

WHOLE SCHOOL HEALTH AND SAFETY POLICY

MISSION STATEMENT

Christ is our teacher.

At St Bernard's we believe that all persons are created by God, unique and equal. We strive to create a caring Christian community in which we provide education based on Gospel values where all people reach their full potential. We aim to develop positive relationships with every individual and family, the parishes and the wider community.

"I have come that they may have life and have it to the full"

John 10:10

Reviewed by:	C Stevens, Site Manager, July 2026
Reviewed by:	A Riding (Principal), July 2026
Review date:	July 2027
Signed:	Sue Kelly, Chair of Governors

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1. Aims

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

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

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 the school premises.

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

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

The governor who oversees health and safety is Sue Kelly.

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3.2 Principal

The Principal 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 pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in 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

In the Principal's absence, the Vice Principal assumes the above day-to-day health and safety responsibilities.

3.3 Health and Safety Lead

The nominated health and safety lead is the site manager.

3.4 Curriculum Leaders

The Curriculum lead has responsibility for their specific area and staff and should ensure:

- Specific subject related risk assessments are carried out and reviewed at least annually by the Site Manager and signed off by the Curriculum Leader
- Any products in the department that relate to CoSHH have the current data sheets available for each item and are stored correctly.
- CoSHH Risk assessments are in place for each item being used and are reviewed at least annually.
- Ensure all staff in the department are aware of the risk assessments and where to find them for reference

3.4 Staff

School staff have a duty to take care of pupils 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 school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

Pupils and parents are responsible for following the school's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

3.6 Contractors

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Contractors will agree health and safety practices with the Site Manager before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment and method statement of all their planned work.

4. Site security

The Site manager/assistants are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Site manager/assistants are key holders and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take place once a week on a Thursday evening when students or visitors have left the premises. The day of the fire alarm test may vary depending on after school events that are scheduled.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and 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 pupils will assemble at the assembly points. These are on the tennis courts
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The reception and main office staff will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities. Any person identified with these needs must have a personal emergency evacuation plan (PEEP) in place before working on the school premises.

A fire safety checklist and the Schools emergency evacuation plan can be found in appendix 1.

6. COSHH

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

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

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Control of substances hazardous to health (COSHH) risk assessments are completed by the person purchasing the items (Curriculum Lead/Budget Holder) 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.

6.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation, Science Dept. have Gas interlock and Ventilation systems installed in each lab and Prep room

6.2 Legionella

- A water risk assessment has been completed on 31st May 2023 by Hertel Solutions (HSL). The site manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed every 2 years 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, flushing little used outlets (LUO), heating of water and regular descaling of shower heads

6.3 Asbestos

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

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work. The contractors are required to sign the asbestos register before working within the premises to show a full understanding of where any asbestos is present and the emergency plan procedures in the event of a release of asbestos. The register is located in the asbestos management plan folder at reception.

- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site, in the asbestos management plan.

7. Equipment

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

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- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the 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 annually and is arranged by the Site Manager
- All isolators 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 with authority from the Site Manager
- Fixed wire testing is completed annually at 20% tests over 5 years in accordance with BS7671 by a qualified and competent contractor

7.2 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 the Site manager
- All equipment is inspected annually and is arranged by the site manager
- Any equipment with defects is quarantined or disposed of

7.3 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)

7.4 Specialist equipment

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

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

Autoclaves, pressure cookers and model steam engines need periodic inspection under the Pressure Systems and Transportable Gas Containers Regulations 1989. In accordance with this employer's Code of Practice, the examination is carried out by the inspector employed by the insurance company who uses a written scheme of examination provided by the company. Records of examinations are kept in the prep. room by the lab technicians. Safety Check File.

7.4a Radioactive sources

The employer's Radiation Protection Advisor (RPA) is the Science Curriculum leader

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This school follows the provisions of AM 1/92, The use of ionising radiations in education establishments in England and Wales.

The Local Rules for the use of ionising radiations have been drawn up in consultation with the RPA and it is a function of the RPS to see that they are adhered to.

The History of the Radioactive Sources (ie, authority to purchase, record of delivery, details of events in the life of the source and eventual certificate showing method of disposal) is kept in the Safety Check File with a copy held by the school safety officer.

The Use Log (showing the times that any sources are removed from and returned to their store) is kept in the Science Technician's prep room.

The Record of Tests of the radium source(s) for 'leakage' (self-contamination) is kept in the Safety Check File, with the Curriculum Leader.

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

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

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure that they are medically fit to work alone.

9. Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

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

10. Manual handling

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

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

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

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- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11. Off-site visits

When taking pupils off the school premises, we will ensure that:

- Risk assessments must be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- There will always be at least one first aider on school trips and visits

12. Lettings

Please refer to the lettings policy. 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.

