



## **HEALTH AND SAFETY POLICY including FIRST AID**

### **STATEMENT OF INTENT**

The aim of the school is “To provide a safe and healthy working and learning environment for staff, pupils and visitors” and we all have our part to play in

- Monitoring changes in our immediate environment
- Assessing and managing risks associated with the daily life of the school
- Taking steps to prevent accidents and work related illnesses
- Complying with statutory requirements
- Providing the equipment and training to carry out duties safely and effectively
- Maintain a culture of vigilance and being proactive in reporting problems and incidents to pre-empt more serious problems developing
- The governing body maintaining a programme of inspection, improvement and renewal of facilities for teaching, learning and administration

### **RISK ASSESSMENT**

The Head, Staff and Governors are responsible for regularly assessing the school site in terms of employees' and children's safety. The Health and Safety sub-committee (Head, Bursar and two governors) undertakes an annual review of the school site, including perimeter fences and hedges, and reports its findings and recommendations to the Governing body and arranges a schedule for maintenance and repair.

Class teachers (and support staff) inspect their teaching areas and play areas, including all equipment, daily and report any problems to the Head who will arrange for repairs to be carried out as necessary. If there is any delay in repairs being completed and the problem could cause a danger to adult and child site users, warning notices must be posted and / or the area or equipment taken out of use.

Whilst a written risk assessment is not required for every educational visit or activity, staff must have regard to any venue's own risk assessment and best practice is to carry out a familiarization visit in advance.

An inspection of the trees on site is undertaken every 3 years (instigated by the parish) and any necessary works are carried out.

Health and Safety is a discussion point at staff meetings and at Governors' meetings. Matters arising are referred by the Bursar for repair and maintenance.

### **CONTRACTORS**

Contractors are appointed on personal recommendation, reputation and professional qualification to carry out the work. Whenever possible contractors will carry out repairs once the children have left the site or during holiday periods. If repairs have to be effected during school time children will be removed from the area, staff are made aware and the contractor will be accompanied by a member of staff if not DBS checked..

We have a contract with Kent Inspection Services for inspecting fire fighting equipment and carrying out fire risk assessment as well as annual PEAT testing.

Other electrical safety checks and installations are carried out by M Cantwell 07774937318

Boiler servicing and plumbing work is carried out by JWC Liquid and Gas Services 07960335248

Glazing Safety in consultation with DTP 01892 661331

## **ASBESTOS**

The most recent Asbestos Survey (12/6/17) confirmed that no asbestos was present in the samples taken. Before any building works are undertaken an asbestos survey must be carried out to ascertain any risk if existing buildings are to be disturbed.

## **HAZARDOUS SUBSTANCES**

All chemical must be stored out of reach of children. Cleaning materials in the cleaners' cupboard and in the school kitchen are kept in a locked cupboard. These places are not accessible to children. If staff have to bring personal medication into school this should be stored in the staff medicine cabinet in the staff room. Staff should wear protective clothing if required which the school will provide.

## **SITE SECURITY**

The site is secured by a gate which is locked after 8.45am, once drop off is complete, and reopened at 3.25pm for collection arrangements. Access to the site at other times is controlled by office staff via the intercom and monitor. Children are not allowed outside when there is risk of traffic circulating unless accompanied by an adult.

The current assessment is that the site is a low risk area.

## **QUALIFIED STAFF**

All staff have received First Aid training and 9 members of staff are qualified Paediatric First Aiders. At least one of these is present on site at all times when the children are present. One member of staff is qualified as a First Aider at Work.

Every member of staff is encouraged to attend a Paediatric First Aid course which covers resuscitation, control of bleeding and the treatment of an unconscious casualty (renewable every three years at present). Members of Staff currently qualified in First Aid (September 2018) are :

- Mrs Horsfall-Turner (F/S and PE)
- Mrs Powell (FS)
- Miss Thatcher (FS)
- Mrs V Griffiths (KS1)
- Mrs Braddock (Busy Bees)
- Mrs Overy (PE)
- Mrs Marks (Office)
- Ms Goodridge (and First Aider at Work)
- Mrs Blake

**FOOD HYGIENE** Certificate held by all members of staff handling food. Zebedees, school meals provider, completes audit of kitchen and practices annually.

