



Health and Safety Policy

Approved by: Trust Board

Initial Ratification: 31 August 2019 Review: Oct 20; Oct 21; Sept 22; Sep 23; Nov 24, Feb 25

Next review due by: February 2026

Introduction

The Damara School policies and procedures are 'living documents', to be consulted and used as the foundation of good practice and appropriately tailored to the context of the school. We do not see them as unwelcome bureaucratic requirements. Our policies and practices are based on a wide view of what may happen to our pupils and staff, not only in school and but also beyond it. Although we are not responsible for the welfare of our pupils and staff when they are not in school or on school visits, we are still committed to

ensuring that the vulnerability of our pupils and staff in other parts of their lives is reduced. For example, our anti-bullying strategy teaches pupils and staff about the dangers of cyber-bullying and sexting.

The Damara School consider risk in relation to all activities which could place pupils and staff in serious jeopardy and as such have included these potential risks in a risk register.

1. Policy statement

Statement of intent

This is the health and safety policy statement of The Damara School, The Maltings, Raymond Street, Thetford, IP24 2EA

Our health and safety policy is to:

- Prevent accidents and cases of work-related ill health
- Ensure the health, safety and welfare of all pupils, staff and others by managing the health and safety risks in our school
- Provide and maintain a safe and healthy environment by providing clear instructions and information adequate training to ensure pupils and staff are competent to do their work
- Establish and maintain safe working practices and procedures amongst pupils, staff and others to the school site. This includes the provision of personal protective equipment, where necessary
- · Consult with our staff and trustees on matters affecting their health and safety
- Have robust procedures in place in case of emergencies including evacuation in case of fire and other significant incidents
- Ensure that the premises and equipment are maintained safely, and are regularly inspected
- Ensure safe handling and the use of substances
- Maintain safe and healthy working conditions
- Being vigilant as to actual health and safety risks which may arise, including during off-site activities, and taking prompt action to deal with them in accordance with the policy
- Review and revise this policy at least annually

Signed: Role: CEO and Health and Safety Lead

Date: 11/02/2025 Review date: 11/02/2026

2. Legislation

This policy is based on advice from the Department for Education on health and safety in schools and the following legislation:

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to
 carry out risk assessments, make arrangements to implement necessary measures, and arrange for
 appropriate information and training
- The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which
 state that some accidents must be reported to the Health and Safety Executive and set out the
 timeframe for this and how long records of such accidents must be kept
- <u>The Health and Safety (Display Screen Equipment) Regulations 1992</u>, 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 <u>national guidance published by Public Health England</u> when responding to infection control issues.

3. Roles and responsibilities Strategic responsibilities

HEALTH & SAFETY

Roles & Responsibilities



Sandra Govender -CEO Health & Safety Lead, Data Protection Officer, First Level Cyber Response & Alternate Safeguarding Lead



Catherine Casson -Data Protection Lead & Senior Administrator -Safesmart

The Damara School

Specialist SEMH Independent School



Julie Cox -Alternate Cyber Response Monitor, Fire Warden & Alternate Designated Safeguarding Lead



Holly Miller -Alternate Cyber Response Monitor & Health and Safety Administrator



Mark Willmott -Trustee - Premises



Sam Burgoyne -Network Lead & First Level Cyber Response Monitor

Safety is EVERYONE'S responsibility!

If you have any health and safety concerns at this school, please inform Mrs. Govender or Mrs. Cox.

Day-to-day responsibility for ensuring this policy is put into practice: Kate Haley (Head of School)

The Head of School 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 half termly fire drills are held
- Ensuring that in her absence, health and safety responsibilities are delegated to another member of the senior leadership staff
- Ensuring all risk assessments (see example in Appendix 1 and 2) are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

All **school staff** have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

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

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

Contractors and subcontractors must agree health and safety practices with the CEO 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. Preparing risk assessments

Completing a risk assessment is not about creating huge amounts of paperwork. It is about identifying sensible precautions. The level of detail required should be proportionate to the risk. In completing risk assessments, the question, Is my risk assessment approach suitable and sufficient? must always be asked. See Appendix 1 and 2.