13. 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 their line manager/Principal immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- Wash hands with liquid soap and warm water, and 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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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- 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 specific p.p.e as indicated in the CoSHH risk assessment

15.4 Cleaning of the environment

- Clean the environment frequently and thoroughly

15.5 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills

15.6 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

15.7 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 either of these, the parent/carers will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.8 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 2.

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

16. New and expectant mothers

Risk assessments will be carried out 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 must report exposure to antenatal carer and GP at any stage of exposure. Shingles is

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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 must 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 must inform her antenatal care and GP as this must be investigated promptly

17. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

Staff are offered counselling where it is appropriate.

18. Accident reporting

18.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. The accident forms are held in the main office
- 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.

18.2 Reporting to the Health and Safety Executive

The Site Manager will investigate all reported accidents and will report any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Site Manager 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

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- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

Incident reporting in school guidance

<https://www.google.com/url?client=internal-element-cse&cx=015848178315289032903:hqkynptgd1o&q=https://www.hse.gov.uk/pubns/edis1.pdf&sa=U&ved=2ahUKEwrig7KZr9b-AhWHTsAKHXmIBsYQFnoECAQQAQ&usg=AOvVaw1nBnJJVr9BuYdNNq0NZNEM>

18.3 Notifying parents

The Receptionist will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

19. Training

Our staff are provided with health and safety training as part of their induction process.

The person with the task of seeing that training is provided is the Principal. Particular training functions are delegated as follows:

Induction of newly-appointed staff – Curriculum leader

Safety aspects of the work of newly-qualified teachers – Curriculum leader

Safety of students on teaching practice – Curriculum leader

Regular update training - covering new or changed regulations, new equipment etc - The Curriculum leader, in liaison with the Site Manager.

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

20. Monitoring

This policy will be reviewed by the Site manager every year.

At every review, the policy will be approved by the full governing board

21. Links with other policies

This health and safety policy links to the following policies/documents:

- First aid
- Manual handling
- Accessibility plan
- Lettings
- Bullying and Harassment procedures
- Educational Visits
- Education of children with medical and/or Health needs
- Covid Risk Assessment

Appendix 1. Fire safety checklist and Emergency evacuation plan

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Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Emergency Evacuation Procedures – please refer to the latest version of this document which can be found on the Health & Safety Board in the Staff Room.

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 (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

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Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

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Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.

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Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

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Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

APPENDIX 3

Curriculum specific procedures

Appendix 3a - Science

All teachers, technicians and support staff of Science

1. Teachers and technicians have a general duty to take reasonable care for the health and safety of themselves, of other members of staff and of pupils. They have specific duties: to be familiar with this health and safety policy, its updates, appendices and the safety texts it refers to. They must observe the requirements of this policy and fulfill any special responsibilities it gives them. They must cooperate with colleagues in their specific safety duties. They have a duty to report to local management any failure of equipment which has a safety function.
2. Staff practice must set a good example to pupils and be consistent with pupil laboratory rules, eg, over the wearing of eye protection.
3. Staff must be familiar with emergency drills and familiar with the location in each science room of: the escape route; fire-fighting equipment; the nearest first-aid box; [the water tap with tubing for eye washing] / [eye wash station]; the main gas cock; the main electricity switch and the spill kit.
4. Laboratories must be left safe. Special arrangements must be made for equipment which has to be left running overnight and hazardous equipment which has to be left out. In general, all gas taps must be completely turned off and all mains-operated apparatus switched off. When gas is used all the gas is safety interlocked to check gas tightness and ventilation prior to providing the gas to the Laboratory. Gas will be supplied for a period of 1hr then isolate. Science technicians have visible indicators in the Prep room to show which Laboratory is using gas.
5. Eating, drinking, smoking and the application of cosmetics should not take place in laboratories, preparation rooms or storage areas.
6. A teacher or technician must assess the risks very carefully before conducting any practical operation in the laboratory when alone in the science department. Nothing should be done which could lead to an accident needing a remedial measure (See Appendix 4).
7. In general, pupils must not be left unsupervised in a laboratory. Staff needing to leave a class briefly must assess the risks of doing so, perhaps arranging for temporary supervision by a neighbouring member of staff. Special arrangements may be needed for senior students doing project work depending on the hazards involved.
8. Science laboratories, preparation rooms and stores must be locked by the staff when not in use. They should not be used by teachers who are not scientists for teaching or registration [unless they have received special training]. They should be available for teacher-supervised club activities only by special arrangement.

