



# Health and Safety Policy

<b>Policy Status</b>	Final Policy
<b>Responsibility for this policy lies with</b> (Headteacher, Full Governing Body, Community and Premises, Curriculum or Finance & Staffing Committee)	Full Governing Body
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## Statement of Intent

The Governors of Edward Pauling Primary School are committed to the promotion of a safe and healthy environment for staff and pupils and for other users of the school site.

Governors are committed to working within the framework provided by the LA, outlined in the Health and Safety Manual.

Governors are committed to the provision of adequate and appropriate safety training for staff.

Governors accept the right of Trade Union members to be represented on health and safety matters by an appointed safety representative who will be granted the appropriate time off to carry out their duties.

## Roles and Responsibilities

<b>Key Personal</b>	
Adam Malin	<b>Headteacher</b>
Tim Davis	<b>Site Manager</b>
Chirantha Johnson	<b>Welfare Officer</b>
Sarah Ryall	<b>Chair of GB</b>
Peter Tyndale	<b>Health and Safety Governor</b>
Abigail Donnelly	<b>Designated Safeguarding Lead</b>

<b>Delegated Responsibility for:</b>	
Health & Safety	<b>Headteacher School Business Manager Site Manager Designated Safeguarding Lead</b>
Risk Assessments	<b>School Business Manager Site Manager</b>
Fire procedures and systems	<b>School Business Manager Site Manager</b>
First-Aid	<b>Welfare Officer</b>
Medication	<b>Welfare Officer</b>
COSHH	<b>School Business Manager Site Manager</b>
Catering	<b>Chartwell</b>
Visits/activity holidays	<b>School Business Manager</b>
Site maintenance	<b>Site Manager</b>
Electricity	<b>Site Manager</b>
P.E	<b>PE Lead</b>

## **Governing Board**

The governing board is responsible for:

- ensuring that appropriate documentation is in place
- monitoring its implementation
- reviewing it on an annual basis.

This will be achieved by:

- the appointment of a Health and Safety governor
- monitoring by the Community and Premises Committee
- receiving reports from the Headteacher.

## **Headteacher**

The Head Teacher is responsible for:

- the day to day management of health and safety
- the implementation of the policy
- ensuring that all staff are aware of the information contained in this document
- ensuring that staff are aware of the procedures laid down in the document and of their own responsibilities to comply with them
- reporting to governors on health and safety matters
- liaising with contractors to ensure an adequate exchange of health and safety information

## **Site Manager**

The Site Manager is responsible for:

- ensuring that all defects in the buildings and grounds are notified to the head promptly
- undertaking regular checks of the fire alarm system and recording the result in the Fire Log Book
- carrying out regular safety checks of the school grounds, including the outdoor play equipment
- any other duties identified by the Head and Governors.

## **All Staff**

It is a requirement of the Health and Safety at Work Act that all staff should be familiar with the health and safety arrangements in place and should comply with them. A copy of this document is displayed in the staffroom for all to see.

Information on health and safety for new members of staff, students, and volunteers is shared to ensure the safe conduct of activities. Health and safety training is offered to staff annually and updates are communicated via email and staff inset.

All staff have a responsibility towards themselves and others for health and safety and should report any problems using the procedure outlined in the next section. If necessary they must be prepared to take appropriate action themselves to remove hazards.

Staff should ensure that pupils in their care behave in a safe and proper manner, adhering to proper safety precautions, particularly in the handling of equipment or materials.

Children must not be left alone in a classroom or asked to go to the Art Stock Cupboard or PE cupboard alone.

## Subject Co-Ordinators

Each subject coordinator is responsible for ensuring that the storage of curriculum resources in their subject complies with health and safety guidelines. They should inform all staff of any potential hazards in the use of equipment or materials.

## All Pupils

Pupils should wear recommended school uniform at school and appropriate clothing when going out on school trips. Footwear should be suitable so that children can run around the playground at break and walk around the school safely. Jewellery should not be worn. If for religious reasons it is expected that certain pieces of jewellery are worn then parents must inform the headteacher in writing and with the specific reason. Pupils with pierced ears may wear studs. Jewellery, where possible, should be removed for PE lessons.

## Other School Users

The following users should be made aware of relevant sections of the school's Health and Safety Policy:

- School Administrator
- Contractors
- Voluntary workers
- Parents
- Pupils
- Other users of the site (hirers).

## 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 woodwork equipment, or work with pupils with Special Educational Needs (SEN), are given additional health and safety training.