4. Site security

The leadership team including the caretaker 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.

The leadership team including the caretaker are key holders and will respond to an emergency.

5. Fire

The school abides by The Regulatory Reform (Fire Safety) Order 2005 which sets out requirements as to the taking of fire precautions, the provision of equipment, training and information and so on, as applicable to schools and other establishments. Norfolk Fire and Rescue Service are the main delegated enforcing authority for the (RRO) in non-domestic premises in the county of Norfolk. The Lotus Academy Trust as the 'responsible person' carries out an annual fire risk assessment which focuses on the safety in case of fire of all 'relevant persons'. Evidence from the risk assessment is used to schedule work to be done.

Other fire precautions include:

- Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises is reviewed termly.
- Emergency evacuations are practised at least once every half term.

- The fire alarm is a loud continuous bell.
- Fire alarm testing take place once a week.
- New staff are trained in fire safety using Smartlog, our training provider, and all staff and pupils are made aware of any new fire risks.

In the event of a fire drill:

Only a member of the leadership team including the caretaker can trigger the fire alarm using different call points each half term.

In the event of a fire drill:

- · Evacuation procedures will begin immediately
- Staff, pupils and others will congregate at the assembly point.
- The CEO/Head of School will take a register of pupils, staff and others, if any, using the Sign In app on the school mobile phone
- Staff, pupils and others will remain outside the building until the CEO/Head of School dismisses them after gaining permission from the fire warden

In the event of a fire:

- The alarm is raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers, which are examined and tested annually, may be used by staff only, and only then if staff are trained annually in how to operate them and are confident, they can use them without putting themselves or others at risk
- Staff, pupils and others will congregate at the assembly points.
- The CEO/Head of School will take a register of pupils, staff and others, if any, using the Sign In app on the school mobile phone
- Staff, pupils and staff will remain outside the building until the emergency services say it is safe to reenter

The school has special arrangements in place for the evacuation of all pupils. This is including in pupil-specific PEEP (Personal Emergency and Evacuation Plan). See example below:

SCHOOLS' PERSONAL EMERGENCY EVACUATION PLAN (PEEP)

Name of pupil for whom this PEEP is for:	AB					
Class/Year Group	Hummingbird (Year 6)					
Location of their usual base within the school:	Hummingbird class					
Mobility / health concern:	Autism: anxious and scared of loud noises					
Describe typical behaviours	Screams out when alarm is heard					
when reacting to the alarm:	May hide under the nearest table					
	Cries and becomes extremely distressed					
	Hands over ears					
	May become aggressive as a reaction to the loud sound					
Strategies to support pupil:	Whole school assembly to discuss what happens in an					
	emergency					
	 Participate in a drill with and without alarm 					
	 As soon as alarm sound is heard: 					

Date original written:	 Speak calmly and remind AB of the need to respond appropriately Encourage deep breathing and focus on only the route to the assembly point Encourage the use of ear defenders or cover ears One staff to guide pupil out and other at the end of the line Praise constantly as the evacuation takes place. Ask if 'ok' as moving towards assembly point Once at assembly point, remind AB of appropriate actions taken Check emotions and use breathing strategies to remain calm
Date of latest review:	16/12/2024
If the PEEP is for a pupil who are the main parent/carer?	KC
Date of communicating this PEEP to parents/carers:	02/07/2021 / 19/12/2024
Date of drills (to show this is practiced):	See fire log – practice with and without alarm sounds

AWARENESS OF PROCEDURE:

I am informed of an emergency evacuation by (tick appropriate box):

Existing alarm system	Х	
Staff	Χ	
Visual alarm system		
Buddy		
Other (please detail)		

DESIGNATED ASSISTANCE (the following people have been designated to give assistance when I need to get out of the building in an emergency):

