

Westcountry Schools Trust (WeST)



HEALTH AND SAFETY POLICY

Mission Statement

West holds a deep seated belief in education and lifelong learning. Effective collaboration, mutual support and professional challenge will underpin our quest to ensure that all of the children and adults we serve are given every opportunity to fulfil their potential and succeed in life.

Westcountry Schools Trust adopted this policy in December 2019

Westcountry Schools Trust will review this policy annually

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Health and Safety in each School

This policy sets out the overall Trust commitment to Health and Safety in all Schools and establishments. Principal/Headteacher for each school are required to amend Appendix 1 of this policy to reflect specific Health and Safety requirements for their school.

Health and Safety Providers

The below table details the Health and Safety provider for each school in the MAT. For any Health and Safety matter please refer to the correct Health and Safety provider

School	Health and Safety Provider
Borrington School	PLP
Callington School	Devon Health & Safety Service, Devon County Council – OSHENS
Chaddlewood School	PLP
Coombe Dean School	Doctrine and Bond
Glen Park School	PLP
Hele's School	Devon Health & Safety Service, Devon County Council – OSHENS
Ivybridge Community College	Devon Health & Safety Service, Devon County Council – OSHENS
Plympton St Maurice	PLP
Plymstock School	SSG
Dunstone Primary School	PLP
Holbeton Primary School	Devon Health & Safety Service, Devon County Council – OSHENS
Oreston Community Academy	Devon Health & Safety Service, Devon County Council – OSHENS
Sherford Vale School	Devon Health & Safety Service, Devon County Council – OSHENS
Stowford School	Devon Health & Safety Service, Devon County Council – OSHENS
Wembury Primary School	Devon Health & Safety Service, Devon County Council – OSHENS
Woodford School	PLP
Woodlands Park Primary School	Devon Health & Safety Service, Devon County Council – OSHENS
Yealmpton Primary School	Devon Health & Safety Service, Devon County Council – OSHENS

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SECTION 1

1.0 STATEMENT OF INTENT

The Trustees of Westcountry Schools Trust will strive to achieve the highest standards of health, safety and welfare consistent with their responsibilities under the Health and Safety at Work Act 1974 and other statutory and common law duties.

This policy sets out how these duties will be conducted and includes a description of the Trust's organisation and arrangements for dealing with different areas of risk. Section 2 Delegated Responsibility, will establish specific responsibilities at all levels of the Trust' organisation. Section 3 Health and Safety Functions, will outline the specific arrangements put in place to manage these areas of risk and hence to meet the Trust's obligations under the law.

This policy will be brought to the attention of all members of staff through staff induction and staff handbook. A master copy is kept in the main office of all Trust schools and is available online.

This policy statement and the accompanying organisation and arrangements will be reviewed yearly by the Trust Board.

Everyone at all levels of West must comply with this policy. Breaches of the this policy may be dealt with under a disciplinary policy

.....
Chair for the Trust Board

.....
Date

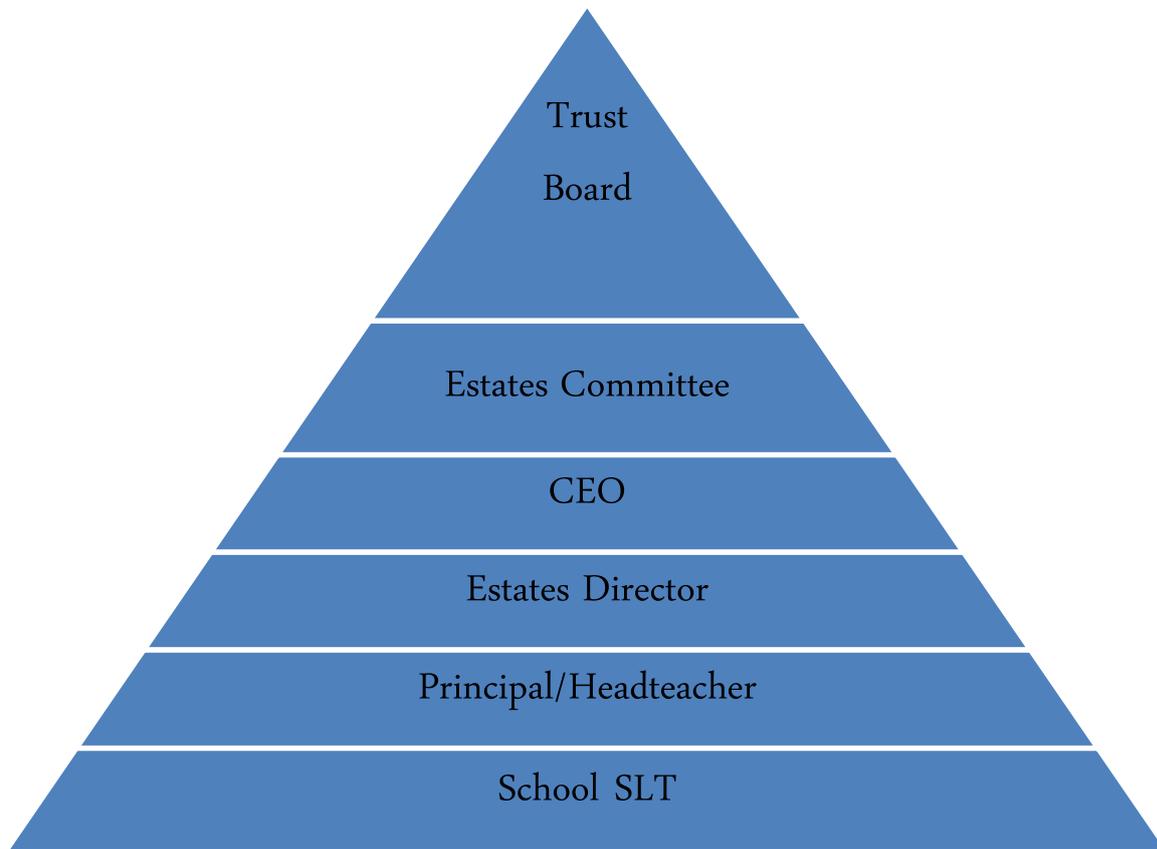
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CEO

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Date

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SECTION 2 DELEGATED RESPONSIBILITIES

Pictorial of delageted responsibilities of Health and Safety.