## First Aid

The first aid equipment is kept in the Medical Room. If pupils are on school trips, a medical kit and any individual medication will be labelled and taken with the group.

Named first aiders (listed on the door of the medical room) will treat children for minor ailments and accidents.

The welfare officer is Chirantha Johnson. She is responsible for ensuring that the first aid materials are stocked up. Any member of staff who has attended a recent First Aid course is regarded as a First Aider.

A fully stocked first aid bag will be taken on school outings. Any inhalers and EpiPens for specific children will also be taken.

When children are unwell, they must report to the medical room immediately.

## Accident Recording, Reporting and Investigation

Any accident needing routine treatment in school is deemed a minor accident and should be recorded on our online system- Medical Tracker, the person completing the accident record will be responsible for investigating the causes of the accident and, if necessary, for making recommendations to prevent recurrence and liaising with the class teacher and when necessary the Headteacher. Parents will be notified by receiving an email from Medical Tracker

or a phone call. Parents will be informed immediately if there is visible bump on the head or facial injury. (See Appendix 1 Head bangs and Facial Injury Procedure)

If an accident is sufficiently serious that a First Aider is not able to provide routine treatment then parents will be called and an ambulance may be requested, if appropriate – the Welfare Officer and Headteacher will make this decision. Any accidents referred to a doctor or hospital will be recorded on the LA Incident portal. An investigation will take place into the cause of the accident and any remedial action that needs to be taken.

## Issuing Medicines

Refer to  
Appendix 2 Medical Matters and Administration of Medicines Policy  
Appendix 3 Asthma Policy

School staff should not administer any medicines unless the form 'Issuing medicine to a child during school time has been completed. Medicines issued to children during school time should be restricted to pupils who suffer from a chronic complaint and could not otherwise attend school. However, medicines can be given where there is a compelling need to administer short-term medication for a serious complaint. Parents may come into school at lunchtime to administer medicine if the Headteacher has agreed this. Parents should complete a medical consent form and return to the school office.

All first aid waste must be disposed of in the special bin in the Medical Room.

When dealing with an accident, gloves should be worn when any body fluids are visible. Special packs are available in the Medical Room if anyone has vomited.

## Site Safety

### Fire Safety

There will be a termly evacuation practice, the outcome of which will be recorded in the Fire Log Book. The times of the practices will be varied to cover all times of the school day.

Fire evacuation procedures are displayed in all rooms. All staff must ensure that they are familiar with them.

The Site Manager is responsible for checking the alarm system and recording the result in the Fire Log Book.

Firefighting equipment is serviced annually and the date is noted in the Fire Log Book.

Combustible items must not be stored in the boiler room. The boiler must be inspected regularly.

Smoking is not permitted anywhere in the school building.

At large gatherings, for example, school plays, all relevant emergency exits must be made known and accessible, and a telephone available for emergency calls.

### Smoking

Smoking or vaping is not permitted anywhere on the school premises.

## Hazard and Defect Reporting

All defects and hazards relating to the building or grounds should be logged using Site Manager, which is installed on all computers. He will attend to them and inform the head teacher of anything significant.

The Head teacher will be responsible for monitoring the progress of all items reported.

## Annual Audits

An annual safety audit of the school will be carried out each year by the Headteacher, Site Manager, the Chair of Governors, Health and Safety Governor or Community and Premises Committee.

The outcome and actions taken will be reported to the Governing Body.

### Risk Assessment

The results of the audit will help to determine the areas and/or activities for which a formal Risk Assessment is required. Areas related to teaching and learning will be identified at staff meetings or when new materials, equipment, or procedures are to be used.

The Head teacher will be responsible for allocating the task of undertaking Risk Assessments to the person best placed to make the assessment.

Risk assessments are completed for all school trips and sent to the LA prior to the trip taking place.

### Electrical Safety

Any faults must be reported immediately. All portable appliances must be tested on an annual basis. Staff should inform the site manager immediately of any loose or trailing wires.

Displays or decorations must not be suspended from light fittings. Children should not be allowed to put plugs in or pull them out of electrical sockets. Children should not use electrical equipment at any time if not supervised by a member of staff.

### Gas Safety

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. Gas pipework, appliances and flues are regularly maintained. All rooms with gas appliances are checked to ensure they have adequate ventilation.

### Legionella

A water risk assessment is completed annually by HSL Limited on behalf of London Borough of Hounslow. HSL Limited are responsible for ensuring that the identified operational controls are conducted and these are reported to London Borough of Hounslow and the Site Manager.