Name of buddy (staff):	A Graca	
Buddy's job title:	HLTA	
Stand-in for Buddy when they are absent:	J Cox	
Stand-in's job title:	Teacher/Assistant Headteacher	
Does the Buddy have a method of communication with the person in charge of the school's evacuation?[1]	Y Detail: Verbal, email	

METHODS OF ASSISTANCE (e.g.: transfer procedures, methods of guidance, etc.):

The agreed and practic	d practiced methods of evacuation are:					
Method:	Detail:					
Stairs	My Buddy must be near so I can see her					

EQUIPMENT PROVIDED FOR MY SAFE EVACUATION:

The agreed and practi	ced methods of evacuation are:					
Item:	Detail:					
Ear defenders	Found in filing cabinet in my classroom should I need it. My buddy to ask me if I need it.					

EVACUATION PROCEDURE (a step by step account beginning from the first alarm):

Preferred method of evacuation will be by:	Nearest exit from my classroom base
Method steps:	 Ensure my Buddy receives communication that exit point is not the area of fire. Ensure the person carrying out the drill is aware of my escape.
Alternative method of evacuation:	
Method steps:	 My Buddy should follow their training and ensure that safe exit is possible. My evacuation plan will be practiced during drills and reviewed if necessary. If the identified safe exit is the site of the fire, a refuge point should be used. Buddy to raise communication with evacuation manager in all events.

SAFE ROUTE(S): See plan near door

Acknowledgement of role and understanding of this PEEP:

Role:	Name:	Signature:	Date
PEEP owner (pupil)	AB		
Headteacher:	S Govender		
Parent / carer:	KC		
Fire Marshall/Warden:	J Cox, S Govender		
Buddy:	A Graca		
Alternative Buddy:	J Cox		

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the staff using the hazardous substances, checked by the caretaker and CEO before being circulated to all staff who work with hazardous substances. The trustee responsible for premises will review the COSHH risk assessments during the monitoring visits each term. Staff are 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. The COSHH cupboard is in the Reception office.

Any hazardous products are disposed of in accordance with specific disposal procedures. The Sharps bin is in the medical room (Rabbit).

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

Gas safety

The school has no gas supply.

Legionella

- A water risk assessment is conducted and reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by for e.g. weekly temperature checks, heating of water, etc.

Asbestos

- An annual Asbestos survey is carried out that clearly marks where the presence of asbestos, if any, have been detected.
- Staff are briefed on the hazards of asbestos during their annual health and safety training, 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 and subcontractors are made aware of any asbestos on the premises and that it is not disturbed by their work. They must sign the asbestos register to show that they are aware of the survey results before any work commences.
- Contractors are advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- · A record is kept in the reception 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 that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards are reported to the leadership team immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- · Only trained staff members can check plugs
- Portable appliance tests (PAT) are carried out annually by a competent, trained 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 and staff 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 is reported to the CEO

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 annually using the Smartlog risk assessment. '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)
- Staff identified as DSE users must take a 10-minute break from using the computer after every hour of continuous use.

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

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 must be postponed until other staff members are available.

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

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

9. Working at height

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

In addition:

- The caretaker retains ladders for working at height
- Pupils and staff are prohibited from using ladders
- Any contractor, subcontractor or the caretaker must wear appropriate footwear and clothing when using ladders
- Contractors and subcontractors are expected to provide their own ladders for working at height
- Before using a ladder, the caretaker conducts a visual inspection to ensure its safety

• Access to high levels, such as roofs, is only permitted by trained persons. The caretaker is not permitted to access the roof at any time

Risk Assessment for working at height

Risk assessment: Working from height

KEY (People at risk)	Likelihood (L)	Severity (S)	Risk Calculation	Risk Rating
E = Employee YP = Young Persons P = Public C = Contractors V = Visitors EM = Expectant Mothers	1. Very Low (rare/very unlikely) 2. Low (unlikely) 3. Medium (could occur/possible) 4. High (likely to occur/probable) 5. Very High (near certain to occur)	1. Insignificant (nuisance/discomfort) 2. Minor (no lost time) 3. Moderate (time loss) 4. Significant (serious/incapacity to work) 5. Major (Death)	Likelihood x Severity = Rating	1- 6 LOW RISK Monitor • MEDIUM RISK Monitor, review & reduce risk where possible 14-25 HIGH RISK Further Action Required