Teachers

1. At the beginning of each school year, teachers must make sure that their classes are made aware of the pupil rules for safety in a laboratory.
2. Teachers must enforce the pupil laboratory rules, reminding pupils of them often enough for them to be familiar. With new pupils, time should be spent explaining them, with appropriate demonstrations.
3. Lesson preparation should be adequate and include checking on risk assessments and, where necessary, the safety precautions required. Time should be allowed for consulting more senior colleagues where there is any doubt and to try out experiments, particularly those involving hazard. [Teachers must not deviate from that scheme of work for which the activities have been checked against model risk assessments, without making a further risk assessment, checked with a subject specialist.] Teachers should explain precautions to pupils as part of their health and safety education.

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4. Open-ended investigations must be so organised that the teacher can assess any risks and lay down precautions before any hazards are met.
5. If, because of large class size or indiscipline, safety cannot be maintained during certain practical work, the work must be modified or abandoned. This decision should be reported to the Curriculum Leader.
6. A teacher is responsible for the safety of any of his/her classes taken by a student teacher. If the normal class teacher is absent, another science teacher must be given this responsibility by the Curriculum Leader.
7. Teachers in charge of courses are responsible for ensuring that technicians are familiar with the appropriate precautions needed to control any hazards which might be encountered in preparing equipment for their lessons and in clearing the equipment away. Class teachers may need to repeat such warnings.

Pupils

1. You must not enter a laboratory unless instructed to do so by a teacher.
2. You must not do anything with equipment or materials unless told to do so by a teacher. You must follow instructions precisely.
3. You must wear eye protection when told to do so and keep it on until told to take it off when *all* practical work, including clearing away, is finished.
4. When instructed to use a Bunsen burner, make sure that hair, scarves, ties etc are tied back or tucked in to keep them well away from the flame.
5. When working with liquids, normally stand up; then you can move out of the way quickly if there is a spill.
6. Never taste anything or put anything in your mouth when in the laboratory unless your teacher tells you to do so. This includes sweets, fingers and *pencils* which might have picked up dangerous chemicals from the bench.
7. If small amounts of chemicals or microbiological cultures get on your hands or any other part of the body, wash them off. Wash your hands after work with chemicals or with animal or vegetable matter.
8. Put waste solids in the correct bin, never in the sink.
9. Report any accident to the teacher. This includes burns or cuts and chemicals in the mouth, the eyes or on the skin.
10. Keep your bench clean and tidy, with bags put in a place where people will not trip over them. Wipe up small splashes with a damp cloth and report bigger ones to the teacher.

Appendix 4 - Risk Assessment Policy

1. Aims

The school aims to ensure that:

- All risks that may cause injury or harm to staff, pupils and visitors are identified, and all control measures that are reasonably practicable are in place to avoid injury or harm
- Risk assessments are conducted and reviewed on a regular basis

2. Legislation and statutory requirements

This policy is based on the following legislation and Department for Education (DfE) guidance:

Paragraph 16 of part 3 of [The Education \(Independent School Standards\) Regulations 2014](#) which requires proprietors to have a written risk assessment policy

Regulations 3 and 16 of [The Management of Health and Safety at Work Regulations 1999](#) require employers to assess risks to the health and safety of their employees, including new and expectant mothers

Regulation 4 of [The Control of Asbestos Regulations 2012](#) requires that employers carry out an asbestos risk assessment

Employers must assess the risk to workers from substances hazardous to health under regulation 6 of [The Control of Substances Hazardous to Health Regulations 2002](#)

Under regulation 2 of [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), employers must assess the health and safety risks that display screen equipment pose to staff

Regulation 9 of [The Regulatory Reform \(Fire Safety\) Order 2005](#) says that fire risks must be assessed

Regulation 4 of [The Manual Handling Operations Regulations 1992](#) requires employers to conduct a risk assessment for manual handling operations

[The Work at Height Regulations 2005](#) say that employers must conduct a risk assessment to help them identify the measures needed to ensure that work at height is carried out safely

[DfE guidance on first aid in schools](#) says schools must carry out a risk assessment to determine what first aid provision is needed

[DfE guidance on the prevent duty](#) states that schools are expected to assess the risk of pupils being drawn into terrorism

[The Health and Safety Executive \(HSE\)](#) say schools that manage their own pools must conduct a risk assessment

A table of all the risk assessments schools are required to have in place can be found in appendix 4.1 of this policy.

This policy complies with our funding agreement and articles of association.

3. Definitions

Risk assessment	A tool for examining the hazards linked to a particular activity or situation, and establishing whether enough precautions have been taken in order to prevent harm from them based on their likelihood and their potential to cause harm
Hazard	Something with the potential to cause harm to people, such as chemicals or working from height
Risk	The chance (high or low) that people could be harmed by hazards, together with an indication of how serious the harm could be
Control measure	Action taken to prevent people being harmed

4. Roles and responsibilities

4.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Principal and Site Manager

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 the school premises.

