

St Vincent's Catholic Primary School



Health and Safety Policy

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Statement of Intent

The Governing Body believes that effective health and safety management underpins high-quality education. At St Vincent's Catholic Primary School, we prioritise the health, safety, and wellbeing of pupils, staff, and visitors through robust systems, a culture of openness, and continuous review. We are committed to meeting our responsibilities under health and safety legislation and upholding a culture of care and diligence.

1. Aims

Our school aims to:

Provide and maintain a safe and healthy environment both physical and mental

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 governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the headteacher. The governing 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 and off the school premises.

The governing body as the employer, also has a duty to:

Assess the risks to staff and others affected by school activities, in order to identify and introduce the health and safety measures necessary to manage those risks

Inform employees about risks and the measures in place to manage them

Ensure that adequate health and safety training is provided

3.2 Headteacher

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

Implementing the health and safety policy
Ensuring there are enough members of 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 her 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 deputy headteacher, assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Juliana Gonzalez.

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do. This includes ensuring pupils are mentally well looked after. Any concern about the mental wellbeing of a pupil should be reported to the headteacher, who will seek advice.

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 – Risk Assessment

The headteacher and the premises officer 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. Risk Management and risk assessments are carried out annually, or sooner if something changes. The headteacher and the premises officer are trained to perform risk assessments and work together to ensure these are carried out rigorously. Where significant risks are identified, appropriate measures and/or safe working practices will be introduced to reduce/eliminate such hazards. Risk assessments are carried out for each class, subject and activity as well as risk assessment for both in and out of the school. The risk assessment folder is

kept in the headteacher's office and in the premises officer's room. Risk assessments are shared with the staff.

Juliana Gonzalez, Christopher Wynn and Ward Security 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. The headteacher and the premises officer carry out internal fire risk assessments annually, which are reported to the governing body.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell. As soon as it sounds all children and adults must stop what they are doing and walk out of the building through the nearest exit.

Fire alarm testing will take place once a week on a rotational basis.

Fire exits are checked daily.

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 then emergency services will be 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. This is in the front playground.

The Fire Warden will issue the registers and check the attendance against the registers. A high visibility jacket is worn to identify the warden.

Form class teachers will take a register of pupils, which will then be checked against the attendance register of that day. The children will assemble in silence. If a child is missing it will be reported immediately.

The headteacher, will take a register of all staff

Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

There is a fire emergency procedure check list for staff to follow. Escape routes and fire exists are displayed in every classroom.

A fire safety checklist can be found in appendix 1.

6. COSHH

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

Chemicals

Products containing chemicals

Fumes

Dusts

Vapours

Mists

Gases and asphyxiating gases

Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by the premises officer 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. These are kept in the art cupboard in a locked and safe storage.

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. The Site Superintendent has undergone COSHH training.

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 has been completed on 28th October 2021. The premises officer is responsible for ensuring that the identified operational controls are conducted and recorded in the school's records.

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

The risks from legionella are mitigated by the following: no water tanks in the school and regular checks of the water.

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 and St Vincent's has an asbestos risk action plan.

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 the headteacher and/or premises officer immediately.

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

Only trained staff members can check plugs.

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

All isolator switches are clearly marked to identify their machine.

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

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

7.2 PE equipment

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff checks that equipment is set up safely.

Any concerns about the condition of the hall floor or other apparatus will be reported to the premises officer.

7.3 Display screen equipment

All staff who use computers daily as a significant part of their normal work have display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7.4 Specialist equipment

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

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

School holiday working

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 he/she 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 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

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 are undertaken

All teachers carry out a risk assessment, which is given to the head teacher prior to the visit

Pre risk assessment visits to off-site locations are undertaken by staff

All off-site visits are appropriately staffed, including 1:1 where the risk requires it

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

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

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

St Vincent's is committed to ensuring that all third-party users of the school premises adhere to the same high standards of health and safety expected of school staff. This includes after-school clubs, sports groups, parish-linked events, and any organisations hiring the hall or grounds.

Responsibilities of Hirers: - All lettings must be approved by the Headteacher or governing body.
- Hirers must read and agree to comply with the Health and Safety Policy. - A signed lettings

agreement must be in place outlining the areas used, times of access, emergency contacts, and any limitations on activities. - Hirers are responsible for the conduct, supervision, and safety of their participants.