Significant Hazards List what could cause harm	Who Might be Harmed E = Employee including Caretaker P = Pupils C = Contracto rs V = Visitors EM = Expectant Mothers	Risk Calculation L X S = Score = Risk			Control Measures How will the risk be minimised?	Further Action Required/ Recommendations	Target Date for Compl etion	
Slip, trip or fall whilst working at height causing injury.	E, C, P	2	3	6	L	Wearing of appropriate footwear for work at height e.g. heel-less/ low heeled shoes with nonslip soles for working from a kick stool. Steel toed/non slip soles for construction work.	 Staff and pupils are instructed not to climb on chairs, tables etc. Displays etc. are prepared before putting them up by caretaker. Consider alternatives e.g. displays 	

						•	Consideration should be given to the hire of suitable equipment for specific jobs e.g. mobile elevated work platforms, scaffold etc. with trained staff and use of safety equipment e.g. harness etc. where appropriate. Appropriate equipment is provided to enable safe	at lower levels, use of pole to open high windows, use of telescopic pole for window cleaning/retri eving articles etc. to avoid working at height. • Caretaker to undertake a detailed risk assessment prior to
Equipment	E C D	2	3	6	L	•	access e.g. kick stool, steps and ladders. Hand rails, foot boards etc. where provided/require d are fitted. Procedures followed for appointing contractors	commencing any work at height. • Arrangement s for work at height are discussed with caretaker and contractor. • Staff training and provision of information where appropriate. • Consultation with CEO for more advice.
becoming unstable causing injury.	E, C, P, V	2			L	•	Stop work procedure immediately if there is any safety concerns. Only competent persons to use/ assemble equipment where appropriate e.g. scaffolding All equipment should be subject to a regular documented inspection regime with appropriate repair/replace schedule when appropriate.	

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Person walking into equipment.	E, C, P, V	2	3	6	L	 Appropriate safety signage where appropriate. Stop work procedure immediately if there is any
						safety concerns.
Collapse of equipment causing injury.	E, C, P, V	1	σ	σ	L	 Stop work procedure immediately if there is any safety concerns. Only competent persons to use/ assemble equipment where appropriate e.g. scaffolding All equipment should be subject to a regular documented inspection regime with appropriate repair/replace schedule when appropriate.
Unauthorised access by a pupil to a place at height.	Р	1	3	3	L	Restricted access to work areas and equipment.
Inclement weather conditions causing slip hazards, falling equipment etc.	E, C, P,	2	3	6	L	 Wearing of appropriate footwear for work at height e.g. heel-less /low heeled shoes with nonslip soles for working from a kick stool. Steel toed/non slip soles for construction work. Cancellation/pos tponement of work due to inclement weather conditions. Stop work procedure immediately if there are any safety concerns.

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.

Staff and pupils and staff 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 trips and visits

Staff supervision during trips and visits with be based on an appropriate risk assessment (see Appendix 1 for example) for that trip or visit. The key legislation here is the Health and Safety at Work Act 1974 which requires employers to ensure the health and safety of their employees and non-employees, so far as is reasonably practicable. The Act also places duties on individuals to take care for the health and safety of themselves and others. Educational Visits Guidance has been produced by the Outdoor Education Advisers Panel (OEAP) and adopted by Norfolk County Council. The school uses Evolve which is Norfolk's online educational visits planning and approval system.

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

- Risk assessments are completed and approved where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a School mobile phone, a portable first aid kit, information about the specific medical needs of pupils and staff along with the parents' contact details
- There will always be at least one first aider on School trips and visits

The school will ensure that are sufficient staff supervision to ensure that pupils and staff are safe, that the school is reasonably orderly, and that emergencies can be dealt with promptly while still leaving adequate staffing to supervise unaffected children. All staff will receive suitable training in supervising pupils and staff, including those taking part in off-site activities.