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

The risks from legionella are mitigated by the following: monthly temperature checks, checking of water tanks, cleaning and disinfection of showers and tanks. All these will be carried out by HSL Limited on behalf of London Borough of Hounslow.

## 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 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.

### Electrical Equipment

All staff are responsible for ensuring 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 Tim Davis, Site Manager 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.

### 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 Tim Davis, Site Manager.

### 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).

### Specialist Equipment

Parents/carers are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs. Any oxygen cylinders are stored in a designated space, and staff are trained in the removal, storage and replacement of oxygen cylinders.

## 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 Tim Davis, site Manager 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 materials are stored in the Cleaners Room or the Site Manager's Office, both of which remain locked when no member of staff is present and when pupils are on site.

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.

## Security/Visitors to the Site

During the school day, all visitors will be expected to report to the school office, where they will be asked to read the visitors safeguarding information and to electronically sign the visitors' book. All visitors will be issued with a school lanyard and are expected to wear and display it for the duration of their visit.

Visitors who intend to work alone with our children, should provide a copy of their original, valid DBS or DBS update service reference along with proof of identity to the school business manager. On approval of documentation they will be issued a **blue** visitors school lanyard.

If visitors are unable to prove their DBS status they will be issued with a **red** visitors lanyard, and will be escorted by a member of school staff throughout their visit at all times.

Staff and children are encouraged to challenge politely anyone in school they do not recognise.

## Supervision Before and After School

The school accepts no responsibility for children who arrive on the premises before 8.30 am who are not in Extended Day Care. The classroom doors are opened at 8.40 am and close at 8.50 am.

Parents are asked to arrange to collect their children promptly at the end of the afternoon session at 3.20 pm. EYFS and all children up to and including Year 4 staff must ensure that each child is collected by a known adult over the age of 16 years old (an individual identified by those with Parental Responsibility beforehand). Children are not permitted to go with another parent unless the child's parent has informed the school. If any child is not collected straightaway, the class teacher will inform the school office and be taken to TEDs club, who will assume responsibility until the child's parents/carers take the child.

Any end of day collecting arrangements will be recorded in the relevant class End of Day Books by a member of the administration team. At 3pm class teachers will be given the class End of Day book, these books should then be taken to the school office, or to TED's club if a child is attending, at the end of the day by the class teacher.

If there is a late end of day arrangement, past 3pm, a member of the administration team will call/speak to the class teacher.

Permission for those children who are allowed to walk home alone will be displayed in the inside cover of the class End of Day books. School will require written permission and should be addressed to the head teacher.

### **Cycling To School**

Children are permitted to cycle or scooter to school when accompanied by their parents. Children and adults must not cycle on the school premises but should dismount on entry.

### **Dogs on Site**

Support dogs (guide dogs, hearing dogs, etc.) are allowed onto the school site. However, other dogs are not permitted inside the school grounds, except in special circumstances with the permission of the Headteacher.

### **Use of Car Park**

The school car park is for the use of school staff and visitors only. It is not for the use of parents when bringing children to school or collecting them at the end of the day unless a disabled parking bay is required. Notices to this effect are placed at the car park entrance to remind parents of the rule.

### **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.

Please see schools Letting Policy for further information.

### **Violence at Work**

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff. All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the Headteacher or Deputy Headteacher immediately. This applies to violence from pupils, visitors or other staff.

### Loan 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
- Remote working, self-isolation and/or remote learning

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed, then the task will be postponed until other staff members are available. 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 they are medically fit to work alone.

### Working at Height (As per "HSE Work 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 site manager 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

### Manual Handling (As per "HSE Manual handling - Manual Handling Operations Regulations 1992 - Guidance on Regulations")

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

## 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
  - The Trip Leader will complete the London Borough of Hounslow online trip report which must be signed off by the Headteacher, or in their absence the Deputy Head Teacher
  - All off-site visits are appropriately staffed
  - Staff will ensure that they have access to a mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
  - There will always be at least one first aider accompanying EYFS children on school trips and visits with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on school trips and visits.

## Infection Prevention and Control

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

### 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

### Coughing and Sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is discouraged

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

### 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

## 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

## 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

## 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 school pet
- The keeping of animals on site must be firstly agreed by the Headteacher and a risk assessment undertaken

## 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 any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

## Exclusion Periods for Infectious Diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 5.

In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action, publishing any related documents including risk assessments to all stakeholders.