2.0 The Duties of the Trust Board

- 2.1 To produce and regularly review the Health and Safety Policy for the Trust. This policy will reflect the requirements of the Health and Safety at Work Act 1974 by outlining arrangements to ensure, so far as is reasonably practicable, the health, safety and wellbeing of staff, students and others affected by the organisation
- 2.2 To monitor both compliance with, as well as the effectiveness of, this policy
- 2.3 To provide adequate resources to meet the Trust's legal responsibilities as well as compliance with this policy
- 2.4 To assist in discharging its legal obligations the Trust has appointed a 'competent person' as defined by the Management of Health and Safety at Work Regulations 1999
- 2.5 All settings which are part of the Westcountry Schools Trust in addition to this policy will also have a separate Health and Safety policy which sets out specific guidelines relevant to the setting they are operating within. See Appendix 1
- 2.6 To review the WeST corporate Risk Register
- 2.7 To delegate to the Estates Committee through a Scheme of Delegation.

3.0 The Duties of the Estates Committee

- 3.1 Although the Trust Board have delegated responsibility to the Estate Committee, the Committee will make recommendations and provide advice to the Trust Board for approval
- 3.2 The responsibility of the Estate Committee is the same as the Trust Board, although accountability remains with the Board
- 3.3 On the Committee there are currently three Board members and two non-board members who have voting rights.

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4.0 The Duties of the CEO

- 4.1 The CEO is ultimately responsible for Health and Safety in the work place and ensures good practice is developed and implemented with a proactive Health and Safety management and culture
- 4.2 Reports to the Trust Board and Estates Committee
- 4.3 Delegates responsibility to the Estates Director

5.0 The Duties of the Estate Director.

- 5.1 The Estates Director has responsibility for the corporate Health and Safety across WeST. Including writing of Trust wide policies and risk assessments. Arrange and oversee annual Health and Safety audits and ensure there is a positive culture to Health and safety throughout the organisation. The Estates Director is responsible to the CEO.

5.1.1 In particular, the Estates Director will:

- 5.1.1.1 Write, develop and review the Health and Safety Policy and sub policies and procedures to Estates Committee and Trust Board
- 5.1.1.2 Co-operate with the Estates Committee and the Trust Board to ensure that this policy and its associated arrangements are implemented and complied with
- 5.1.1.3 Communicate the policy and other appropriate health and safety information to all Principals and Head Teachers
- 5.1.1.4 Report to the Estates Committee and the Trust Board on health and safety performance and to monitor both compliance with, as well as the effectiveness of, this policy
- 5.1.1.5 Ensure that the premises, plant and equipment are maintained in a safe and serviceable condition
- 5.1.1.6 Identify the training needs of Estates staff, Principals and Head Teachers and ensure that staff are competent to carry out their roles and are provided with adequate information, instruction and training
- 5.1.1.7 Ensure there is a third party service provider to provide technical support and undertake regular audits to ensure compliance
- 5.1.1.8 To instil a positive and proactive Health and Safety culture throughout WeST
- 5.1.1.9 Monitor purchasing and contracting procedures to ensure health and safety is included in specifications and contract conditions
- 5.1.1.10 To ensure all contractors are aware of their Health and Safety responsibilities
- 5.1.1.11 To ensure all staff inductions include Health and Safety awareness.

6.0 The Duties of the Principal/Head Teacher

- 6.1 The Principal/Head Teacher has day-to-day responsibility for health and safety management and will take all reasonable practicable steps to secure the health and safety of students, staff and others using the Trust premises or participating in Trust sponsored activities

6.2 In particular, the Principal/Headteacher will:

- 6.2.1 Ensure that suitable and sufficient risk assessments of work activities are undertaken, that a written record of the significant findings of these assessments is kept and that these assessments are subject to regular review
- 6.2.2 Communicate the policy and other appropriate health and safety information to all relevant people
- 6.2.3 To undertake building inspections and report to the Estate Director any concerns including, the premises, plant and equipment
- 6.2.4 Report to the Estates Director any significant risks or policy requirements which cannot be met within WeST/school budget
- 6.2.5 Identify the training needs of students and staff and hence ensure that all students and staff are competent to carry out their roles and are provided with adequate information, instruction and training

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- 6.2.6 Ensure consultation arrangements are in place for staff and their trade union representatives where appointed.
 - 6.2.7 Monitor purchasing and contracting procedures to ensure health and safety is included in specifications and contract conditions
 - 6.2.8 Receive reports from enforcement officers and advisory bodies and, where appropriate, take relevant actions to address issues raised and inform the Estates Director
 - 6.2.9 Promote a positive health and safety culture by leading by example
 - 6.2.10 Ensure accident and near miss reporting is recorded and where required investigated and engage Estates Director where required
 - 6.2.11 Ensure there is a suitable recording and monitoring system of visitors
- 6.3 Whilst overall responsibility for health and safety cannot be delegated, the Principal/Headteacher may choose to delegate certain tasks to the relevant health and safety persons in the school.
- 6.4 Health and safety lead
- 6.4.1 The nominated health and safety lead is the Premises Manager.
- 6.5 Site security
- 6.5.1 The Premises Manager and caretakers 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.
 - 6.5.2 The Premises Manager and caretakers are key holders for the school. Additional key holders: the Business Manager.

7.0 The Duties of the Health and Safety Manager

- 7.1 The Health and Safety Manager has the delegated task of managing the Health and Safety management and processes across West in order that Principals/Head teachers and Estates Team can discharge their duties in relation to day-to-day health and safety management. The Health and Safety Manager is directly responsible to the Estates Director and acts as the technical expert.
- 7.2 To do this the Health and Safety Manager will:
 - 7.2.1 Lead and manage the risk assessment process for the Trust Board
 - 7.2.2 Ensure that Safe Systems of work are in place and followed
 - 7.2.3 Lead general workplace monitoring inspections and performance monitoring processes and report findings to the Principal and Trust Board
 - 7.2.4 Liaise with the Facilities Manager of records of inspections and maintenance to plant or facilities and ensure that remedial actions identified are either addressed without delay or brought to the attention of the Trust Board if funds are not available
 - 7.2.5 To liaise with Principals/Head Teachers on Health and Safety requirements within their schools
 - 7.2.6 Assist with the identification of training needs and training delivery across the Trust to ensure that staff and students are adequately instructed
 - 7.2.7 Collate WeST wide accident and incident information from schools and, when necessary, carry out accident and incident investigations
 - 7.2.8 Arrange periodic health and safety audits and liaise with the Principal/Headteacher and Trust Board in relation to findings and any associated remedial actions
 - 7.2.9 To liaise with staff managing Estates projects and advise on CDM regulations
 - 7.2.10 To provide Health and Safety training to WeST Trust Board, Governors and Staff
 - 7.2.11 Develop and write the Health and Safety induction.