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 the Head of School or CEO immediately. This applies to violence from pupils and staff, 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 Public Health England when responding to infection control issues. We will encourage staff and pupils and staff to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with disposable paper towels which must be discarded in the bins provided
- · 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 (for example, nappy or pad
 changing)
- · Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

Clean the environment, including resources 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 in the clinical waste bin provided
- Make spillage kits available for blood spills

15.6 Laundry

- · Wash laundry in a separate 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 and staff
- Supervise pupils and staff when playing with animals

 Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

15.9 Pupils and staff vulnerable to infection

Some medical conditions make pupils and staff 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 either 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.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

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

16. New and expectant mothers

Risk assessments are carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures are put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

17. Occupational stress

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

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

18. Accident reporting

18.1 Accident record book

- For incidents involving pupils, a Medical Category incident is recorded on CPOMS by the member of staff or the first aider on the same day or as soon as possible after the incident resulting
- For incidents involving adults, an Accident/Incident record is recorded on Smartlog by the member of staff or the first aider on the same day or as soon as is reasonably practicable after the incident
- As much detail as possible must be supplied when reporting an accident or first aid incident, including all of the information included in the Medical Category incident form at on CPOMS or Accident/Incident on Smartlog
- Information about injuries is also be kept in the pupil's educational record on the Management Information System
- First Aid incidents are monitored each month by the DSLs on CPOMS (pupil) and Smartlog (adult) as part of their monthly meeting agenda
- First aid/accident records held in CPOMS (pupil) and Smartlog (adult) are retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

The Business Support 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 Business Support Manager 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
 - o Any injury likely to lead to permanent loss of sight or reduction in sight
 - o 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
 - o 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, HSE

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

18.3 Notifying next of kin

The class teacher or a member of the admin team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

A member of the SLT will inform the next of kin of any staff member of any accident or injury sustained and any first aid treatment given, on the same day, or as soon as reasonably practicable.

18.4 Reporting to Ofsted and child protection agencies

The CEO will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil or staff while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The CEO will also notify local child protection agencies of any serious accident or injury to, or the death of, a pupil or staff while in the school's care.

19. Training

All staff are provided with health and safety training as part of their induction process as wll as annual staff training in September of each year.

Staff who work in high-risk environments, such as in science labs or with woodwork equipment are given additional health and safety training.

Pupils receive health and safety training before using any high-risk equipment including sewing machines, woodwork equipment, science equipment, etc

20. Monitoring

This policy is reviewed by the CEO and Head of School every year. At every review, the policy is approved by the full trust board.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils and staff with medical conditions
- · Accessibility plan

Risk assessment: educational trips and visits

Organisation	The Damara school	Trip Leader	Karen Stripe
Trip Venue:	The YMCA charity shop, Thetford high street, Thetford	Date(s) of Trip	10/12/24
Description of ac			
	to the charity shop so pupils can learn about ace discussions and lived experiences of a vo		arities. This is part of the curriculum of The Society I live in. We want our pupils
Staff on trip	K Stripe and D Payne	Timings of trip	13.00 – 13.45
Assessor (Signature)	K Stripe	Date Assessment Completed	6/12/24
Checked and approved by CEO/Head (Signature)	Yes	Date Checked and approved by CEO/Head	6/12/24