## 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 an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation

- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

## 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.

## Accident Reporting

### Accident Record Book

An accident form will be completed as soon as possible after the accident occurs on the London Borough of Hounslow online reporting system by the Designated Safeguarding Lead with the member of staff or first aider who deals with it. 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 as well as keeping an online record of all injuries.

Incident records 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.

### Reporting to the Health and Safety Executive

The Designated Safeguarding Lead 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) on behalf of the Headteacher. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
  - Covers more than 10% of the whole body's total surface area; or
  - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Designated Safeguarding Lead will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach

- Hand-arm vibration syndrome
  - Occupational asthma, e.g from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

## Reporting Arrangements

### **Notifying Parents/Carers**

The First Aider or Class based staff will inform parents/carers 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.

### **Reporting to Ofsted**

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

### Appendix 1- HEAD BANGS AND FACIAL INJURY PROCEDURE

This procedure must be followed at all times when there is any bump to the head or injury to the face however mild it may seem at the time.

1. If the head bang/facial injury is severe then stay with the child where they are and send another person to get a first aider who will come to the child.
2. If the head bang/facial injury is less severe, take the child to the medical room and stay with him/her until a first aider takes over from you.
3. First aid treatment will be administered by one of the named first aiders and a record written onto Medical Tracker.
4. Make a phone call to inform the parent or carer of the bang/injury. Kym Johnson the Welfare Officer may decide the child needs to go home or to the hospital and will be responsible for communicating this to parents.
5. The Headteacher will be informed.
6. The class teacher will speak to the parent/carer or TED staff about the bump/injury and make sure the slip is passed on.
7. All staff should check on the child the next day and report any absence to the Headteacher and Chirantha Johnson.
8. If the bump was the result of rough play, the Headteacher and class teacher will talk to the class about being careful around others.
9. We must stress to children that they tell an adult whenever they have a head bang or facial injury, even if it is not severe.
10. Parents are expected to inform the school if a bump or injury has occurred at home.
11. Following a severe head bang that was referred to the hospital, medical advice should be sought before the child resumes sporting activities. A risk assessment will be completed if needed.

## Appendix 2- Medical Matters and the Administration of Medication Policy

### EMERGENCY CONTACT

When a child joins the school, parents/ carers will be asked to provide contact details in case of any accidents or illnesses. We will also ask for the name of another two contacts - neighbour, friend, or relative - who could take responsibility for the pupil if necessary. It is vital that these emergency contact arrangements are kept up to date. The school office should be informed immediately, of any change of address, email, or telephone number at home or work.

All absences must be reported on the first day and each day thereafter by speaking to a member of the attendance team or by emailing [attendance@edwardpauling.hounslow.sch.uk](mailto:attendance@edwardpauling.hounslow.sch.uk) before 9.15 am. Where notification has not been given of the reason for absence, the attendance team will phone home by 10 am to ascertain the reason.

### ILLNESS AND INFECTION

In order to minimise the spread of infection a child must be kept at home if they have/ or suspect they have an infectious illness or contagious condition. In order to minimise absences from school, please only keep your child at home if the illness is serious. Any infectious illnesses must be reported to the school office so that staff and parents may be advised accordingly. Examples include chicken pox, head lice, sickness/diarrhoea.

In the case of vomiting and/or diarrhoea, a child should remain at home for at least 48 hours after the last bout. If a child returns to school before this time, they will be sent home in order to prevent the risk of the infection from spreading.

Minor coughs and colds can be managed in school, but we do not administer medicines in school following or during illness. If a child needs such, they should be kept at home until well enough to attend school without medication. If a child is well enough to return to school but still requires the end of a course of antibiotic, a parent or carer may call into school during the day to administer the correct dosage.

If a head infection (lice or nits) is discovered at school, the child should be sent home until treatment has been carried out. Lotions and advice are available from the chemist. It is recommended that conditioner is put on the child's hair and combed, paying particular attention to the areas near the neck and ears. Parents are requested to inform school if their child has head lice, so that we can send a letter to the class asking parents to check their child's head. We ask that long hair is tied back to prevent infection.

### MEDICATION

The school is prepared to store drugs for children who are chronic sufferers of asthma, hay fever, epilepsy and diabetes. Wherever possible, children should be able to administer these themselves. Where assistance is required, a disclaimer will need to be signed.

All medicine on school premises must be prescribed by a doctor and clearly labelled with your child's name and class. We will ask you to complete a form to confirm the arrangements for administration and the dosage.