In the transitional period while the above hierarchy is being implemented as part of the Estates Strategy. Each school must ensure compliance through the Head Teacher and liaising with the Estates Director and agreed service provider and seeking advice to ensure safety standards are met.

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8.0 The Duties of Heads of Departments/Supervisory Staff/Subject Leaders

- 8.1 The Heads of Departments/Supervisory Staff/Subject Leaders have specific delegated tasks in relation to health and safety management within their departments/subject areas
- 8.2 They must ensure that:
 - 8.2.1 They apply the arrangements described in this health and safety policy to their own department or area of work, including the arrangements described in any associated guidance notes
 - 8.2.2 Staff under their control are aware of and follow any externally adopted health and safety guidance.
 - 8.2.3 Risk assessments are undertaken for the work areas for which they are responsible and that identified control measures are implemented
 - 8.2.4 They ensure that appropriate safe working procedures are brought to the attention of all staff under their control and are enforced effectively
 - 8.2.5 They take appropriate action on health, safety and welfare issues referred to them, informing the Principal/Headteacher or Estates Director of any problems they are unable to resolve within the resources available to them
 - 8.2.6 They carry out regular inspections of their areas of responsibility and report / record these inspections to the Principal/Headteacher or Estates Director
 - 8.2.7 They ensure the provision of sufficient information, instruction, training and supervision to enable staff and students to avoid hazards and contribute positively to their own health and safety
 - 8.2.8 All accidents (including near misses) occurring within their area of responsibility are promptly reported and investigated.
 - 8.2.9 Partake in Health and Safety audit both internal and external by ensuring all relevant documentation is in place.

9.0 The Duties of all Members of Staff

- 9.1 Under the Health and Safety at Work Act 1974 all employees have general health and safety responsibilities. All employees are obliged to take care of their own health and safety whilst at work along with that of others who may be affected by their actions. This also applies to volunteers who are under the control of each school in the Trust.
- 9.2 Specifically, all employees have responsibility to:
 - 9.2.1 Take reasonable care for the health and safety of themselves and others in undertaking their work
 - 9.2.2 Comply with the Trust's health and safety policy arrangements at all times
 - 9.2.3 Report all accidents and incidents in line with the reporting procedure
 - 9.2.4 Co-operate with school management on all matters relating to health and safety
 - 9.2.5 Not intentionally interfere with or misuse any equipment or fittings provided in the interests of health safety and welfare
 - 9.2.6 Report all defects in the condition of premises or equipment and any health and safety concerns immediately to their line manager
 - 9.2.7 Ensure that they only use equipment or machinery that they are competent / have been trained to use
 - 9.2.8 Make use of all necessary control measures and personal protective equipment provided for safety or health reasons.
 - 9.2.9 Read and follow and familiarise with all relevant Health and Safety documentation and updates and provide feedback where required

10.0 Students

- 10.1 Students, in accordance with their age and aptitude, are expected to:
 - 10.1.1 To exercise personal responsibility for the health and safety of themselves and others

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- 10.1.2 To observe standards of behaviour and dress consistent with safety and/or hygiene
- 10.1.3 To observe all the health and safety rules of the school and, in particular, the instructions of staff given in an emergency
- 10.1.4 Not wilfully misuse, neglect or interfere with facilities or equipment provided for their and others' health and safety
- 10.1.5 To report issues/observations of Health and Safety concerns to a teacher or responsible adult.

11.0 Contractors

- 11.1 All contractors who work on the Trust premises are required to identify and control any risks arising from their activities and inform the Estates representative of any risks that may affect the staff, students and visitors
- 11.2 All contractors must be aware of this policy and the associated emergency procedures and comply with these requirements at all times
- 11.3 In instances where the contractor creates hazardous conditions and refuses to eliminate them or take measures to make them safe, the Estates Department representative/Principal/Headteacher will take such actions as are necessary to prevent staff, students and visitors being put at risk from injury

SECTION 3 Health and Safety Management Functions

12.0 Arrangements

- 12.1 The 'arrangements' for health and safety, i.e. the specific measures put in place to manage particular risks, must be agreed and outlined in this section. The Trust, as independent employer in their own right, is free to determine their own arrangements within the boundaries of the law.
- 12.2 List of areas to cover is included below:
 - 13 Risk Assessment
 - 14 Accident/Incident Reporting
 - 15 Asbestos
 - 16 Communication and Training
 - 17 Consultation
 - 18 Construction Design Management
 - 19 Contractors
 - 20 Curriculum Activities
 - 21 Display Screen Equipment
 - 22 Drivers Handbook
 - 23 Electricity at Work
 - 24 Fire Safety
 - 25 First Aid
 - 26 Gas
 - 27 Hazardous Substances
 - 28 Health and Safety Induction
 - 29 Health and Safety Inspections
 - 30 Legionella
 - 31 Lettings
 - 32 Lone working
 - 33 Maintenance
 - 34 Medication
 - 35 Monitoring
 - 36 Moving and Handling
 - 37 Noise at Work

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38	Offsite Visits
39	PPE
40	Personal Safety and Security
41	Radon
42	Radioactive Sources
43	Stress/Wellbeing
44	Trees
45	Vehicle Movement around site
46	Work at Height
47	Work Experience
48	Workplace Safety

13.0 Risk Assessment

- 13.1 The underlying process which informs safety management is risk assessment. Assessments of significant risks will be made with those persons responsible for the activity/area affected and the significant findings of these decisions will be recorded in writing. This will be achieved principally by ensuring adequate risk assessments that address all the significant risk in the Trust are in place.
- 13.2 Risk assessments are available for all staff to view and are held centrally with the Health and Safety Manager. Wherever possible, affected staff will be included in the risk assessment process. Staff and other affected parties will be briefed in the risk assessment findings.
- 13.3 Risk assessment records will be reviewed annually or every 3 years depending upon the levels of risk or should a task change. This will be identified on the risk assessments.

