



# Health and Safety Policy

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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), and the following legislation:

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999 which require employers to assess risks, implement measures, and provide information and training
- The Control of Substances Hazardous to Health Regulations 2002
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Health and Safety (Display Screen Equipment) Regulations 1992
- The Gas Safety (Installation and Use) Regulations 1998
- The Regulatory Reform (Fire Safety) Order 2005
- The Work at Height Regulations 2005
- The Independent School Standards (2014), Part 5, which require suitable accommodation for medical and therapy needs, including washing and toilet facilities
- Equality Act 2010, including the Public Sector Equality Duty (s.149)
- National guidance from the UK Health Security Agency (UKHSA) on infection control and DfE guidance on “Living with COVID-19”

### 3. Roles and responsibilities

#### 3.1 Proprietor

- The proprietor has the overall legal responsibility for health and safety at ReFocus, ensuring compliance with legislation and sufficient resourcing.
- The Senior Leadership Team has day-to-day operational responsibility.
- The Health & Safety Lead oversees risk assessments, monitoring, and reporting.
- They will receive a health and safety report at least annually, and more frequently where incidents, audits, or inspections identify risks

#### 3.2 Headteacher and SLT

The headteacher is responsible for health and safety day-to-day as part of the Senior Leadership Team . 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 governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the headteacher’s absence Hayley Perry, Katie Close, Liam Kerr deputy headteachers assumes the above day-to-day health and safety responsibilities.

#### 3.3 Health and safety lead

The nominated health and safety lead is **Liam Kerr**

### 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, onsite and offsite, and for reporting any health and safety incidents to a member of staff.

### 3.6 Contractors

3.29 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

Liam Kerr Health and safety officer / deputy headteacher 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. Refocus leadership 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. Fire risk assessment is covered by an FRA completed by a third party company.

Emergency evacuations are practiced 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.

5.1 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.
- These are Knox road carpark,
- Rose cottage – paved area to rear of the property off commercial way
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Headteacher or deputy head teacher 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

6.1 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

6.2 Control of substances hazardous to health (COSHH) risk assessments are completed by **Liam Kerr** and circulated to all employees who work with hazardous substances.

6.3 Staff will also be provided with protective equipment, where necessary.

6.4 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. All members of staff shall avoid always using hazardous substances if possible.

6.5 Where substitute materials are available, they should be used. If there is no way of avoiding use of a hazardous substance, then staff must use the substance in an enclosed, ventilated environment away from other workers, and use proper protective equipment, which shall be made available by ReFocus

6.6 Any hazardous products are disposed of in accordance with specific disposal procedures.

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

## 6.8 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

## 6.9 Legionella

- We follow UKHSA guidance on infection control, including ventilation monitoring in line with DfE expectations.
- Carbon dioxide (CO<sub>2</sub>) monitors are used where required to support adequate ventilation.
- Cleaning, PPE, and exclusion periods remain in line with UKHSA's published schedule (see Appendix D)

6.10 A water risk assessment has been completed on January 2024. Liam Kerr Health and safety officer – Urisk Ltd is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.

6.11 This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint.

6.12 The risks from legionella are mitigated by the following:

- Legionella testing and have completed 2x sample tests in the last 4 years. This is an external company called uRisk. Samples came back clear.

## 6.13 Asbestos

6.14 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.

6.15 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.

6.16 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.

6.17 A record is kept of the location of asbestos that has been found on the school site.

## 7. Equipment

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

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

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

### 7.4 Electrical equipment

7.5 All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely.

7.6 Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them.

7.7 Any potential hazards will be reported to Liam Kerr Health and safety officer immediately.

7.8 Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

7.9 Only trained staff members can check plugs.

7.10 Where necessary, a portable appliance test (PAT) will be carried out by a competent person

7.11 All isolator switches are clearly marked to identify their machine

7.12 Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions

7.13 Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

#### **7.14 PE equipment**

7.15 Pupils are taught how to carry out and set up PE equipment safely and efficiently.

7.16 Staff check that equipment is set up safely. This with Northampton Saints Rugby union foundation.

#### **7.17 Display screen equipment**

7.18 All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out.

7.19 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time

7.20 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) resources will be sought by ReFocus to provide: -

7.21 VDUs with a detachable and adjustable screen, i.e., in height, swivel etc., to allow for the individual preference of the operator

7.22 VDU's computer cleaning supplies

7.23 A wrist and footrest at each workstation if required

7.24 An anti-static mat at each workstation

7.25 Keyboards which are separate from screens

7.26 Anti-glare screens, where direct light cannot be prevented from falling on the monitor Adequate workstation space.

7.27 Laptops should not be used in the office for extended periods of time.

7.28 Laptops should not be connected to the network without the permission of the IT Project Manager.

7.29 Do not use a laptop in a stationary car, where unsuitable seating and limited space increase the likelihood of injury.

7.30 Do not overload a laptop bag. Distribute weight as evenly as possible.

7.31 Position the laptop on a firm surface at the correct height for use.

7.32 Ensure that there is space in front of the laptop to rest wrists and forearms.

#### **7.33 Eyesight Tests**

7.34 Where any member of staff is experiencing eyesight problems attributable to their work with VDUs, he/she, will be entitled to an eyesight test paid for by ReFocus.

7.35 Where a test shows that because of work with ReFocus's VDUs a member of staff needs to purchase glasses, ReFocus will pay for these.

7.36 An optician must provide evidence and complete the appropriate form, which staff should obtain from the Safety Officer.

7.37 At the time of issuing this policy, any such payment for corrective lenses is restricted and based on the provision of basic frames.