## **FIRST AID BOXES**

### *MEDICAL ROOM*

The First Aid Box and outings bags are kept in the medical room; contents are checked by Mrs Overy.

### *NURSERY CLASS*

The First Aid box is kept in the disabled toilet area; contents are checked by Mrs HT.

### *MEDICINES*

Pupil medication which is required on an ad hoc basis, eg Piriton, Epipen is kept in a locked cabinet in the medical room. Asthma inhalers are kept in a yellow box above the medical cabinet in the medical room. If a child has been prescribed an Epipen this will be kept in a personal bag stored in the medical room, easily accessible to staff in case of emergency. If the child leaves the school premises on trips or sports fixtures the teacher in charge must take the child's medication, in case of need.

## **FIRST AID and ADMINISTRATION OF MEDICINES AT SCHOOL**

Cuts and open sores must be dressed with the appropriate dressing by the parent before sending the child to school. A child presenting with an open sore should have it covered to minimise risk of infection.

Staff are strongly recommended to wash their hands or clean with antiseptic wipe before they administer First Aid, and to use plastic gloves when dealing with injuries.

Basic First Aid (reassurance, cold compress, ice pack) may be given; if in any doubt as to the seriousness seek the assistance of one of the Paediatric First Aiders. If child does not recover quickly, parents must be called to take child for medical check. In case of serious accident or injury, including any loss of consciousness, no matter how brief, call the emergency services.

If it is absolutely necessary for medicine to be administered at school, parents must complete and sign the appropriate form in the office. This form is kept in the medical file with the exception of inhalers where the form is stored with the inhaler in a separate, marked box in the medical room. Usually only prescription medicine may be administered in accordance with the dosage instructions on label by office staff who will maintain a record of time and dosage administered. These forms must be retained in the pupil file. Parents must collect the medicine from the office at the end of the school day and receive information about dosage administered during the day.

If an inhaler is administered office staff will email parents to ensure situation is monitored.

All medication must be checked and administered by 2 members of staff (unless in emergency).

On school outings, including sports fixtures away, one appointed member of staff from each group must carry a basic First Aid bag. Care must be taken if pupils with allergies and medical emergencies are in the group that their medication is taken on outings. For Key Stage 2 pupils this includes swimming lessons.

## **FOUNDATION STAGE**

There are at least two members of staff on duty at all times in the Nursery class; the Nursery Manager is qualified in Paediatric First Aid and always accompanies Foundation Stage outings. Foundation Stage practitioners are responsible for administering First Aid should the occasion arise and any serious questions should be referred to the Nursery Manager. Accidents are recorded on a form and copied to the Head Teacher. Parents or carers receive the original form and also are spoken to at collection time. We ask parents to sign a copy of the form which is retained at school (FS Folder).

## **PLAYTIMES**

Duty staff should not leave the playground but send a message with a responsible child to the office for assistance. 'Walking wounded' may be sent to the office accompanied by a responsible child. Children must not be sent out to play until the bell signals that a member of staff is on duty to supervise. Two members of staff will be on duty at all times. Staff taking hot drinks out of the staff room must use insulated mugs with lids to eliminate risk of scalding. When the adventure playground is in use one member of staff must be dedicated to supervising this area. (see also Playtime Policy and Supervision of Pupils)

## **RECORDING INCIDENTS AND REPORTING TO PARENTS**

Playtime Supervisors and staff are required to complete an accident form (Medical File) for each incident, whether on the playground, field or inside the school and copy to the Head, with the original to be seen by the class teacher before being sent home for the parents on the same day. Parents are required to return a signed reply slip to the school. If more than one adult witnesses the accident then both staff should sign. The form records details of the accident and injury together with any first aid treatment given. It is always advisable to try to speak to the parents personally at collection time re any mishaps during the day.

If there are any concerns regarding the child's wellbeing following any accident or injury parents must be contacted without delay.

Children who have a bumped head must wear a sticker to that effect (red file) and must be closely observed for the next 24 hours even if no symptoms are at first apparent.