NB. Other arrangements in alphabetical order:

14.0 Accident/Incident Reporting

- 14.1 All employee accidents must be reported to the Trust Board. All accidents must be reported using the local procedures.
- 14.2 Accidents to students and other non-employees must be recorded in the accident book. Those accidents to students and members of the public which are work related, in that they have arisen out of a material defect or organisational failure, must also be reported to the Trust Board.
- 14.3 Parents/carers will be notified immediately of all major injuries.
- 14.3.1 **Notifying parents** - The First Aider/Head of Year 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.
- 14.4 The Principal/Headteacher will investigate accidents and take remedial steps to avoid similar instances recurring. The Health and Safety Manager will assist as required.
- 14.5 All accidents which fall within the scope of the Reporting of Diseases Injuries and Dangerous Occurrence Regulations 2013 (RIDDOR) will be reported to the HSE.
- 14.6 **Reporting to Ofsted and child protection agencies**
- 14.6.1 The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.
- 14.6.2 The Headteacher will also notify Plymouth City Council/CEO of any serious accident or injury to, or the death of, a pupil while in the school's care.
- 14.7 **Accident record book**

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- 14.7.1 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**
- 14.7.2 As much detail as possible will be supplied when reporting an accident
- 14.7.3 Information about injuries will also be kept in the pupil's educational record
- 14.7.4 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.

15 Asbestos

- 15.1 The arrangements for the management of asbestos on each school/other site in the Trust are detailed in the Asbestos Management Plan (AMP). This will be located at each individual school in the Trust along with a central record held with West.
- 15.2 The Asbestos Register is held at each school within the Trust and will be made available to all staff and contractors prior to **any** work commencing on the fabric of the building or fixed equipment containing asbestos such as boilers, kilns, wall finishes, floor coverings. No work can commence until permission to work has been given by the authorising manager named in the AMP.
- 15.3 The authorising manager shall ensure:
 - 15.3.1 Ensure the Asbestos Management Plan is reviewed annually and that any changes are approved by the Trust Board
 - 15.3.2 That the Asbestos Register is consulted at the earliest possible opportunity in the planning process and that **all** work on the fabric of the building or fixed equipment is approved via the completion of the relevant form
 - 15.3.3 A visual inspection of those asbestos containing materials remaining on site is conducted and recorded on the relevant form according to the frequencies identified in the AMP
 - 15.3.4 All changes to asbestos containing materials on site, whether due to removal works or accidental damage, will be recorded in the Register
- 15.4 All parties will ensure that any damage to materials known or suspected to contain asbestos should be reported to the Health and Safety Manager at the earliest opportunity.

16 Communication and Training

- 16.1 The Health and Safety Law poster is displayed in in the entrance of all schools within the Trust and further information, including copies of the policy, can be requested from the Health and Safety Manager.
- 16.2 Health and Safety Training
 - 16.2.1 All employees will be provided with:
 - 16.2.1.1 induction training in the requirements of this policy
 - 16.2.1.2 updated training in response to any significant change
 - 16.2.1.3 training in specific skills needed for certain activities as identified by the relevant risk assessment
 - 16.2.1.4 refresher training where required
- 16.3 Training matrix will be kept at each school or department and/or personnel files. The Health and Safety Manager is responsible for ensuring health and safety training needs are met for all staff. This includes a system for ensuring that refresher training is undertaken within the prescribed time limits.
- 16.4 Each member of staff is also responsible for drawing the relevant line manager's attention to their own personal needs for training and for not undertaking duties unless they are confident that they have the necessary competence. All employees shall undertake work tasks as instructed and trained.

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17 Consultation

- 17.1 Members of staff with concerns should raise them initially with their departmental head or the Health and Safety Manager. If required, requests for external advice should then be sought via the Health and Safety Manager from the relevant provider.
- 17.2 Staff should feel free to contact the appropriate trade union appointed Safety Representative. The Trust Board welcome the support of trade unions in health and safety matters.

18 Construction Design Management. (CDM)

- 18.1 The Construction (Design and Management) Regulations 2015 (CDM) apply to the entire construction process to ALL construction projects regardless of size of duration. As the Client, WeST have overall responsibility for the successful management of a project which includes effective control of health and safety.
- 18.2 The CDM regulations apply to all construction based projects which are either notifiable or non-notifiable. Where projects become notifiable additional legal duties are placed on all parties but only if the work:
- 18.2.1 Lasts longer than 30 days AND
 - 18.2.2 Has more than 20 workers working simultaneously at any point OR
 - 18.2.3 Exceeds 500 person days.
- 18.3 If the project becomes notifiable, the HSE must be notified with an F10 notice at the earliest opportunity. This must be issued by the Client.
- 18.4 WeST are committed to the aims of the CDM regulations and aim to ensure compliance throughout the entire construction process from inception to completion. The Estates team must:
- 18.4.1 Appoint the right people at the right time (in writing).
 - 18.4.1.1. If we do not appoint a principal designer or a principal contractor (only if there is more than 1 contractor on site) as the client it is deemed that those duties become WeST's responsibility.
 - 18.4.2 Ensure there are arrangements in place for managing and organising the project.
- 18.5 Allow adequate time.
- 18.6 Provide information to the designers and contractors i.e. written preconstruction information.
- 18.7 Communicate effectively with all parties.
- 18.8 Ensure adequate welfare facilities.
- 18.9 Ensure a construction phase plan is in place.
- 18.10 Keep the health and safety file.
- 18.11 Ensure all parties are carrying out their duties.
- 18.12 Protect members of the public including employees.
- 18.13 Ensure work places are designed correctly.
- 18.14 Notify the HSE if the project is deemed notifiable.
- 18.15 If we do not comply with CDM 2 015, we are likely to be failing to influence effective health and safety management which could be putting all workers and occupants at risk of harm, not achieving good standards or value for money.

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19.0 Contractors

- 19.1 All contractors must report to Main Reception where they will be asked to sign the visitors' book and wear an identification badge. Contractors will be issued with guidance and requirements for safe practice whilst on site. Where necessary, contractors will also be requested to sign to confirm that they have read and understood the Asbestos Register.
- 19.2 To ensure contractor competency, the Health and Safety Manager will undertake competency checks prior to engaging any contractor.
- 19.3 In respect of construction works, Health and Safety Manager will ensure the client's duties under the Construction (Design and Management) Regulations 2015 have been understood and complied with.

20.0 Curriculum Activities

- 20.1 Risk assessments for curriculum activities will be carried out by the relevant Heads of Department / Subject Coordinator using the appropriate risk assessments.

21.0 Display Screen Equipment (DSE)

- 21.1 All staff that use computers daily for continuous spells of an hour or more, or a total daily time of three hours or more, will have a DSE assessment carried out.
- 21.2 Staff identified as DSE users are entitled to an eyesight test for DSE use every two years by a qualified optician and corrective glasses (if required specifically for DSE use)

22.0 Driver Handbook

- 22.1 The Trust will ensure all Trust owned/leased vehicles meet the legal requirement and are roadworthy
- 22.2 The Trust will ensure all drivers meet the legal and insurance requirement to drive both Trust and privately owned vehicles.
- 22.3 All Trust vehicles will have MOTs and Servicing as well as a driver inspection prior to driving. The checks are all recorded.
- 22.4 Drivers will need to demonstrate they are legally able to drive with licence checks. Where required additional training will be undertaken. Insurance must be in place either by the Trust or by the individual.
- 22.5 Staff using privately owned vehicles must ensure the vehicle meets the legal requirements and that the staff member has the correct insurance.

NB: See the WeST Driver Handbook available from HR.

23.0 Electricity at Work

- 23.1 All staff will conduct a visual inspection of plugs, cables and electrical equipment prior to use. Defective equipment to be reported
- 23.2 All portable items of electrical equipment will be subject to formal inspection and, where appropriate, a testing regime on an identified cycle dependent upon the level of risk associated with the particular appliance type
- 23.3 The Facilities Manager/Premises Manager/Caretaker is responsible for keeping an up to date inventory of all relevant electrical appliances within their areas of responsibility and for ensuring that all equipment is inspected and where appropriate, tested according to the frequencies set out above.
- 23.4 Personal items of equipment should not be brought into the academy without prior

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authorisation and must be subjected to the same inspection process as academy-owned equipment.

- 23.5 A fixed electrical installation test will be conducted every 5 years. Facilities Manager/Premises Manager/caretaker is responsible for arranging the remedial actions for all Code 1 and 2 non-compliances identified in the report.
- 23.6 For full details relating to work equipment and electrical safety, reference should be made to OSHENS (HSA16 Electrical Safety and HSA58 Work Equipment Arrangements Notes).

24.0 Fire Safety

Plymstock School Specific Procedures and Expectations for all staff are outlined in Appendix 1.

- 24.1 The Facilities Manager is responsible for ensuring the schools fire risk assessment are undertaken using the risk assessment document and controls implemented accordingly. The fire risk assessment is located in the schools main office and will be reviewed annually.
- 24.2 Fire and emergency evacuation procedures are detailed in the Fire Emergency Plan document which is located in all schools and a summary Fire Action notice will be posted at the exit point of each room. These procedures will be reviewed along with the fire risk assessment and are made available to all staff as part of the school's induction process.
- 24.3 All staff will be briefed in the contents of the Fire Emergency Plan on an annual basis. This will be augmented by fire drills which will be undertaken termly and results recorded in the Fire Log book. Additional specific fire safety training will be undertaken as identified in the Fire Risk Assessment.
- 24.4 Evacuation procedures are also made known to all contractors / visitors.
- 24.5 Emergency contact and key holder details are held with the Emergency Procedures which are completed by each school and held both at school and centrally at the Trust offices
- 24.6 The Facilities Manager, working with the Health and Safety Manager, is responsible for ensuring that the Trust school Fire Logs are kept up to date and that the following inspection / maintenance is undertaken:
- 24.6.1 Dates of fire fighting equipment inspections and checks – Facilities Manager
 - 24.6.2 Dates and outcome of fire alarm system(s) inspections and checks – Facilities Manager
 - 24.6.3 Dates and outcome of emergency lighting system - records of tests – Facilities Manager
 - 24.6.4 Dates and outcome of visits by Local Fire and Rescue – Principal/Headteacher/Facilities Manager
 - 24.6.5 List of all fire training / instruction carried out – Facilities Manager/Principal/Headteacher
 - 24.6.6 Dates and outcome of fire drills – Principals/Head teachers
- 24.7 Procedures for other critical incidents and off-site emergencies are contained within each school's Emergency Management Plan which are located the Principal/Head teacher's office and will be reviewed annually.

25.0 First Aid

- 25.1 The school has risk assessed the need for first aid provision and this is recorded on the risk assessment document.
- 25.2 The following first aid provision has been provided accordingly:
- 25.2.1 First Aid at Work level: See School's Health and Safety Manager for up to date

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records
25.2.2 Emergency First Aid at Work level: See School's Health and Safety Manager for up to date records

25.3 First Aid qualifications remain valid for 3 years. The Health and Safety Manager will ensure that refresher training is organised to maintain competence and that new persons are trained should first aider trained staff leave.

25.4 First Aid boxes are located at suitable locations in each school i.e. All receptions, sports hall, CDT area, Art, and Science – see School's Health and Safety Policy for further details (Appendix 1).

25.5 The authorised person for each school is responsible for maintaining the contents of first aid boxes and replenishing stocks as necessary.

26.0 Gas Safety

26.1 The Trust will ensure the gas safety management Reg 1996 and Gas Safety (installation and use) 1998 will be complied with.

26.2 All gas appliance must be recorded on an asset register

26.3 All gas appliances including boilers, catering and design technology, science classroom (See CLEAPSS documentation) equipment will have a compliance inspection and service. All inspections will be documented and held on file.

26.4 All gas operatives, both Trust employees and contractors, will need to be registered with Gas Safe to the required standard

27.0 Hazardous Substances

27.1 Where it is consistent with the effective performance of the task in hand, every attempt will be made to choose the least harmful chemical possible.

27.2 Within curriculum areas (where relevant) Heads of Department are responsible for the safe use and storage of hazardous substances within their areas of control. Specifically, Heads of Department must ensure that an up to date inventory of hazardous substances and CLEAPSS risk assessments are in place within their department. It shall be ensured that the findings of risk assessments are incorporated into point-of-use documents within the departmental risk assessments and method statements.

