



The LETTA Trust

Health & Safety Policy incl. Security Procedures

Approved & adopted on:	15.07.19	To be reviewed:	Summer 2020
Reviewed by:	TB Resources	Signed:	

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The LETTA Trust

The LETTA Trust is a multi-academy trust comprising 2 schools; Bygrove Primary & Stebon Primary.

1. Aims

Our schools aim 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](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

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

3. Roles and responsibilities

3.1 The Trust Board & Chief Executive Officer (CEO)

The Trust Board has ultimate responsibility for health and safety matters in each school, but will delegate day-to-day responsibility to the headteacher or head of school. Headteachers & heads of school are directly responsible to the CEO & to the Local Governing Board (LGB). The CEO reports to the Trust Board.

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 academy trust, 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

Each LGB has one governor who is responsible for overseeing health & safety matters.

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 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, the most senior member of staff onsite assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead for both schools is Razna Begum (chief financial officer).

3.4 Staff

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
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

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.

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

Razna Begum (chief finance officer) & Gika Conceicao (premises team leader) 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 schools have an SLA for Keyholding services who will respond to an emergency and also alert Gika Conceicao, the premises team leader, of any issues.

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. These are in the playground
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The heads designate 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

Schools 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.

Additional measures to support the evacuation of people with mobility needs are agreed with those involved & recorded in personal emergency evacuation plans (PEEPs).

A fire safety checklist can be found in appendix 1.

6. Control of Substances Hazardous to Health – 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 Razna Begum 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 that they have adequate ventilation

6.2 Legionella

- A water risk assessment was completed for Stebon Primary School on 10/04/18 and for Bygrove Primary School in July 2016 by Water Monitoring Ltd. Gika Conceicao, the premises team leader 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 2 years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers, water samples collected by external company and checked, inspection of water tanks, de-scaling of cylinders and weekly/monthly flushing of taps/water outlets.

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 which 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 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 will be reported to Razna Begum (chief financial officer) or Gika Conceicao (premises team leader) 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 isolators 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 any member of the premises team

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)

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 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 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 people with the skills, knowledge and experience to do the work.

In addition:

- The premises team retain 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, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details

Early Years Foundation Stage

- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

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 Public Health England (PHE) 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 (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 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 pet

15.9 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 either of these, the parent/carer will be informed promptly and further medical advice sought. 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 4.

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 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 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

- 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

18.2 Reporting to the Health and Safety Executive

The chief finance 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).

The chief finance officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

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

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

18.3 Notifying parents

The class teacher and/or phase leader 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.

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 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 The Local Authority Designated Officer (LADO) of any serious accident or injury to, or the death of, a pupil while in the school's care.

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 the swimming pool, or work with pupils with special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed & proposed by the school business manager/CFO annually. At every review, the policy will be approved by the Trust Board Resources Committee.

21. Links with other policies

This health and safety policy links to the following policies and documents:

- Risk assessments
- Medical needs policy incl asthma & intimate care
- Accessibility plan

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			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>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</i>			
Name of person attending the incident			
Signature		Date	

Appendix 3. Asbestos record

The text in this table shows examples only

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 Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after	Antibiotic treatment speeds healing and reduces the infectious

	starting antibiotic treatment	period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.

Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and 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. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other	Until recovered	Hib and pneumococcal meningitis are preventable by

bacteria		vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Bygrove Primary School – Security Procedures

Reviewed: 15.07.2019

Next review: Summer 2020

Governor responsible: Health & Safety Governor: Charlotte Littlewood

We have a duty to ensure that the children in our care are safe. Staff all have a responsibility to follow the steps outlined below for the safety and well-being of all children and adults at school.

2 key points to remember:

1. Children who feel safe learn better
2. When parents feel welcome and an important part of their child's school, then children will achieve more as a result. Whilst remaining secure we must avoid shutting parents out.

Security measures in place:

- The perimeter of the school site is locked throughout the day with one gate open from 9.00-9.15 and 3.25-3.45 to allow children and parents to come to school and then go home
- 3 members of staff & the Premises Manager are stationed in playground from 9.00 and at 3.30 whilst the gate is open
- Both class teachers and TAs should go to pick the children up from the playground after am meeting. This is so that 1 person can take the children in while the other one deals with queries from parents
- All staff have security passes to wear for identification purposes and for entrance into main gate and front door
- Office staff issue visitor passes and all visitors pass through office entrance
- Visitors have to pass through 2 secure gates in order to access the building via the school office
- **Staff question any adult in the building they don't recognise who is not wearing a visitors pass**
- There are panic alarms in the school offices

- The premises manager's office is sited at the front entrance to the school for extra security
- Lockable filing cabinets and lockers are available to staff on request
- The school building is locked and alarmed when the building is unoccupied
- Information on vulnerable children/those at risk of abduction is shared with all staff
- Children who are late must always access the school via the office
- Doors that can be used as fire exits must not be locked whilst children are on the premises
- Children from breakfast club may go outside with the first member of staff who goes out into the playground
- Children must never let anyone in through the front entrance
- Any concerns about members of the public seen outside the perimeter of the school looking in a manner that causes concern or taking pictures of children must be reported to the School Business Manager and Premises Manager immediately. Staff must not approach these people themselves. The SBM will decide on the appropriate action and will in all cases report the incident to the Local Authority Health & Safety Team (0207 364 4956) so that they may alert other Local schools as necessary.