Accident forms are kept in the school office (Red File) and in the Nursery and must be completed once First Aid has been administered. There are clear instructions for the administration of these forms. Staff are reminded that should any child have an accident which requires further medical help, they must note the details of the situation on this form as clearly as possible and hand it to the parents concerned (or to the paramedic), before they take child to GP or to hospital. A copy must be retained in the school office. Parents are requested to acknowledge receipt of this advice by returning the signed reply form to the class teacher.

## **ARRANGEMENTS FOR CHILDREN WITH ALLERGIES AND SERIOUS MEDICAL CONDITIONS**

Class teachers arrange an interview with parents annually in September to confirm and update medical records. Information gathered will be shared with staff on a need to know basis at a briefing meeting early in the autumn term.

Each class teacher has a record of children with allergies and medical conditions in their year group and their names are also highlighted on the class register. Photographic records of all these pupils is kept in the First Aid Folder in Foundation Stage and in the Office.

Asthma inhalers and spacers must be easily accessible at all times and for this reason are clearly labelled and stored in the medical room. Children in F/S and KS1 may need guidance from their teachers; clear instruction must be obtained in writing from parents. Use of inhalers is monitored and reported to parents.

Where pupils are particularly vulnerable (eg life threatening allergies) it is essential that all members of the school community are aware, including outside staff running clubs and activities.

## **WHEN TO CALL AN AMBULANCE (Dial 999)**

- If the child does not quickly respond to treatment, becomes floppy and unresponsive
- If the child has suffered a severe blow to the head
- If the child loses consciousness for even a brief time
- If there is a suspicion that a bone may be broken and/ or spinal injury
- If the child suffers severe blood loss
- If the child displays symptoms of shock or anaphylaxis
- If you have any doubts as to the seriousness of an injury, err on the side of caution and call an ambulance

Parents must be contacted and arrangements made to meet either at the school or the hospital. If parents are meeting at the hospital a member of the school staff must accompany the child in the ambulance.

## **REPORTING ACCIDENTS**

**Follow this link for up to date information about reporting incidents in schools**

<http://www.hse.gov.uk/pubns/edis1.pdf> or see Appendix 1 and follow the advice contained therein

Serious accidents should also be reported to Children's Services via SPOA 01323 464222

## **Record Keeping**

We will keep a record of any reportable death, injury, disease or dangerous occurrence for three years after the date on which it happened. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the injury, event or disease.

## **PRACTICAL ADVICE**

### **Asthma**

Help child to sit upright and use their reliever inhaler. Repeat every few minutes if no improvement. Reassure the child, keep calm.

If the attack is prolonged and severe, or worsening, dial 999 and inform parents.

### **Cuts and grazes, small bruises**

Comfort and reassure, apply cold compress, ice pack, 'magic water', hypo-allergenic plaster. If large cut, deep, bleeding profusely, phone parents, consider ambulance

**Bumped head**

Comfort and reassure, cold compress, ice pack, sit quietly – adult to monitor, ensure class teacher is informed and continues to monitor. Child must wear bumped head sticker for rest of day. Letter home, talk to parents as child must be monitored for 24 hours.

**Temperature, vomiting, diahorrea**

Cold compress, tlc to minimise distress, phone parents child must be collected. No return within 48 hours.

**Anaphylaxis**

Epipen, phone ambulance, phone parents

**Burns, scalds**

Immerse affected part in cold water replenished by running tap for 10 mins, cover loosely. If large area phone ambulance, parents.

**Diabetes**

We have one child with Type 1 Diabetes. All staff have received basic training and the school team directly managing the healthcare plan have received further training and support.

**Nose bleeds**

Sit child down, head forward, instruct to pinch soft part of nose, mouth breathe. Dispose of bloody tissues carefully: in sanitary bin or flush away

**Stings**

Cool area, ice pack/compress, apply Wasp Eze unless prohibited (check with parents). Do not try to remove sting.

**Cleaning bodily spillages**

Disposable plastic gloves are provided for cleaning up, also absorbent granules for vomit. Waste towels must be wrapped in plastic bag and tied before disposal in outside bin. Wash hands thoroughly.

