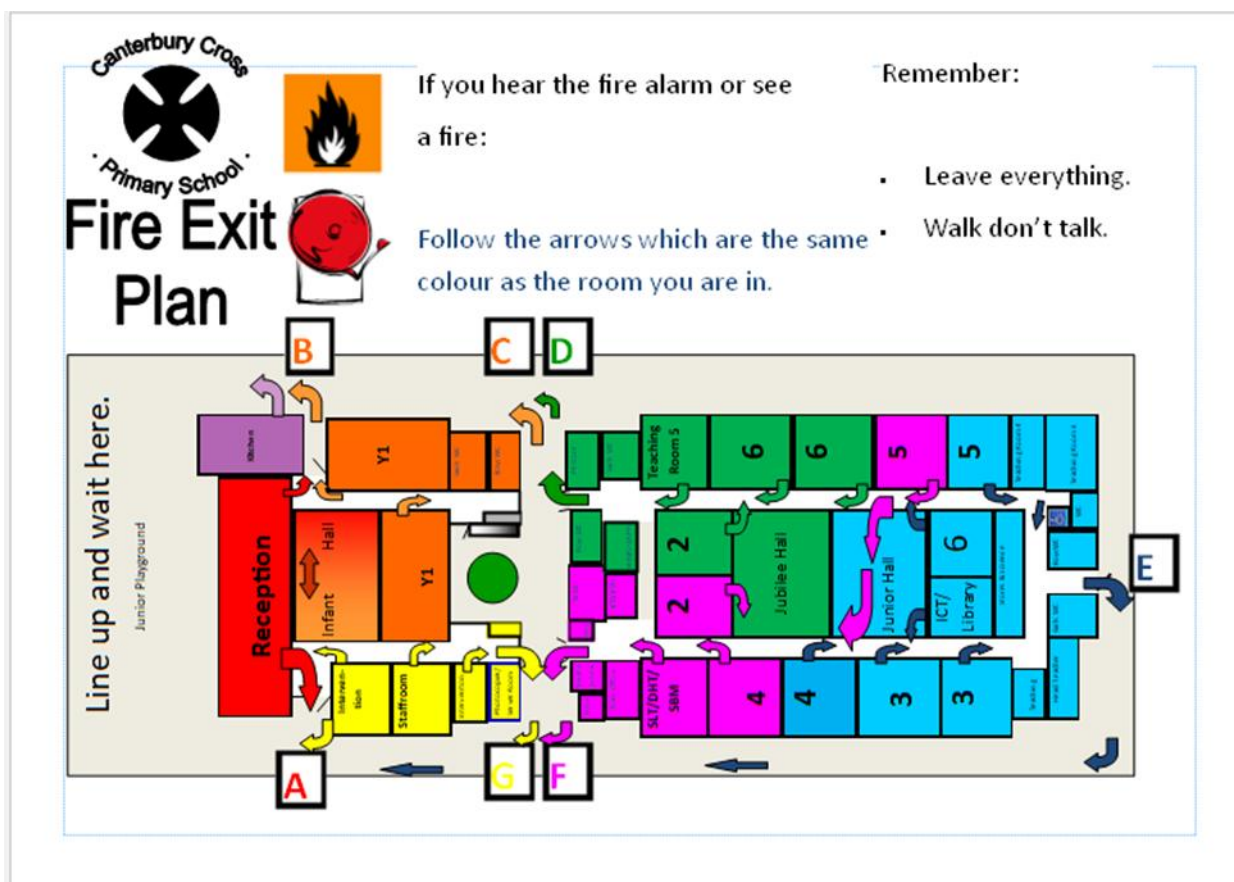
The School Business Manager will fill it in with or for any contractors or visitors to the school.

The Deputy Head will fill it in with or for any employees.

All forms will be saved on Staff Shared drive.

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

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

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 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)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