Ways to challenge strangers without being confrontational:

"Good morning, can I help you?"

"Good morning, who are you looking for?"

"Are you looking for someone?"

"Good morning, is everything OK?"

"Come with me and I'll find someone who can help you."

"Are you trying to find your child's class?"

"Hello, is there anything I can help you with?"

Stebon Primary School – Security Procedures

Reviewed: 15.07.2019

Next review: Summer 2020

Governor responsible: Health & Safety Governor: Mark Simmons

We have a duty to ensure that the children in our care are safe. Staff all have a responsibility to follow the steps outlined below for the safety and well-being of all children and adults at school.

Two key points to remember:

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- Children who are late must always access the school via the office.
- Doors that can be used as fire exits must not be locked whilst children are on the premises.
- Children from breakfast club may go outside with the first member of staff who goes out into the playground.
- Children must never let anyone in through the front entrance
- Staff who access the car park regularly have a key.

Ways to challenge strangers without being confrontational:

“Good morning, can I help you?”

“Good morning, who are you looking for?”

“Are you looking for someone?”

“Good morning, is everything OK?”

“Come with me and I’ll find someone who can help you.”

“Are you trying to find your child’s class?”

“Hello, is there anything I can help you with?”

Stebon Primary School – Swimming Pool

Normal Operating Procedures (NOP) and Emergency Action Procedures (EAP)

This document concerns Stebon Primary School's swimming pool. It outlines the health & safety practice & procedures adopted daily under normal circumstances (NOP) & how staff respond in an emergency (EAP). It is an appendix of The LETTA Trust's Health & Safety policy.

All adults poolside at swimming lessons have a duty of care and lifeguarding responsibilities.

Prevention through supervision – Lifeguards need to have good communication skills as they are in the front line of pool user education. Direct intervention may be needed if pool users either intentionally or otherwise break safety rules.

Prevention by supervision relies on the lifeguard being:

- Vigilant
- Attentive
- Alert at all times

Effective supervision requires specific skills that include:

- Recognising when people are in difficulty
- Positioning
- Scanning
- Communication

Normal Operating Procedures (NOP)

Details of the facility

The facility was opened in 2000 and has been in continuous annual use since that date bar a 12-month period (2011-12) when refurbishment works were taking place to the building & pool. This process involved rebuilding the pool & installing a new pool cover, storage facility & a new plant room. In addition to this, the changing rooms were completely refurbished & new showers installed.

The pool itself is a 'tank pool' built up from the ground i.e. it is not an excavated pool with deck level entry. Entry to the pool is via 1 ladder; the water level is therefore at approximately the instructor's waist height, standing alongside the pool.

Dimensions of pool

- Length – 9.6m
- Width – 4.8m
- Water depth – 0.75m throughout
- External height of pool wall – 1.04m
- Surface area of water – 46m squared

Because of the dimensions of the pool we limit the maximum bather load to 15 children at any one time.

The plant room houses:

- Boiler
- Chemical/Filtration system – this room is kept locked – only people nominated by Headteacher are permitted to enter; currently Headteacher, Swimming Instructor (responsible for pool maintenance) and Site Manager. Others, such as technicians, service engineers, will only be allowed to enter the room with the Headteacher's permission. A list of chemicals kept in the room should be prominent on the door.

Teaching equipment is kept in a storage room adjacent to the shower area.

There is a flat poolside area for assembly of children & adequate pathway space surrounding the pool on the other 2 sides.

Potential Risk Factors

- The pool water is contained by a **raised tiled wall**. This may cause difficulties when emergency procedures have to take place (see Emergency Action Plan EAP).
- **Diving and jumping** into the pool are strictly forbidden because the pool is too shallow for such entry into the water. Entry will be permitted only by use of the ladder.
- It is only possible for **intruders** to enter the swimming pool area if they have first gained access into the school building. This access is rigorously controlled at all times.
- **Changing rooms** will be checked regularly to minimise the risk of misbehaviour, vandalism or theft.
- **Water quality** testing takes place every 2 hours while swimmers are using the pool or at least 3 times a day. The swimming instructor ensures that the chemical balance of the water is appropriate – only qualified members of staff will be allowed to carry this out. If the clarity of the water is poor, the swimming instructor will take initial steps to rectify the problem. If the problem persists, the pool will be closed & the maintenance contractor (World Leisure) will be called.
- **The plant room/chemical store** is kept locked & is out of bounds to all unauthorised staff.
- No **electrical mains equipment** of any description is allowed to be used anywhere within the swimming pool area.

