Health & Safety Policy Including Arrangements and Procedures





Approved by: Trustee Board Date: January 2024 23 rd January 2024

Signed by: Position: Chair of Trustees

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Last reviewed: January 2024 Next review due: January 2025

Monitoring arrangements

This policy will be reviewed annually but may be reviewed earlier if deemed appropriate by the Chief Executive or Trustees.

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1. Aims

Inclusion Education aims to:

- 1.1 Provide and maintain a safe and healthy environment
- 1.2 Establish and maintain safe working procedures amongst staff, learners and all visitors to Inclusion School site
- 1.3 Have robust procedures in place in case of emergencies
- 1.4 Ensure that the premises and equipment are maintained safely, and are regularly inspected

The Policy should be read in conjunction with:

- 1.5 Inclusion Education's Safeguarding, Child Protection and Vulnerable Adults Policies, Violence at Work, Lone Working Policy and Lockdown procedure.
- 1.6 Current Inclusion Education Risk Assessments.

2. Legislation

This policy is based on advice from the Department for Education and the following legislation:

- 2.1 The Health and Safety at Work etc. Act 1974,
- 2.2 The Management of Health and Safety at Work Regulations 1992,
- 2.3 The Management of Health and Safety at Work Regulations 1999,
- 2.4 The Control of Substances Hazardous to Health Regulations 2002,
- 2.5 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013,
- 2.6 The Health and Safety (Display Screen Equipment) Regulations 1992,
- 2.7 The Gas Safety (Installation and Use) Regulations 1998,
- 2.8 The Regulatory Reform (Fire Safety) Order 2005 (amended 2021)
- 2.9 The Work at Height Regulations 2005
 - 2.9.1 The school follows <u>national guidance published by UK Health Security Agency (formerly Public Health England)</u> and government guidance on <u>living with COVID-19</u> when responding to infection control issues (updated 6 monthly).

3. Roles and responsibilities

3.1 The Trustee board

- 3.1.1 The Trustee board has ultimate responsibility for health and safety matters within Inclusion Education but will, via the CEO delegate, responsibility to the Governing boards of each provision to oversee the day-to-day responsibilities for health and safety performance by the Head teacher.
- 3.1.2 The Governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off Inclusion Education sites.
- 3.1.3 Inclusion Education Trustee board, as the employer, also has a duty to:

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- 3.1.4 Assess the risks to staff and others affected by Inclusion Education activities in order to identify and introduce the health and safety measures necessary to manage those risks.
- 3.1.5 Inform employees about risks and the measures in place to manage them
- 3.1.6 Ensure that adequate health and safety training is provided.

3.2 Governing boards and Senior Managers

- 3.2.1 The governing boards and senior manager teams are responsible for health and safety dayto-day. This involves:
- 3.2.2 Implementing the health and safety policy
- 3.2.3 Ensuring there is enough staff to safely supervise learners
- Ensuring that Inclusion Education premises are safe and regularly inspected. 3.2.4
- 3.2.5 Providing adequate training for staff
- 3.2.6 Reporting to the Trustee board on health and safety matters
- 3.2.7 Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- 3.2.8 Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- 3.2.9 Ensuring all risk assessments are completed and reviewed at least termly.
- 3.2.10 Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary.
 - 3.2.10.1 In the Headteachers absence, the Deputy Head/s (or keyholder for the day) will assume the above day-to-day health and safety responsibilities.
 - 3.2.10.2 The nominated Health & Safety lead at Inclusion School is: Matthew Atkinson, Headteacher (in their absence: Paula Ball, School Admin Manager)

3.3 Staff

3.3.1 Inclusion Education staff have a duty to take care of learners in the same way that a prudent parent would do so.

Staff will:

- 3.3.2 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 organisation on health and safety matters 3.3.3
- 3.3.4 Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate 3.3.5 danger so that remedial action can be taken
- 3.3.6 Model safe and hygienic practice for learners
- 3.3.7 Understand emergency evacuation procedures and feel confident in implementing them

3.4 Learners and parents

Learners and parents / carers are responsible for following the Inclusion School's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

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3.5 Contractors

- 3.5.1 Contractors will agree health and safety practices with the Business / Site manager before starting work.
- 3.5.2 Before work begins the contractor will complete the schools' **contractor induction form**, provide evidence of qualifications (relevant to the task), insurance policies, DBS (as deemed appropriate by Business Operations) and that they have completed an adequate risk assessment of all their planned work.
- 3.5.3 If appropriate, the Site Manager will issue Permits to Work (PTW), I.E. Hot works.