Significant Hazards List what could cause harm	Who Might be Harmed e.g. staff, children, certain groups	Likelihood of Harm Remote, Very Unlikely, Unlikely, Possible, Very Likely	Control Measures How will the risk be minimised?	Residual Risk after controls are implemented Remote, Very Unlikely, Unlikely, Possible, Very Likely
Route planning Injury as result of pedestrian collision with vehicle	Staff and pupils	Likely	 Prior inspection of the intended journey will be undertaken by a member of staff to establish hazards and choose appropriate and safe walking route The route will be planned to avoid fast or dangerous junctions or sections of road, where possible Leaders will be prepared to alter route or abandon visit if road/weather conditions are considered unsafe (e.g. icy pavements) Pupils will be briefed to remain on pavements unless instructed otherwise Pupils will be briefed regarding hazards and behaviour required The planned route will have wide pavements The planned route will cross roads only at designated crossing points or at specified "low risk" locations All journeys, especially road crossings, will be closely supervised by staff Pupils will be briefed not to cross roads, unless and until specifically instructed to do so by staff Staff will be fully briefed with respect to supervisory responsibilities when walking beside and crossing roads 	Remote
Crossing roads Injury as result of pedestrian collision with vehicle	Staff and pupils	Likely	 Roads will be crossed only at safe locations where visibility is clear and sufficient time is available to cross. Fo use of The Thetford Grammar School fields, the key to operate the traffic lights must be used at the crossing An experienced staff member will be designated and clearly responsible for overseeing the crossing of roads. All leaders will be aware of a variety of different strategies for crossing roads e.g. in a long crocodile line, or small groups, one "wave" at a time. Leaders will choose the safest and most appropriate way for the group to crossroad 	Remote

			 The 'grab bag' that includes first aid supplies must be carried on all travel to off-site facilities 	
Walking beside roads Injury as result of pedestrian collision with vehicle	Staff and pupils	Likely	 One staff member will be at the front of the group, one at the back, with the others positioning themselves alongside the group between the pupils and the road itself Walking beside roads with no pavements will be kept to a minimum, and only undertaken if the risk is considered reasonable, and there is no suitable alternative (consideration will be given to factors such as speed and business of traffic, and widths of road and verge) The group will be instructed to stay together as one group, on one side of the road only The group will be instructed to walk off the road and on the verge, if at all possible The group will normally walk on the side of the road facing oncoming traffic, but the group leader will choose the safest side according to road conditions, width of verge, and visibility of traffic. Group members will walk in a single file close to roadside Leaders will be positioned at the front and back of the group and will wear bright (fluorescent) clothing If the pavement is wide enough or the road very quiet, some leaders will walk alongside the group, usually on the pavement on the side nearest to the road, but care will be taken. All group members will wear bright (fluorescent) clothing Particular care will be taken around corners, when oncoming traffic may not be visible If visibility is poor, leaders at the front and rear of the group will be positioned at an appropriate distance ahead and behind the group to give prior warning to oncoming vehicles (brightly coloured flags or signs might be used if appropriate to signal to drivers to slow down) Leaders will warn group members of oncoming traffic and give instructions to the group to move onto the verge if appropriate Leaders at the front and back of the group will carry whistles to immediate alert other leaders and group members of additional danger or misbehaviour The 'grab bag' that includes first aid supplies must be carri	Remote

Appendix 2. Template of risk assessment

Risk Assessment: Stress (Team)

School:	Activity:	Reference:
People at Risk: All staff	Additional Information:	

Risk Evaluation

Hazard	Risk	Initial Rating L, M, H	Existing Control Measures	Final Rating L, M, H	Additional Action Required (action by whom and completion date – use separate Action Plan if necessary)
			Demands		
Demanding work patterns.	Increased stress levels Poor work/life balance.	M	SLT monitor work patterns and should agree any unusual hours of work. Appraisals are conducted on a regular basis and takes into account achievable workloads. Smart objectives to be set and workplans identified.	L	Manager to monitor work/life balance & ensure staff take proper breaks
Complex or demanding Workloads.	Excessive pressures or demands on an individual leading to Increased stress levels.		Match skills and abilities to job demands. Appraisal objectives are agreed and take into account the capabilities of employees.		SLT to listen to concerns about work environment Training, mentoring, coaching etc to be considered
Emotionally demanding workloads, coupled	This aspect of the work is extremely wearing on staff and could lead to anxiety,		Activity-based risk assessments are in place in service areas which provide services to difficult or demanding clients.		Senior SLT will be asked to consider the level of service delivered and agreed courses include