7.38 Provision of frames excludes those normally used for purposes other than work with VDUs.

7.39 Staff can obtain full details concerning conditions of payment from the Safety Officer.

#### **7.40 WRULDS/RSI**

7.41 Work Related Upper Limb Disorders (also known as Repetitive Strain Injury) are often associated with keyboard work.

7.42 It is the intention of ReFocus, by following best advice and practices, to provide VDU/keyboard equipment and furniture, which help prevent the development of these musculoskeletal disorders.

7.43 However, employees should contribute to their own safety and welfare by:

7.44 Avoiding sitting in the same position for long periods

7.45 Adjusting equipment and furniture to appropriate/comfortable positions Taking a rest break from VDU work (at least 10 minutes every hour).

## **8. Lone working**

8.1 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.

8.2 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.

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



## **9. Working at height**

9.1 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 health and safety officer 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**

10.1 It is up to individuals to determine whether they are fit to lift or move equipment and furniture.

10.2 If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

10.3 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.

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

10.5 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

10.6 Take the more direct route that is clear from obstruction and is as flat as possible

10.7 Ensure the area where you plan to offload the load is clear

10.8 When lifting, bend your knees and keep your back straight, feet apart and angled out.

10.9 Ensure the load is held close to the body and firmly.

10.10 Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

10.11 Manual handling does not have a stand alone policy, we follow guidelines set out by HSE.

10.12 The guidelines are available to all staff via the office at Knox Rd.

10.13 Additionally, staff complete both online and practical training.

## **11. Off-site visits**

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

11.2 Risk assessments will be completed where off-site visits and activities require them

11.3 All off-site visits are appropriately staffed

11.4 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

11.5 There will always be at least one first aider on school trips and visits

## **12. Lettings**

12.1 This policy applies to lettings.

12.2 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**

13.1 We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

13.2 All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/headteacher immediately.

13.3 This applies to violence from pupils, visitors or other staff.

## **14. Smoking**

14.1 Smoking is not permitted anywhere on the school premises.

## **15. Infection prevention and control**

15.1 We follow national guidance published by the UK Health Security Agency when responding to infection control issues.

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

### **15.3 Handwashing**

15.4 Wash hands with liquid soap and warm water, and dry with paper towels

15.5 Always wash hands after using the toilet, before eating or handling food, and after handling animals

15.6 Cover all cuts and abrasions with waterproof dressings

### **15.7 Coughing and sneezing**

15.8 Cover mouth and nose with a tissue

15.9 Wash hands after using or disposing of tissues

15.10 Spitting is discouraged

### **15.11 Personal protective equipment**

15.12 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)

15.13 Wear goggles if there is a risk of splashing to the face

15.14 Use the correct personal protective equipment when handling cleaning chemicals

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

### **15.16 Cleaning of the environment**

16.17 Clean the environment frequently and thoroughly

### **15.18 Cleaning of blood and body fluid spillages**

15.18 Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment

15.19 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

15.20 Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

15.21 Make spillage kits available for blood spills

### **15.22 Laundry**

15.23 Wash laundry in a separate dedicated facility

15.24 Wash soiled linen separately and at the hottest wash the fabric will tolerate

15.25 Wear personal protective clothing when handling soiled linen

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

### **15.27 Clinical waste**

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

15.29 Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot operated bins

15.30 Remove clinical waste with a registered waste contractor

15.31 Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

### **15.32 Animals**

15.33 Wash hands before and after handling any animals

15.34 Keep animals' living quarters clean and away from food areas

15.35 Dispose of animal waste regularly, and keep litter boxes away from pupils

15.36 Supervise pupils when playing with animals

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

### **15.38 Infectious disease management**

15.39 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.

15.40 We will follow local and national guidance on the use of control measures including:

#### **15.41 Following good hygiene practices**

15.42 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)

#### **15.43 Implementing an appropriate cleaning regime**

15.44 We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned daily

#### **15.45 Keeping rooms well ventilated**

15.46 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

#### **15.47 Pupils vulnerable to infection**

15.48 Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children.

15.49 The school will normally have been made aware of such vulnerable children.

15.50 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.

15.51 We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

#### **15.62 Exclusion periods for infectious diseases**

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

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

#### **15.63 New and expectant mothers**

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

15.65 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

## **16. Occupational stress**

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

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

## **17. Accident reporting**

### **17.1 Accident record book**

17.2 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.

17.3 An accident form template can be found in appendix 2 As much detail as possible will be supplied when reporting an accident

17.4 Information about injuries will also be kept in the pupil's educational record

17.5 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.

### **17.6 Reporting to the Health and Safety Executive**

17.7 The Health and safety officer 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).

17.8 The Health and safety officer 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.

17.9 Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

### **17.20 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 heatinduced illness, or requires resuscitation or admittance to hospital for more than 24 hours

- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Health and safety officer 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

**17.21 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\*
- 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)

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

[How to make a RIDDOR report, HSE](#)

## **18. Training**

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

18.2 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.

## **19. Monitoring**

19.1 This policy will be reviewed by the Health and safety officer every year.

19.2 At every review, the policy will be approved by the Executive headteacher

## **20. Links with other policies**

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Safeguarding and Child Protection Policy,
- The Staff handbook and Code of Conduct.

**Appendix A. Fire safety checklist Knox Road**

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 B Fire safety checklist Rose Cottage**

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 C. Accident report

<b>Name of injured person</b>		<b>Role/class</b>	
<b>Date and time of incident</b>		<b>Location of incident</b>	
<b>Incident details</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>Action taken</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
<b>Follow-up action required</b>			



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#### Appendix D 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
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.  A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
<b>Cold sores</b>	None.
<b>Respiratory infections including coronavirus (COVID-19)</b>	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.

<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a

	factsheet to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.

<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.

<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to antiTB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.

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