4. Site security

- 4.1 The Senior Leadership team and Site manager are responsible for the security of the sites during working hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems as applicable.
- 4.2 The Headteacher, CEO, Business Operations and Site Manager are key holders and will respond to an emergency.
- 4.3 When responding to an emergency, the Headteacher, CEO, Business Operations and Site Manager must ensure that another person (employee/family member) is aware that they have responded to an emergency.

5. Fire

- 5.1 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.
- 5.2 Emergency evacuations are practised at least once a term.
- 5.3 The fire alarm is a loud continuous bell.
- 5.4 Fire alarm testing will take place weekly.
- 5.5 New staff will be trained in fire safety procedures and all staff and learners will be made aware of any new fire risks.
- 5.6 Records must be maintained of ALL fire related activities I.E. Fire Alarm Testing

In the event of a fire:

- 5.7 The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- 5.8 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
- 5.9 Staff will accompany learners and any visitors to the assembly point: The chiller and bin store area of the car park. The Senior staff member on site to check premises is empty including toilets
- 5.10 A member of the administration team will "initiate evacuation via the sign in app". All tutors to ensure they know the whereabouts of their learners and that they are at the assembly point.

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- 5.11 Staff and learners will remain outside the building until the emergency services say it is safe to re-enter
- 5.12 Any persons with any additional needs regarding evacuations will have special arrangements in place and relevant staff aware.

6. COSHH

Schools are required to control hazardous substances (and maintain a COSHH register including Safety Data Sheets) which can take many forms, including:

- 6.1 Chemicals
- 6.2 Products containing chemicals
- 6.3 Fumes
- 6.4 Dusts
- 6.5 Vapours
- 6.6 Mists
- 6.7 Gases and asphyxiating gases
- 6.8 Germs that cause diseases, such as leptospirosis or legionnaires disease
- 6.9 Control of substances hazardous to health (COSHH) risk assessments must be completed by
 - the site manager for all materials displaying a COSHH symbol i.e. and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- 6.10 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.
- 6.11 Any hazardous products are disposed of in accordance with specific disposal procedures
- 6.12 Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.
- 6.13 Contract cleaners will keep their own COSHH register regarding substances left on site, these will be stored in a secure area accessible by the appropriate people only.

6.1 Gas Safety

- 6.1.1 The landlords are responsible for the installation, maintenance and repair of any gas fittings, ensuring it is carried out by a qualified Gas Safe registered engineer. Any areas containing gas appliances are checked to ensure they have adequate ventilation.
- 6.1.2 The landlord must provide a copy of ALL gas related documentation/certificates to the school.

6.2 Legionella

6.2.1 A water risk assessment has been completed 25th September 2023. A copy must be provided and included in the school H and S file. The site manager is responsible for

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- ensuring that the identified operational controls are conducted and recorded in the school's water log book
- 6.2.2 This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint
- 6.2.3 The risks from legionella are mitigated by the following: weekly running of water. temperature checks, heating of water, disinfection of showers, etc. Records of ALL testing must be kept in an appropriate log book.

6.3 Asbestos

6.3.1 Inclusion School, Viables, Basingstoke was built in 2000. An asbestos survey report was completed for in May 2016, this showed there to be no asbestos on site. A copy of the report is held in the H and S file.

7. Equipment

- 7.1 All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place. A register must be maintained of all equipment and must include dates of testing.
- 7.2 When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.
- 7.3 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

- 7.1.1 All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- 7.1.2 Any learner or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- 7.1.3 Visual inspection of electrical equipment to be undertaken by a competent member of staff before its use.
- 7.1.4 Any potential hazards will be reported to the Senior Management / Site Manager immediately
- 7.1.5 Where necessary a portable appliance test (PAT) will be carried out by a competent person
- 7.1.6 Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- 7.1.7 Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- 7.1.8 Any personal electrical equipment brought onto site must be PAT. I.E. Phone chargers

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7.2 PE equipment

- 7.2.1 All learners are taught how to carry out and set up any PE equipment as required for them to do so. Staff will check all equipment before use.
- 7.2.2 A register of ALL equipment must be provided. It must also include dates of testing.