with unrealistic expectations.	frustration and stress.	Teams are encouraged to be mutually supportive when aware that a team member has taken a difficult call or is dealing with a difficult issue. Various training options have been designed to develop skills that help employees deal with stressful workloads, such as receiving irate telephone calls from parents or members of the public. Any significant instances of verbal abuse will be reported on the Major Incident Form and appropriately investigated by the line manager.	stress awareness, time management and assertiveness Staffing rotated to try to cope with workload pressures in general.
Unacceptable timescales	The possibility that colleagues could feel compelled to work excessive hours and/or will overwork, which could lead to stress, tiredness, frustration, anxiety.	Information regarding the possibility of continuing with enhanced staffing arrangements beyond this timescale will be communicated to staff regularly Negotiation regarding resources or timescales	
Reduced staffing resources during periods of staff turnover and sickness absences.	Staff capacity is overstretched leading to poor performance, frustration and stress.	Put appropriate 'cover' arrangements in place. Short term enhanced level of line management involvement is required.	Staff to raise any issues at an early stage. Training issues need to be addressed. Written protocols to be drawn up in order to facilitate cover arrangements should individual be absent.

Poor work environment. Overcrowded, noisy or untidy work space. Poor workstations or Storage arrangements	Ergonomic risks which could lead to frustration and stress.	The rooms to be organised to ensure that the best use is made of the available space. DSE workstation assessments are conducted and reviewed in line with statutory requirements. Storage arrangements have also been rationalised to ensure that all areas are easy to access. Scanning of paper files into electronic system for future use is proceeding.	Budget for any outstanding workstation requirements. Ensure SLT carry out workplace inspections on a regular basis.
		Control	
Staff role expectations may not requirements in practice.	Frustration leading to stress,	All members of staff are encouraged to utilise specialist skills and initiative in line with the organisational ethos and commitment to investors in people. All training aspirations and requirements are discussed as part of the existing appraisal process.	None Required.
		Support	
SLT may find it difficult to support team members at times when high volume or difficult workloads issues arise.	Increased pressure during such periods could result in frustration, anxiety and stress.	Prioritisation of the workloads of senior manager and staff to be considered Support team working arrangements-cover, 'buddying', monitoring etc.	

	Relationships			
Colleagues in other departments will not provide statutory or other information in a timely manner.	Anxiety, frustration and stress.	If necessary, boundaries of acceptable behaviour will be communicated to customers.		
Conflict or bullying between colleagues	Anxiety, frustration and stress.	Boundaries of acceptable behaviour are well established within the organisation. Dignity at work procedures are in place. Staff code of conduct. Anti-bullying policy		
Line management relationships becoming strained due work pressures or individual conflicts.	Stress and anxiety leading to ill health and absence from work.	The requirement to maintain good working relationships is the responsibility of all line managers. Where possible, SLT intervene before problems escalate. Grievance procedures can be invoked.	None required	
		Change		
Job threats, cut backs, new roles and responsibilities, lack of promotion	Increased pressure within the department during such periods could result in frustration, anxiety and stress.	Team Briefings provide employees with information on reasons for changes. Consultation with employees to enable them to influence proposals. Processes for managing future change within the team to be kept under review.	Employees to be made aware of timetable and impact of changes. Training and support to be given.	

Signature:	Name:Job	Review Date:
Title:	Date:	

Appendix 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for Schools and other childcare settings from Public Health England. For each of these infections or complaints, there <u>is further information in the guidance on the symptoms</u>, how it spreads and some 'do's and don'ts' to follow that you can check.

Infection or complaint	Recommended period to be kept away from School or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	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.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to School or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from School during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to School 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the School or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to School.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.
	For some gastrointestinal infections, longer periods of exclusion from School are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, School health advisor or environmental health officer will advise.
	If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-School infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).

Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff 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 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.