27.3 In all other areas the responsible manager shall ensure that:

27.3.1 An inventory of all hazardous substances used within their area of responsibility is compiled and kept up to date

27.3.2 Material Safety Data Sheets (MSDS) are obtained from the relevant supplier for all such materials

27.3.3 Risk assessments are conducted and that these assessments are recorded and control measures are understood by those staff that are exposed to the product/substance. This will include the identification and provision of appropriate Personal Protective Equipment

27.3.4 All chemicals are appropriately and securely stored out of the reach of students

27.3.5 All chemicals are kept in their original packaging and never decanted into unmarked containers

28.0 Health and Safety Induction

28.1 All new staff to WeST will have an induction to WeST and the specific school. Within this induction each staff member is given a access to this policy and must be made aware of their responsibility to Health and Safety, to include any risk assessment that are relevant, how to report an accident, what to do in the event of a activation of the fire alarm etc and where to find further information.

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29.0 Health and Safety Inspections

- 29.1 It is essential that Health and Safety inspections are undertaken to support teams in their delivery of Health and Safety within schools.
- 29.2 Each primary school will receive one half day inspection per year covering various aspects of Health and Safety.
- 29.3 Secondary schools will receive two half day visits per year across six departments with each department being inspected every three years, Science, Design Technology, Sports, Arts, Facilities, Management.
- 29.4 Actions from the inspections must be completed satisfactory within the agreed timeframe.

30.0 Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues (Please see Appendix 3). We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

30.1 Handwashing

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

30.2 Coughing and sneezing

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

30.3 Personal protective equipment

- 30.3.1 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).
- 30.3.2 Wear goggles if there is a risk of splashing to the face.
- 30.3.3 Use the correct personal protective equipment when handling cleaning and other hazardous chemicals.

30.4 Cleaning of the environment

- 30.4.1 Clean the environment frequently and thoroughly.

30.5 Cleaning of blood and body fluid spillages

- 30.5.1 Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment.
- 30.5.2 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.
- 30.5.3 Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below.

30.6 Clinical waste

- 30.6.1 Always segregate domestic and clinical waste.
- 30.6.2 Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins.
- 30.6.3 Remove clinical waste with a registered waste contractor.
- 30.6.4 Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection.

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30.7 Animals

- 30.7.1 Wash hands before and after handling any animals.
- 30.7.2 Keep animals' living quarters clean and away from food areas.
- 30.7.3 Dispose of animal waste regularly and keep litter boxes away from pupils.
- 30.7.4 Supervise pupils when playing with animals.
- 30.7.5 Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

30.8 Pupils vulnerable to infection

- 30.8.1 Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children.
- 30.8.2 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/carer will be informed promptly, and further medical advice sought.
- 30.8.3 Advise these children to have additional immunisations, for example for pneumococcal and influenza.

30.9 Exclusion periods for infectious diseases

- 30.9.1 The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4. (Amend this sentence if removing appendix 4)
- 30.9.2 In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

31 Legionella

- 31.1 WeST must ensure compliance with the 'the Control of Legionella bacteria in water system; known as L8 and HSE guide 274.
- 31.2 Legionella must be managed and controlled using a water management plan and risk assessment that will be managed by the Facilities Manager and ensure that the identified operational controls are being conducted and recorded on the relevant documentation.
- 31.3 The risk assessment will be reviewed either where significant changes have occurred to the water system or on an annual basis.

32 Lettings/shared use of premises

- 32.1 The Principal/Headteacher will ensure that the hirer/tenant has public liability insurance and will share with the hirer/tenant all relevant Trust's health and safety information. The hirer/tenant will be required to provide a copy of their risk assessment for all their activities in order to identify any hazards either to the building itself or to the safety or health of the occupants within it.

33 Lone Working

- 33.1 Lone working is defined as 'workers who are separated from their work colleagues'. Members of the public, visitors or students are not working colleagues
- 33.2 To manage risk associated with lone working, a risk assessment must be carried out and a safe system of work developed. Various control measures may have to be introduced into the safe system of work, such as
 - 33.2.1 No lone working in high risk activities, e.g. working at height.
 - 33.2.2 Arrangement for remote supervision and good communication including emergency contact numbers
 - 33.2.3 No lone meetings with parents in certain circumstances for example, where there is concerns about the parent's conduct the meeting will need to be conducted with two staff present.
 - 33.2.4 Use of alarm systems.

This is not an exhaustive list; specific tasks will need careful consideration of the management of

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the associated risk.

34 Maintenance of Plant and Equipment

34.1 Regular inspection and testing of school equipment is conducted to legislative requirements by competent contractors. Records of such monitoring will be kept by the Facilities Manager. All staff are required to report any problems found with plant/equipment to the responsible manager. Defective equipment will be clearly marked and taken out of service by storing in a secure location pending repair / disposal.

34.2 The following specific statutory inspections and tests will be undertaken:

34.2.1 Six monthly lift Thorough Examination, to be undertaken by approved lift specialist

34.2.2 Annual Pressure Vessel Thorough Examination according to a Written Scheme, to be undertaken by the Trust's insurers

34.2.3 Annual gas appliance inspection and maintenance, to be undertaken by Gas Safe approved contractor

34.2.4 Annual gas tightness test, to be undertaken by Gas Safe approved contractor

34.2.5 5-yearly electrical test and report carried out by approved NICEIC Electrical contractor

Recommendations raised from inspections shall be required to be resolved

34.3 The Facilities Manager is responsible for identifying all plant and equipment in an equipment register for their area of responsibility. Where such plant and equipment present significant hazards, risk assessments will be undertaken and any training needs and personal protective equipment requirements are provided.

35 Medication Arrangements

35.1 Students will be encouraged to self-administer medications wherever this is appropriate. Nevertheless, the school will, at the request of the parent/carer and with the consent of the Principal/Headteacher, administer medication prescribed by a doctor.

35.2 In circumstances when a student suffers headaches, menstrual pains or toothache, staff may be asked to provide a mild analgesic to relieve pain. Only analgesics containing paracetamol will be given to children under the age of 16 when parents have given prior written permission. On no account will aspirin, or preparations containing aspirin, or medicines containing ibuprofen, be given to students unless prescribed by a doctor.

35.3 No member of staff will administer any medication unless a request form has been completed by the parent / carer.

35.4 The authorised person in each school is responsible for accepting medication and checking all relevant information has been provided by parents / carers prior to administering. All administration undertaken by staff will be recorded. Records of administration will be kept by the SENCO department liaising coordinating with the authorised person. Where required, training will be undertaken by staff to administer specific medications.