7.3 Display screen equipment

- 7.3.1 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 a bi-annual eyesight test, at the expense 7.3.2 of Inclusion Education, by a qualified optician.

8. Lone working

Lone working may include:

- 8.1 Late working
- 8.2 Home or site visits
- 8.3 Weekend working
- 8.4 Site manager duties
- 8.5 Site cleaning duties
- 8.6 Working in a single occupancy office
- 8.7 Remote working, self-isolation and/or remote learning
- 8.8 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.
- 8.9 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. 8.10
- 8.11 Please see Inclusion Education's Violence at work and Lone working policy for further information
- 8.12 It is suggested that A device "get home safe" (for example) should be used by lone workers

9. Working at height

9.1 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:

- 9.2 The Site manager retains ladders for working at height
- 9.3 The site manager must maintain a ladder register
- 9.4 All persons who work at height, must have attended the Working at Height Awareness course
- 9.5 Learners are prohibited from using ladders

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- 9.6 Staff will wear appropriate footwear and clothing when using ladders
- 9.7 Contractors are expected to provide their own ladders for working at height
- 9.8 Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- 9.9 Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

10.1 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.

Staff and learners are expected to use the following basic manual handling procedure:

- 10.2 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
- 10.3 Take the more direct route that is clear from obstruction and is as flat as possible
- 10.4 Ensure the area where you plan to offload the load is clear
- 10.5 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
- 10.6 The site manager must have attended the Manual Handling Awareness course

11. Off-site visits

When taking learners off Inclusion Education premises, we will ensure that:

- 11.1 Risk assessments will be completed where off-site visits and activities require them
- 11.2 All off-site visits are appropriately staffed
- 11.3 Staff will ensure they have a mobile phone, a portable first aid kit, information about the specific medical needs of learners along with the parents' contact details
- 11.4 There will always be at least one first aider on pre-arranged group trips and visits

12. Lettings

- 13.1 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.
- Any person/company/charity that uses the premises for lettings, must submit their Risk Assessments and insurance certification before starting the lettings contract.

13. Violence at work

- 13.3 We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.
- 13.4 All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/CEO immediately. This applies to violence from learners, visitors or other staff.
- 13.5 Please see Inclusion Education's Violence at work and Lone working policy for more information

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14. Smoking/Vaping / E Cigarettes

14.1 Smoking (including E Cigarettes and vaping is not permitted anywhere on the Inclusion School site or the immediate surrounding area.

15. Infection prevention and control

15.1 We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and learners to follow this good hygiene practice, outlined in Appendix 1, on a day-to-day basis, where applicable.

16. Animals

- 16.1 Wash hands before and after handling any animals
- The school must have a sign available (Emotional Support Dogs are currently in the premises) to place at the main entrance door, when the dogs are in the premises
- Any employee/volunteer who brings their own personnel pet in to the premises must provide Business Operations with a copy of their Pet Liability insurance and also ensure that a sign (I.E. Dog is in the office) is displayed on the office door.
- 16.4 Keep animals' living quarters clean and away from food areas
- 16.5 Dispose of animal waste regularly, and keep litter boxes away from learners
- 16.6 Supervise learners when playing with animals
- 16.7 Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

16.1 Infectious disease management

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

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

16.1.3 We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned regularly at appropriate times

Keeping rooms well ventilated

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

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16.2 Exclusion periods for infectious diseases

- 16.2.1 The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 2.
- 16.2.2 In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action.

16.3 Pupils vulnerable to infection

16.3.1 Some medical conditions make young people vulnerable to infections that would rarely be serious in most young people. Inclusion School will normally have been made aware of such vulnerable learners. These learners are particularly vulnerable to chicken pox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these the parent / carer will be informed promptly and further medical advice sought. We will encourage these young people to have additional immunisations, for example pneumococcal and influenza, as advised.

17. New and expectant mothers

- 17.1 Risk assessments will be carried out whenever any employee or learner notifies Inclusion Education that they are pregnant.
- 17.2 Appropriate measures will be put in place to control risks identified.
- 17.3 Chickenpox can affect the pregnancy if a woman has not already had the infection.

 Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- 17.4 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.
- 17.5 Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly.
- 17.6 Some pregnant women will be at greater risk of severe illness from COVID-19

18. Occupational stress

18.1 We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stresses.

Systems are in place within Inclusion Education for responding to individual concerns and monitoring staff workloads including:

- 18.2 Regular 1:1 sessions with your Line manager
- 18.3 Termly Team days
- 18.4 Daily opportunity to debrief the days sessions
- 18.5 If relevant to your job role, external Supervision can be arranged.
- Designated 'Support for staff' area in the internal shared staff system giving valuable resources and comprehensive information for external support.

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- 18.7 ISO 45003 training should be completed by the Senior leadership team (this is available via www.flourishdx.com (FOC)
- 18.8 Employee Assistance Program Available 24/7 365 days per year via:

 Online resources: educationsupport.org.uk/onlinesupport
 Password: support
 or 08000 856 148

19. Accident reporting

19.1 Accident record book (GDPR compliant)

- 19.1.1 An accident form (from the accident book) will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. The completed form must be given to the School Admin Manager for secure filing.
- 19.1.2 As much detail as possible will be supplied when reporting an accident
- 19.1.3 Information about injuries will also be kept in the learners folder
- 19.1.4 Records held in the first aid and accident book will be retained by Inclusion Education 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.

19.2 Reporting to the Health and Safety Executive

- 19.2.1 School Admin Manager / CEO / Headteacher 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).
- 19.2.2 School Admin Manager / CEO / Headteacher must contact HSE National Limited (retained H and S adviser) before contacting the Health and Safety Executive. The Health and Safety Executive report should be as soon as reasonably practicable and in any event within 10 days of the incident.
- 19.2.3 Details of what constitutes a reportable injury, disease or dangerous occurrence can be found in appendix 4

19.3 Notifying parents

19.3.1 The relevant staff member having dealt with the situation or a member of the Senior Leadership team, as appropriate, will inform parents / carers/ agencies of any accident or injury sustained by a learner and any first aid treatment given, on the same day, or as soon as reasonably practicable.

19.4 Training

19.4.1 All staff are provided with this policy and any further Health & Safety training, as required, as part of their induction process. Any further training identified at any given time will be undertaken accordingly.

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20. POLICY IMPLEMENTATION

- The Chief Executive is responsible for ensuring the implementation of this policy and that regular reviews take place. All staff and volunteers have a responsibility to adhere to this policy and will be made aware of this policy as part of their induction, supervision and training.
- 20.2 Failure to act in line with this policy will result in disciplinary action

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Inclusion Education Health and Safety Policy: Appendix 1

Infection prevention and control

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and learners to follow this good hygiene practice, outlined in Appendix 1, where applicable, on a day-to-day basis.

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 (This will be included as part of the Risk Assessment)

- 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
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

Cleaning of the environment

Clean the environment frequently and thoroughly

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 and BIO-hazard 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 footoperated bins
- Remove clinical waste with a registered waste contractor
- The waste contractor must provide a copy of their Waste Licence to Business Operations on a yearly basis
- The waste contractor must provide Waste Transfer Notes (WTN) for each and every consignment collected from the premises

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 Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

Inclusion Education Health and Safety Policy: Appendix 2.

Recommended absence period for preventing the spread of infection

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

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.	

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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 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).
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.

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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. NOTE: Employees/Volunteers can be offered inoculations if deemed appropriate	
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.	

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Mumps	5 days after onset of swelling (if well).	
Threadworm	None.	
Rotavirus	Until 48 hours after symptoms have subsided.	

Inclusion Education Health & Safety Policy: Appendix 3

Reporting to the Health and Safety Executive

HSE National Limited must be consulted before any contact is made with the Health and Safety Executive

Inclusion Education 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).

These will be reported 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:
 - o Fractures, other than to fingers, thumbs and toes
 - Amputations
 - o Any injury likely to lead to permanent loss of sight or reduction in sight
 - o 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 heatinduced 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
 - o 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
 - o An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report, HSE

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

Inclusion Education Health and Safety Policy: Appendix 4 COSHH

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by the Office Manager on behalf of the Senior Leadership team and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

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