**KEEPING YOURSELF SAFE**

**DISPLAYS:** Do not climb on tables or chairs to put up displays; if necessary use the short steps to assist. Ensure that a colleague is close at hand for assistance if needed.

**MANUAL HANDLING:** Do not lift heavy objects without assistance. A trolley or the assistance of the caretaker/maintenance man may be required. Remember to adopt a safe lifting posture with bent knees, not bent back. If in doubt, wait for assistance.

**SLIPS AND TRIPS:** Ensure any spillages are dried up promptly and use 'Wet Floor' signs as appropriate. Any slips or trips must be reported to the office for monitoring of potential hazards as well as first aid treatment

**VERBAL OR PHYSICAL ABUSE OF STAFF** will not be tolerated. Meetings should be conducted in a public space if you have any concerns and in the presence of a colleague. Keep the door open and your exit clear. Any visitors to the site who display abusive or aggressive behavior may be banned from the school site and may be reported to the police.

**WELLBEING:** If you are feeling stressed about any aspect of your school life or if home circumstances are having a negative impact on your performance and wellbeing speak to a colleague, member of the SLT or the head in confidence. Sometimes simply sharing the problem can help but if appropriate, the school can make a referral to Occupational Health Services. Please do not struggle on in silence.

**OTHER INCIDENTS**

**FIRE** Practice drills are carried out half termly - see separate policy and procedures in case of fire

*HCB Revised October 2018*

*Refer to Educational Visits Policy for procedures regarding school trips and outings*



# Incident reporting in schools (accidents, diseases and dangerous occurrences)

## Guidance for employers

### HSE information sheet

### Education Information Sheet No1 (Revision 3)

#### Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to schools. Most incidents that happen in schools or on school trips do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under RIDDOR. The information sheet gives practical guidance to schools about what they need to report and how to do it.

#### What needs to be reported?

RIDDOR requires employers and others in control of premises to report certain accidents, diseases and dangerous occurrences **arising out of or in connection with work**.

The information sheet includes examples of the incidents that sometimes result from schools' activities and are reportable under RIDDOR. The sheet contains three sections, which cover:

- injuries and ill health involving employees (Section 1);
- injuries involving pupils and other people not at work (Section 2);
- dangerous occurrences (Section 3).

#### Who should report?

The duty to notify and report rests with the 'responsible person'. For incidents involving pupils and school staff, this is normally the main employer at the school. The education pages on HSE's website at [www.hse.gov.uk/services/education](http://www.hse.gov.uk/services/education) provide information about who the employer is in different types of schools.

Some school employers may have centrally co-ordinated reporting procedures. In others, reporting

may be delegated to the school management team. The health and safety policy should set out the responsibilities and arrangements for reporting in each school.

Incidents involving contractors working on school premises are normally reportable by their employers. Contractors could be, eg builders, maintenance staff, cleaners or catering staff.

If a self-employed contractor is working in school premises and they suffer a specified injury or an over-seven-day injury, the person in control of the premises will be the responsible person. (See HSE's RIDDOR web pages at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for more detail on the reporting arrangements for self-employed people.)

#### Who do I report to?

For general advice about how to report, see HSE's RIDDOR web pages. You can report all incidents online and there is a telephone service for reporting **fatal and specified injuries only**. Reporting details for out of hours incidents are available from HSE's out of hours web page at [www.hse.gov.uk/contact/contact.htm](http://www.hse.gov.uk/contact/contact.htm).

For incidents on school premises involving members of staff, pupils or visitors, HSE is the enforcing authority and you should submit your reports to them. HSE is also the enforcing authority for nursery provision provided and operated by local authorities. For privately run nursery schools, the local authority is the enforcing authority.

#### What records must I keep?

You must keep records of:

- any reportable death, specified injury, disease or dangerous occurrence that requires reporting under RIDDOR;

- all occupational injuries where a worker is away from work or incapacitated for more than three consecutive days. **From 6 April 2012 you don't have to report over-three-day injuries, but you must keep a record of them.** Employers can record these injuries in their accident book.

You must keep records for at least three years after the incident.