35.5 All non-emergency medication kept in school is securely stored in a lockable cabinet fixed to the wall in the medical room with access strictly controlled. Where students need to have immediate access to emergency medication i.e. asthma inhalers, epi-pen etc., it will be kept in the medical room securely stored and clearly labelled.

36 Monitoring

36.1 The Estates Director assisted by the Health and Safety Manager will put in place procedures to monitor Estates compliance with the arrangements described in this policy. The central component of this process is the 3 yearly Health and Safety Review process. Feedback from this process is to be referred to the Trust Board.

36.2 A general inspection of the site will be conducted annually and be undertaken by the Health

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and Safety Manager. Inspections of individual departments will be carried out by Heads of Department or nominated staff.

36.3 In both cases the person(s) undertaking inspection will complete a report in writing and submit this to the Estates Director and the Trust Board. Responsibility for following up items detailed in the safety inspection report will rest with the Health and Safety Manager to liaise with the relevant managers.

36.4 Other processes employed to monitor compliance with this policy and health and safety performance in general include:

36.4.1 Training audits, review of policies, updates from central government

37 Moving and Handling

37.1 Generic risk assessments for regular manual handling operations are undertaken as described in the risk assessment section. Staff engaged in these activities will be provided with information on safe moving and handling techniques and will receive specific training where the need is identified in the risk assessment.

37.2 All manual handling activities which present a significant hazard, which are not accounted for in the generic risk assessments described above, will be reported to the Health and Safety Manager. Where such activities cannot be avoided, a specific risk assessment will be conducted to ensure such risks are adequately controlled. A copy of this assessment will be provided to employees who must follow the instructions given when carrying out the task. Staff should ensure that they do not lift heavy items unless they have received a briefing on the control measures in place.

37.3 All moving and handling of students will be risk assessed by the SENCO and recorded in a specific Handling Plan for the individual concerned. All staff who move and handle students will receive appropriate training both in the controls listed in the Handling Plan and specific training on any lifting equipment that they may be required to use. Equipment for moving and handling people is subject to inspection on a 6 monthly basis.

38 New and expectant mothers

38.1 Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

38.2 Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

38.2.1 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

38.2.2 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

38.2.3 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

39 Noise at Work

39.1 The Trust will comply with the Control of Noise at Work Reg 2005. This does not include music or entertainment.

39.2 Where possible noise should be managed in order to not only to protect the user but also people in the vicinity. Where required hearing protection must be provided for areas where noise is greater than 85 decibels on an average of daily or weekly periods of time.

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40 Offsite Visits

40.1 The Trust has a separate policy for Outdoor Education, Visits and Off-site Activities Health and Safety Policy. Please see this policy for further clarification (Evolve).

41 Personal Protective Equipment (PPE)

41.1 The Trust has a legal responsibility to provide the correct Personal Protective Equipment (PPE) for each task undertaken should PPE be required which is determined by risk assessment. PPE is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment (RPE). In Health and Safety risk management hierarchy, PPE is the last protection against risk, with elimination of risk, replace the risk, isolate people from the risk, safe systems of work to be considered in the first instance.

42 Personal Safety and Security

42.1 The Trust believes that staff should not be expected to put themselves in danger and will not tolerate violent/threatening behaviour to its staff. A separate specific behaviour policy is in place regarding staff conduct.

42.2 Staff will report any such incidents in accordance with agreed accident/incident reporting procedures for the school.

42.3 Working alone will be avoided wherever possible. Work carried out unaccompanied or without immediate access to assistance will be risk assessed by the relevant line manager in order to identify and implement control measures. Work involving potentially significant risks (for example work at height) will not be undertaken whilst working alone. In order to ensure that this is the case, staff working outside normal school hours must obtain permission of Principal/Headteacher and/or the Trust's CEO.

42.4 The requirement to undertake a lone working risk assessment will also extend to working alone off site where staff conducts home visits (See lone working)

42.4.1 School staff responding to call outs

42.4.1.1 Nominated key holders attending empty premises where there has been alarm activation should do so with a colleague where possible. They should not enter the premises unless they are sure it is safe to do so. If alone, the person should leave details with a colleague and report to them when leaving the site.

42.4.1.2 Risk assessments will be reviewed annually or after significant change and recorded by amending the risk assessment document.

42.4.2 Trust Security

42.4.2.1 The Health and Safety Manager is responsible for undertaking a risk assessment for site security in order to identify and implement control measures in this area.

42.4.2.2 This will be reviewed annually or after significant change and recorded by amending the relevant risk assessment document.

43 Radon Gas

43.1 Some schools within the Trust are located in a radon affected area as defined by Public Health England (PHE). Consequently, radon gas levels will be measured on a 10 year cycle and detectors returned to PHE for analysis.

43.2 If levels are below the 400 Bq/m³ threshold, this process of measurement will continue. If readings exceed the 400 Bq/m³ threshold a Radiation Protection Adviser (RPA) will be engaged and a risk assessment of staff exposure will be undertaken in consultation with the RPA. Based upon the findings of this assessment, suitable mitigation systems will be identified and installed to reduce the radon level to well below 400 Bq/m³. These systems

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will be maintained.

44 Radioactive Sources (where relevant)

44.1 The Trust has adopted the CLEAPSS guidance L93 '*Managing Ionising Radiations and Radioactive Substances in Schools and Colleges*' as its policy arrangements for the use of radioactive sources. The separate Standard Operating Procedures outline the precise procedures to be followed.

44.2 CLEAPSS provide the Radiation Protection Adviser (RPA). The name and contact details are contained within the Standard Operating Procedures document

45 Stress/Wellbeing

45.1 The Trust is committed to promoting high levels of health and wellbeing and recognises the importance of identifying and reducing workplace stressors through risk assessment in line with the HSE's management standards.

45.2 The Trust ensures to have suitable occupational health support in place and specific arrangements for responding to individual concerns and monitoring staff workloads e.g. return to work procedures following absence. This is monitored by the Director of Human Resources

45.3 Where appropriate, risk assessment findings will be recorded on the relevant document.

46 Tree Safety Management

46.1 An increasing number of tree species are becoming susceptible to disease which can not only cause the trees to die but can also leave them in a dangerous state. For example, Ash dieback, is one of the currently emerging diseases likely to cause significant issues in the coming years. Physical damage to the tree can also cause safety issues and fungus can be a sign of underlying health issues with the tree.