Health and Safety Requirements: - Hirers must ensure they have appropriate first aid provision, including trained staff if supervising children. - Emergency evacuation procedures must be shared with hirers, including fire exits, alarm points, and assembly points. - Hirers are expected to have their own liability insurance. A copy of this must be provided before the event or start of regular sessions. - Risk assessments must be submitted for high-risk activities or any activities involving children.

Safeguarding: - All groups working with children or vulnerable adults must confirm that their staff have undergone enhanced DBS checks and adhere to safeguarding procedures in line with KCSIE 2025. - Any safeguarding concerns must be reported immediately to the Designated Safeguarding Lead at the school.

Site Access and Security: - Access is permitted only during the agreed hire period. Use of other areas (e.g., classrooms, staff rooms) is prohibited unless specifically agreed. - Hirers are responsible for ensuring the building is left secure, tidy, and damage-free. - Any damage or incidents must be reported to the Premises Officer immediately.

Prohibited Activities: - Smoking, vaping, or use of illegal substances is strictly prohibited on the premises. - Dangerous activities, fireworks, and open flames are not permitted. - Amplified music must be agreed in advance and respect local noise regulations.

Monitoring and Review: - The school reserves the right to withdraw permission for lettings if health and safety standards are not met or if conduct is inappropriate. - The Premises Officer or a delegated member of staff may carry out spot checks during lettings.

Lettings are an opportunity to strengthen community partnerships, but this must not come at the expense of pupil safety or the security of the school site.

13. Violence at Work

St Vincent's has a zero-tolerance policy towards violence, aggression, and intimidation directed at any member of the school community. This applies to incidents involving staff, pupils, parents, contractors, or visitors.

Definition: Violence at work includes any incident in which an employee is abused, threatened, or assaulted in circumstances arising out of, or in the course of, their employment.

Types of violence may include: - Verbal abuse, shouting, or swearing - Threats of harm (verbal or written) - Intimidating or harassing behaviour - Physical assault or attempted assault

Reporting Procedure: - Any incident must be reported to the Headteacher or Deputy Headteacher as soon as possible. - An internal incident form must be completed, and a copy retained securely. - Serious incidents may be reported to the local authority and/or the police.

Supporting Staff: - Staff involved in an incident will be offered appropriate support, including time to recover, access to occupational health, and counselling where needed. - The Headteacher will review whether further safeguarding measures are required (e.g. restricted access for a parent).

Preventative Measures: - Clear communication with parents and visitors about behavioural expectations. - Signage in the reception area indicating that abusive behaviour will not be tolerated. - Visitor access is monitored and controlled through the signing-in system and door security. - Staff receive training on de-escalation and conflict management as part of safeguarding.

Legal Recourse: The school reserves the right to: - Ban individuals from the premises under the Education Act 1996 (Section 547) if they behave in a threatening or abusive way - Seek restraining orders or police intervention where necessary

The governing body supports all staff in reporting incidents and taking action to protect their wellbeing and safety at work.

14. Smoking

St Vincent's Catholic Primary School is a completely smoke-free environment. This policy applies to all staff, pupils, parents, contractors, and visitors, without exception.

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 use the air dryers/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.

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. 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.

15.7 Clinical waste

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

Used 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 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

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

Keeping rooms well ventilated

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

15.10 Pupils vulnerable to infection

Some medical conditions make some pupils vulnerable to infections that would rarely be serious in most other children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to any of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal infections 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 as soon as any employee notifies the school that they are pregnant, have recently given birth, or are breastfeeding. These assessments will identify any risks to the employee or their baby and ensure appropriate control measures are implemented.

The following specific risks are considered:

- **Chickenpox and Shingles:** If a pregnant employee has not previously had chickenpox, exposure should be reported to their GP and antenatal carer. Shingles, caused by the same virus, also poses a risk to those without prior immunity.
- **Measles or Rubella (German Measles):** Pregnant employees exposed to these illnesses must inform their GP and antenatal carer immediately.
- **Slapped Cheek Disease (Parvovirus B19):** This can occasionally affect an unborn child. Exposure before 20 weeks gestation should be reported immediately for further investigation.
- **COVID-19 and Respiratory Illnesses:** Pregnant employees may be at greater risk of complications from respiratory viruses including COVID-19. The school will review risk assessments accordingly and may recommend additional controls, such as altered duties or remote work if necessary.