## Section 1: Injuries and ill health to people at work

Under RIDDOR, the responsible person must report the following work-related accidents, including those caused by physical violence, if an employee is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see 'Reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident.

The responsible person must also report any case of a work-related disease, specified under RIDDOR, that affects an employee and that a doctor confirms in writing (see 'Reportable diseases'). You can find detailed guidance about RIDDOR reporting and online reporting procedures at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm).

If you are in control of premises, you are also required to report any work-related deaths and certain injuries to self-employed people that take place while they are working at the premises.

### Reportable specified injuries

These include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
  - cover more than 10% of the body; or
  - cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;

- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness; or
  - requires resuscitation or admittance to hospital for more than 24 hours.

### Physical violence

Some acts of non-consensual physical violence to a person at work, which result in death, a specified injury or a person being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence.

Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a pupil, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.

### Reportable occupational diseases

Employers must report occupational diseases when they receive a written diagnosis from a doctor that their employee has a reportable disease linked to occupational exposure. (See [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) for details of the reporting arrangements for self-employed people.)

These include:

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis, eg from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, eg from wood dust and soldering using rosin flux;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

### Stress

Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work.

In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

## Section 2: Incidents to pupils and other people who are not at work

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a work activity; or
- an injury that arose out of or in connection with a work activity **and** the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

The lists of specified injuries and diseases described in Section 1 only apply to employees. If a pupil injured in an incident remains at school, is taken home or is simply absent from school for a number of days, the incident is **not reportable**.

### How do I decide whether an accident to a pupil 'arises out of or is in connection with work'?

The responsible person at the school should consider whether the incident was caused by:

- a failure in the way a work activity was organised (eg inadequate supervision of a field trip);
- the way equipment or substances were used (eg lifts, machinery, experiments etc); and/or
- the condition of the premises (eg poorly maintained or slippery floors).

So, if a pupil is taken to hospital after breaking an arm during an ICT class, following a fall over a trailing cable, the incident would be reportable. If a pupil is taken to hospital because of a medical condition (eg an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

This means that many of the common incidents that cause injuries to pupils at school tend not to be reportable under RIDDOR, as they do not arise directly from the way the school undertakes a work activity. Remember, in all these cases, you only need to consider reporting **where an accident results in a pupil's death or they are taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.**

### What about accidents to pupils during sports activities?

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable. Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, eg where a pupil slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

### What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable. Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

### Physical violence

Violence between pupils is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

### Other scenarios

#### *Injuries to pupils while travelling on a school bus*

If another vehicle strikes the school bus while pupils are getting on or off and pupils are injured and taken to hospital, this is normally reportable under RIDDOR.



However, you do not have to report deaths and injuries resulting from a road traffic accident involving a school vehicle travelling on the public highway under RIDDOR. These are classed as road traffic incidents and are investigated by the police.

#### *Incidents involving pupils on overseas trips*

RIDDOR only applies to activities which take place in Great Britain. So, any incident overseas is not reportable to HSE.

#### *Incidents to pupils on work experience placements*

If pupils are on a training scheme or work placement, they are deemed to be employees for the period of the placement. In these circumstances, the employer, as the responsible person, should report a death, injury or disease to a pupil, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

### **Section 3: Dangerous occurrences**

These are specified near-miss events, which are only reportable if listed under RIDDOR.

Reportable dangerous occurrences in schools typically include:

- 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.

### **Supplementary information**

#### **Consultation**

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. Further information is available in *Consulting employees on health and safety: A brief guide to the law* Leaflet INDG232(rev2) HSE Books 2013 [www.hse.gov.uk/pubns/indg232.htm](http://www.hse.gov.uk/pubns/indg232.htm).

#### **Reporting requirements of other regulators**

There may be other reporting requirements placed on schools by other regulators in the education sector. The requirements of these other regulators are separate to, and distinct from, the legal duty to report incidents under RIDDOR.

#### **Further information**

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit [www.hse.gov.uk/](http://www.hse.gov.uk/). You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

This information sheet is available at:  
[www.hse.gov.uk/pubns/edis1.htm](http://www.hse.gov.uk/pubns/edis1.htm).

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