#### Asthma Inhalers

If a child has been prescribed a blue inhaler, one must be kept in school at all times, even if only for occasional use. Pumps will be kept in the Medical Room or in the classroom if the child needs it on hand and urgently. Children will be encouraged to self-administer at all times and may need an aero-chamber/spacer. A medical disclaimer form will need to be completed, available from the school office.

All asthma pumps should be clearly labelled and stored in the original box with instructions for administration.

It is the responsibility of parents to ensure that the inhaler is in date.

### **Hay fever**

Hay fever medication should be administered before school. If a child is a chronic sufferer and requires medication during the day, parents will be required to complete a form to confirm the instructions. Children will be expected to go outside at break time, unless a specific allergy has been advised and your doctor or hospital consultant has put this in writing. Children are permitted to wear sunglasses to help alleviate symptoms.

### **Epipens**

If pupils are prescribed with Epipens, the school will require two Epipens– one to be kept in the Medical Room and the other in their classroom. Please ensure that the school is aware of all allergies and the danger signs to look for. Please also provide an up to date copy of your child's care plan. Please ensure the Epipens stay within date; this is the responsibility of the parent.

### **APPOINTMENTS**

Ideally appointments should be made out of school hours when possible. Should a child be required to attend a dental or hospital appointment during the school day, parents are expected to inform the class teacher and office beforehand. For hospital appointments, a copy of the letter/text confirming the appointment should be provided.

### **MEDICAL EXAMINATIONS**

Routine health, vision and growth checks will be made at intervals. Parents will be notified of these but are not required to attend. Should it be necessary, a child may be referred to their General Practitioner or to the School Medical Officer for an examination.

## Appendix 3- Asthma Policy

Edward Pauling Primary School recognises that asthma is a widespread, serious but controllable condition affecting many children of school age. Edward Pauling encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by staff and children.

### Asthma Medicines

- Immediate access to reliever medicines is essential. Children's inhalers are stored in classrooms and a spare one will be kept in the Medical Room.
- Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler, which has not passed its expiry date.
- All inhalers must be labelled with the child's name by the parent/carer.
- Kym Johnson is delegated to check the expiry date of spare reliever inhalers and to maintain the school's asthma register regularly.
- Parents/carers also need to provide written information detailing:
  1. What asthma medicines the child takes and when
  2. What triggers the child's asthma and what to do if the child's asthma gets worse
  3. Emergency contact details

Parents/carers are requested to complete an asthma form which details the information about the child's asthma and his/her medications. This information will be used to inform the child medical care plan if one is required.

### Record Keeping

When a child with asthma joins the school:

- We ask the parents/carers about their child's asthma symptoms, how to recognise when their symptoms are getting worse and how to help them take their reliever medicine. These are recorded on a form.

### Exercise and Activity – PE and Games

- Taking part in sport, games and activities is an essential part of school life for all children. All teachers should know which children in their class have asthma from the asthma register.
- Children with asthma are encouraged to participate fully in all PE lessons. Teachers will help children whose asthma is triggered by exercise to take their reliever inhaler before the lesson if that is on their Health Care Plan, and to thoroughly warm up and down before and after the lesson.

### Out-of-hours Sport and Clubs

Parents are expected to make sure that sport coaches and staff running after school clubs are aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

#### School trips

- When children with asthma go on trips, the school makes sure that the class teacher has a full medical kit and all information regarding children's asthma.
- Staff need to ensure that children have their asthma medicines with them when they go on a trip or out of the classroom.

When a child is falling behind in lessons

- If a child is missing a lot of school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind.

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## Asthma Attacks

In the event of an asthma attack, the school follows the procedure outlined below:

### Procedure

- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down.
- Make sure the child or young person takes two puffs of reliever (blue) inhaler immediately (only through a spacer).
- Loosen tight clothing
- Reassure the child
- Call for a first aider by sending another child with an urgent message.

If there is no immediate improvement:

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until symptoms improve

The Welfare Officer and Headteacher will:

Call 999 or a doctor urgently if:

- The child or young person's symptoms do not improve in 5-10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue
- Or if you are in doubt continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

### Resources

Asthma UK publications – 02077865000

Asthma UK website – [asthma.org.uk](http://asthma.org.uk)

Appendix 4- Fire safety checklist

<b>Date Completed:</b>	
<b>By:</b>	

**Please ensure that completed Audit is returned to School Business Manager**

ISSUE TO CHECK	YES/NO	Actions
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 5: Recommended Absence Period for Preventing the Spread of Infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

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

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

<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
<b>Hepatitis C</b>	None.

<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.