The school is committed to supporting new and expectant mothers through ongoing communication, regular review of risk assessments, and ensuring all staff are aware of their rights and entitlements.

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. At St Vincent's we support staff through a positive ethos of caring and acknowledging each other's needs. Staff are free to talk and seek further support if needed. Any member of staff, who feels they may be suffering from stress should discuss their concerns with the headteacher or senior staff as soon as possible. The headteacher will discuss the matter with the person concerned within 24 hours of the issue being raised, where physically possible.

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. A record of first aid applied is kept with details of treatment and any follow up actions needed. If a child receives a bump to the head, a bump note will be sent home for the parent and a copy given to the class teacher. A record of the date and initials of first aider are kept. An accident form template can be found in appendix 2. The headteacher analyses patterns of illness and locations and reports these to the Site superintendent and governors.

As much detail as possible will be supplied when reporting an accident.

Records held in the first aid and accident books 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 head teacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The head teacher 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:

- a) Fractures, other than to fingers, thumbs and toes
- b) Amputations
- c) Any injury likely to lead to permanent loss of sight or reduction in sight
- d) Any crush injury to the head or torso causing damage to the brain or internal organs
- e) Serious burns (including scalding)
- f) Any scalping requiring hospital treatment
- g) Any loss of consciousness caused by head injury or asphyxia
- h) 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

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

We 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 headteacher 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 headteacher will also notify Bromley Safeguarding 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.

The majority of our staff are trained paediatric first aiders and/or first aiders at work.

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed by the headteacher every year. At every review, the policy will be approved by the Headteacher, Chair of Premises Committee and full Governing Body.

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

Asbestos checks – visual check for damage to be carried out 6-monthly

No asbestos is reported in SEN, IT Suite, Offices, Upper Corridor and Toilets.

Area	Date/comment	Date/comment	Date/comment	Date/comment	Date/comment	Date/comment	Date/comment
Ground floor corridor							
Hall floor							
Year 2 floor							
Year 1 floor							
Reception Class floor							
Year 4 floor							
Year 6 floor							
Year 3 floor							
Year 5 floor							

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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 starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious 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	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

(parvovirus B19)		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 bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by 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.

Appendix 5. Fire Policy Statement

St Vincent's will provide a safe and healthy working environment with respect to fire safety.

Christopher Wynn, Site Superintendent is responsible for:

- Checking that all fire doors are free from obstructions and slip/trip hazards.
- Checking that all escape routes are clear.
- Checking that all fire doors can be opened quickly and easily.
- Checking that all fire- resistant doors close properly.
- Checking that no fire- resistant doors are wedged or propped open.
- Ensuring that general housekeeping standards are adequate.
- Ensuring that the building is generally tidy.
- Ensuring that rubbish and waste materials are not allowed to accumulate.
- Ensuring that there is no storage, especially combustible materials, in unsuitable locations (corridors or electric intake rooms).

The Head Teacher, or in his/her absence, the Deputy Head teacher is the named Fire Safety Co-ordinator. The Health & Safety Representative is the Deputy Head Teacher.

Responsibilities:

Checking all areas: Site Superintendent

Junior toilets (downstairs) – *morning* - TAs Y4 & Y6 *afternoon* TA Y4

Junior toilets (upstairs) – *morning* – TAs Y3 & Y5 *afternoon* TA Y3

Infant toilets – *morning* TAs Rec, Y1,& Y2 *afternoon* TAs Reception, Y1 Y2

Classrooms – Teacher to lead class

Closing windows – class teachers and/or TAs

Staff toilets – Head Teacher / Deputy Head Teacher

Office area – School Business Manager

Learning resource room – anyone using the room at the time

Ringing fire bell - person finding the fire.

Phoning fire service – person finding the fire, School Business Manager to check fire service has been called.

Unlocking gates to allow access – School Business Manager or Head Teacher.

Registers and visitors book – School Business Manager.

All staff have copies of evacuation plans which are displayed in all areas of the school.