- Correct swimwear should be worn by swimmers. The wearing of jewellery & watches is not allowed. Swim hats must be worn by all bathers.
- Structural hazards include:
- Floors which may become slippery when wet, including in the shower area
- 2 supporting pillars that pupils may walk into without undue care & attention

Systems of work (procedures)

At least two adults will be poolside at all times when children are in the water. The swimming instructor will effect any rescue & carry out other emergency procedure duties (as explained in the EAP). At least one adult will have at least experienced basic lifeguard and first aid training.

There will be a mobile telephone, first aid kit, emergency pole and other relevant EAP equipment poolside, whenever the pool is being used.

If a child suffers from known problems such as epilepsy, anaphylactic fits etc. that can be a danger for them whilst swimming, an adult will closely observe them at all times.

Dealing with other users

All other users of the facility will be made aware of the NOP and EAP and will not be given permission to use it unless the Headteacher or Site Manager is confident that the policies are strictly followed.

First Aid arrangements

At least one adult, and ideally, all adults poolside, will have received at least basic First Aid training and can effect resuscitation procedures if required.

A First Aid kit checked and updated weekly and after every usage, will be available poolside at every swimming session.

Lifeguard duties and responsibilities

Good observation and scanning skills are extremely important for any adult who is poolside during a swimming lesson. Understanding potential problems before they happen must be the prime target for anyone involved in swimming sessions.

If an emergency evacuation needs to take place, the adults will be clear about their respective roles in that situation (see EAP for more details).

Emergency Action Procedures (EAP)

Who is in charge during an emergency?

At all times the swimming instructor is in charge during an emergency.

Who does what?

At least two adults will be poolside when children are in the water. The swimming instructor will effect any lifesaving procedure including performing resuscitation if necessary. The other member of staff will carry out evacuation procedures and call for help (ambulance/office).

Emergency equipment and location

Rescue retrieval equipment, mobile phone, First Aid kit (checked weekly) will always be available poolside.

Follow up arrangements

Once the pool has been evacuated & ambulance called if required, a message will be sent to the school office to call parents to inform them of what has happened and arrangements being made for their child.

Other issues:

Overcrowding – there will never be any more than 15 people in the water at any one time (a pupil:adult ratio of no more than 8:1)

Disorderly behaviour – children will observe every instruction given to them by whoever is in charge of the swimming lesson. Any child who refuses to follow instructions or behaves in a manner that is considered to be potentially dangerous to themselves or others, will be removed. In order to do this, the swimming instructor will stop all swimmers & the lesson will continue only when the child is out of the pool.

Lack of water clarity – If the bottom of the pool cannot be seen, children must not enter the water. The Headteacher or Site Manager must be informed immediately. If the clarity of the water is poor, the swimming instructor will take initial steps to rectify the problem. If the problem persists, the pool will be closed & the maintenance contractor (World Leisure) will be called.

Evacuation of the pool area – if an emergency occurs and the pool has to be evacuated, The swimming instructor will or other adult will instruct the children to come out of the water. The children will be taken completely away from the pool area, initially into the changing rooms & as soon as possible back into the school building whilst any emergency resuscitation is taking place.

Fire evacuation – in the event of a fire alarm, the swimming instructor or other adult will instruct children to come out of the water & leave via the nearest exits, collecting their shoes en route. A member of staff will bring blankets for the swimmers. The swimming instructor will check the pool room & changing rooms, ensuring all doors are secured before exiting. The children will gather at the designated assembly point where a headcount will be taken. On

discovering a fire in the swimming pool area, the swimming instructor will activate the fire alarm & follow the fire evacuation procedure above. The emergency services will be contacted.

Discovery of casualty in the water – in the case of a conscious casualty, the swimming instructor will clear the pool & effect a rescue. In the case of an unconscious casualty, the swimming teacher will clear the pool, effect a rescue, treat the casualty with appropriate first aid and ensure the emergency services are contacted & help is summoned where appropriate. Casualties suspected of having sustained a spinal injury will be stabilised within the water or poolside & no attempt will be made to move them prior to the arrival of the emergency services.

Emission of toxic gases – if there is a release of toxic gases the pool will be cleared IMMEDIATELY. On leaving the building, the swimming instructor will activate the fire alarm & follow the fire evacuation procedure above. The emergency services will be contacted.

Faecal contamination – in the event of faecal contamination, the swimming instructor will clear the pool IMMEDIATELY, ensure all bathers shower well, close the pool & carry out decontamination procedures.

Lighting failure – in the event of mains failure the emergency lighting will automatically come on.