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

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage the risks
- Inform employees about risks and the measures in place to manage them

4.2 The Principal

The Principal, or in the Principal's absence the Vice Principal, is responsible for ensuring that all risk assessments are completed and reviewed.

4.3 School staff and volunteers

School staff are responsible for:

- Assisting with, and participating in, risk assessment processes, as required
- Familiarising themselves with risk assessments
- Implementing control measures identified in risk assessments
- Alerting the Principal to any risks they find which need assessing

4.4 Pupils and parents

Pupils and parents are responsible for following the school's advice in relation to risks, on-site and off-site, and for reporting any hazards to a member of staff.

4.5 Contractors

Contractors are expected to provide evidence that they have adequately risk assessed all their planned work.

5. Risk assessment process

When assessing risks in the school, we will follow the process outlined below. We will also involve staff, where appropriate, to ensure that all possible hazards have been identified and to discuss control measures, following a risk assessment.

Step 1: identify hazards – we will consider activities, processes and substances within the school and establish what associated-hazards could injure or harm the health of staff, pupils and visitors.

Step 2: decide who may be harmed and how – for each hazard, we will establish who might be harmed, listing groups rather than individuals. We will bear in mind that some people will have special requirements, for instance pupils with special educational needs (SEN) and expectant mothers. We will then establish how these groups might be harmed.

Step 3: evaluate the risks and decide on control measures (reviewing existing ones as well) – we will establish the level of risk posed by each hazard and review existing control measures. We will balance the level of risk against the measures needed to control them and do everything that is reasonably practicable to protect people from harm.

Step 4: record significant findings – the findings from steps 1-3 will be written up and recorded in order to produce the risk assessment. A risk assessment template can be found in appendix 4.2 of this policy.

Step 5: review the assessment and update, as needed – we will review our risk assessments, as needed, and the following questions will be asked when doing so:

- Have there been any significant changes?
- Are there improvements that still need to be made?
- Have staff or pupils spotted a problem?
- Have we learnt anything from accidents or near misses?

Step 6: retaining risk assessments – risk assessments are retained for the 3 years after the length of time they apply. Risk assessments are securely disposed of.

6. Reasonable adjustments

A member of staff who is in need of a risk assessment (to support, for example reasonable adjustment) and has not had one completed through a current policy such as the sickness absence policy, should raise this with the Principal in order to begin an assessment.

7. Monitoring arrangements

Risk assessments are written as needed by the Site Manager and reviewed by the Curriculum lead.

8. Links with other policies

This risk assessment policy links to the following policies:

- First aid
- Education of Children with medical and or health needs

Appendix 4.1: statutory risk assessments checklist

The following table lists the risk assessments that schools are required to have in place.

Statutory or mandatory risk assessment	✓	Completed by	Date of review
Workers under the age of 18			
Asbestos			
Substances hazardous to health			
Display screen equipment			
Fire			
First aid			
Manual handling			
Working at height			
Children being drawn into terrorism			
Swimming pools (if applicable)			

Appendix 4.2 – Risk assessment template



RISK ASSESSMENT FINDINGS

(Blank Template)

Date	
Assessor	
Approved By	
Review Date	

Relevant Legislation:

The Management of Health and Safety at Work Regulations 1999

RISK ASSESSMENT RECORD

ACTIVITY and/or ENVIRONMENT TO BE ASSESSED:

DATE:

KEY (People at risk)	Likelihood (L)	Severity (S)	Risk Calculation	Risk Rating
E = Employee YP = Young Persons P = Public C = Contractors V = Visitors EM = Expectant Mothers	1. Very Low (rare/very unlikely) 2. Low (unlikely) 3. Medium (could occur/possible) 4. High (likely to occur/probable) 5. Very High (near certain to occur)	1. Insignificant (nuisance/discomfort) 2. Minor (no lost time) 3. Moderate (time loss) 4. Significant (serious/incapacity to work) 5. Major (Death)	Likelihood x Severity = Rating	1- 6 LOW RISK Monitor 8-12 MEDIUM RISK Monitor, review & reduce risk where possible 14-25 HIGH RISK Further Action Required

1.Hazards Identified and potential harm it could cause	2. People At Risk	3.Controls in Place	4.Risk Rating				5. Further Action Required/ Recommendations	6.Target Date for Completion
			L	S	Score	Risk		

Forename	Surname	Employee Signature	Date	Manager's Signature			

Risk Assessment Training Log

Version: