Health and Safety Policy

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1. Aims

Our Education Provision aims to:

- Provide and maintain a safe and healthy environment

- Establish and maintain safe working procedures amongst staff, young people and all visitors to sites in which The 0161 Project Ltd operates
- 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 UK Health Security Agency (formerly Public Health England) when responding to infection control issues, and Actions for schools during the coronavirus outbreak, which provides guidance on what schools need to do during the COVID-19 pandemic.

3. Roles and responsibilities

3.1 The Head of Provision

The head of provision who oversees health and safety is: Karen Birch

3.2 Health and safety lead

The nominated health and safety lead is Martin Roberts.

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

- Implementing the health and safety policy

  Ensuring there is enough staff to safely supervise young people

  Ensuring that the school building and premises are safe and regularly inspected

  Providing adequate training for staff

Reporting to the head of provision on health and safety matters

Ensuring appropriate evacuation procedures are in place and regular fire drills are held Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff Ensuring all risk assessments are completed and reviewed

Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

3.4 Staff

Reset AP staff have a duty to take care of young people in the same way that a prudent parent would do so.

Staff will:

Take reasonable care of their own health and safety and that of others who may be affected by what they do at work

Co-operate with the head of provision and health and safety lead 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 young people

Understand emergency evacuation procedures and feel confident in implementing them

4. Site security

Karen Birch head of provision, is responsible for the security of the site during hours of education provision. They are responsible for visual inspections of the site, and for the fire alarm systems.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practiced at least once a term.

New staff will be trained in fire safety and all staff and young people will be made aware of any new fire risks. In the event of a fire:

The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately

Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk

Staff and young people will congregate at the assembly points.

Designated staff will take a register of young people, which will then be checked against the attendance register of that day

The head of provision will take a register of all staff

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

6. COSHH

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 they have adequate ventilation

6.2 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the premises and the action to take if they suspect they have disturbed it

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 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 they use and handle electrical equipment sensibly and safely Any potential hazards will be reported to the head of provision or head of health and safety 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 Display screen equipment

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

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

8. Lone working

Lone working may include:

Late working

Home or site visits

Weekend working

Site manager duties

Site cleaning duties

Working in a single occupancy office

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.

9. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feel that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The provision will ensure that proper mechanical aids and lifting equipment are available on site, 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

10. Violence at work

Reset AP believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff. All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/head of provision. This applies to violence from young people, visitors or other staff.

11. Smoking

Smoking is not permitted anywhere on the premises.

12. Infection prevention and control

Staff at Reset will 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.

12.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

12.2 Coughing and sneezing

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

12.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of COVID-19 where required or recommended by government guidance and/or a risk assessment

12.4 Cleaning of the environment

- Clean the environment frequently and thoroughly

12.5 Cleaning of blood and body fluid spillages

Clean up all spillages of blood, feces, 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

12.6 COVID-19 management

Staff at Reset will ensure adequate risk reduction measures are in place to manage the spread of COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively. Control measures will include steps to:

Restrict non-essential activities where a COVID-19 risk has been identified

Where possible, replace risky activities with other suitable activities without introducing new hazards

Design measures to control the risk of COVID-19 in school, including administrative procedures to improve safety

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

Following good hygiene practices

Staff at Reset 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 cleaned once per day.

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.

Asymptomatic testing

We will encourage staff and pupils to follow government guidance on the use of lateral flow tests, and report results to NHS Test and Trace. When recommended by government guidance, we will ask parents and visitors to the school to test before they arrive.

Face coverings

Staff at Reset will ask pupils, staff and visitors to wear suitable face coverings in communal areas, in line with government guidance.

12.7 Pupils vulnerable to infection

Some medical conditions make young people vulnerable to infections that would rarely be serious in most children. The provision 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 immunizations, for example for pneumococcal and influenza.

12.8 Exclusion periods for infectious diseases

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

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

13. 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 provision for responding to individual concerns and monitoring staff workloads.

14. Accident reporting

14.1 Accident record book

An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2

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

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

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

14.2 Reporting to the Health and Safety Executive

The Head of Provision will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

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

Reportable injuries, diseases or dangerous occurrences include:

Death

Specified injuries. These are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs •

Serious burns (including scalding)

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space, which leads to hypothermia or heat induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days

Where an accident leads to someone being taken to hospital

Where something happens that does not result in an injury, but could have done

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness

- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report – http://www.hse.gov.uk/riddor/report.htm

14.3 Notifying parents

The Head of Provision will inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

14.4 Reporting child protection agencies

The designated safeguarding officer will notify relevant agencies of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

15. Training

Staff at Reset are provided with health and safety training as part of their induction process.

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.

16. Monitoring

This policy will be reviewed by the Head of Provision Annually

Appendix 1. Accident report

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

Appendix 2. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to your school's specific circumstances.

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 3. 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 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
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	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.
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	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.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	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.

Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	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.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).

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Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	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 advisor 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.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	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.
Food poisoning	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).

Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	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.
Whooping cough (pertussis)	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.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.

Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	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.
Hepatitis 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.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.

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