46.2 The Trust will ensure that formal tree inspections are undertaken for trees which present a significant risk because of their age, condition or proximity to pedestrian routes or busy areas. The academy will also arrange for an inspection following severe weather conditions.

46.3 The Trust will arrange for regular independent expert surveys by a trained arboriculturalist to be carried out every 3 years and formally documented.

46.4 The Trust will also arrange for a local tree inspection at least every 1 year by an employee, or other, who is competent by training, including refresher training at five yearly intervals. The type of training is decided locally. Ad hoc inspections are carried out on a risk assessment basis such as after severe storms.

47 Vehicle Movement around Site

47.1 The Trust is aware it is almost impossible to separate staff and children from moving vehicles. Where possible segregation is the best result, however where this is not always possible a risk assessment must be undertaken and distributed to all staff. Young children must be attended; older children need to be made aware of the risk. Control measures can be, clear road markings and signage, education, safe passage areas for both vehicles and people

48 Work at Height

48.1 Work at height will be avoided wherever possible. Work carried out at height where a significant injury could result will be risk assessed by the relevant line manager in order to identify and implement control measures. Staff who work at height will be briefed in risk assessment findings. When working at height (including accessing storage or putting up displays) appropriate step ladders or kick stools are to be used. Staff must not climb onto chairs etc.

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48.2 Formal training on work at height will be undertaken where the need is identified in the work at height risk assessment. Such training will also be undertaken by those who line manage staff who work at height. The Trust's nominated person(s) responsible for work at height is the Health and Safety Manager.

48.3 The nominated person(s) shall ensure:

48.3.1 All work at height is risk assessed and properly planned and organised

48.3.2 All those involved in work at height are trained and competent to do so

48.3.3 The use of access equipment is restricted to authorised users

48.3.4 A register of access equipment is maintained and all equipment is regularly inspected and maintained

48.3.5 Access to fragile surfaces is properly controlled by clear warning signs

49 Work Experience

49.1 Each school in the Trust will have a nominated person responsible for work experience placement.

49.2 All placements are subject to pre-placement checks by the Local Education Business Partnership who will assess the suitability of the placement and maintain a list of suitable host employers. No work experience placement will go ahead if deemed unsuitable.

49.2.1 If significant hazards exist within the work tasks of any work placement, these will be risk assessed by the host employer and findings will be communicated to the student and their parents/guardians

49.2.2 All students are briefed before taking part in work experience on supervision arrangements and health and safety responsibilities

49.2.3 Arrangements will be in place to visit/monitor students during the placement

49.2.4 Emergency contact arrangements are in place (including out of school hours provision) in order that a member of school staff can be contacted should an incident occur

49.2.5 All incidents involving students on work placement activities will be reported by the employer to the Trust at the earliest possible opportunity

49.3 If a school *hosts* a work experience placement, any significant hazards within the planned work tasks will be risk assessed by the host employer and findings will be communicated to the student and their parents/guardians. This assessment will be recorded on the relevant risk assessment document.

50 Workplace safety

50.1 The Health and Safety Manager is responsible for undertaking a risk assessment for general sites and buildings safety in order to identify and implement control measures for the following site workplace hazards:

50.1.1 Slips, trips and falls

50.1.2 Glazing

50.1.3 Trees

50.1.4 Waste storage and disposal

50.1.5 Vehicle/pedestrian conflict

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APPENDIX 1 – HEALTH AND SAFETY POLICY FOR [Plymstock School]

General Fire

1. The fire alarm is a loud siren/bell
2. Fire alarm testing will take place every Friday at 11:00am.

In the event of a fire:

1. The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
2. 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
3. Staff and pupils will congregate at the assembly point – The Rugby Field.
4. Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
5. The Business Manager will take a register of all staff
6. Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

Refuge Points

1. Refuge points exist for staff or pupils on first and second floors that are unable to evacuate the building using the stairs (e.g. if someone is in a wheelchair).
2. There are 9 Refuge Points in the school (3 in Humanities, 3 in Science and 3 in MFL)
3. The Refuge Points are located next to fire proof doors that offer protection from flames/smoke for approximately 30 minutes.
4. In the event of a fire alarm, the member of staff (with a pupil who is unable to evacuate) should take the pupil to the Refuge Point and press the 'Call Button'.
5. Staff working with affected pupils should follow that pupil's PEEP (Personal Emergency Evacuation Plan).
6. Once the pupil is at the Refuge Point the call button in the green box should be pushed. This will alert the Premises Team to the location and enable two-way communication.
7. The member of staff with the pupil then has a choice. They can choose to stay with the pupil or they can leave the pupil and evacuate. This is a personal judgement call and no member of staff is obligated to stay.
8. Fire Marshalls will also note the location of anyone at a Refuge Point.
9. A decision will be taken, based on the circumstances, by the leadership team/premises team/emergency services whether the individual at the Refuge Point is evacuated.

Key expectations for all staff at Plymstock School

1. I have read and clearly displayed (classroom/office) the school fire evacuation procedures.
2. I am clear about the quickest and safest evacuation route from my classroom/office, including an alternative route if available.
3. I know where my nearest fire alarm call point is located.
4. I know where the nearest fire refuge point is.
5. I am aware that under no circumstances should a fire exit, fire alarm call point or fire extinguisher be blocked or obstructed (even partially) in any way, at any time.
6. I am aware of the location of the nearest fire extinguisher.
7. I am aware that fire extinguishers should only be used if appropriate training has been received, and the member of staff feels confident to do so. The priority is always evacuation.
8. I am aware that in the event of discovering a fire, I must always trigger the full fire alarm through one of the fire alarm call points.
9. I am clear about my fire assembly point in the event of an evacuation.

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APPENDIX 2 – HEALTH AND SAFETY POLICY FOR [Plymstock School]

Accident Report Form

72	Book Number	1	Page Number	/ /	Date Completed		Person completed sheet handed to.
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A SEPARATE RECORD SHOULD BE FILED FOR EACH PERSON INVOLVED. It should then be removed and handed to the person or Department noted on the front cover of the book for safekeeping.

ACCIDENT REPORT FORM

1. Details of person involved in accident. (For assistance see note 1 on page 3.)

Name:

Address:

.....

Postcode:

Occupation:

Department:

2. Details about person filing this report. (For assistance see note 2 on page 3.)

If you did not have the accident but are filing the report, place your details below.

Name:

Address:

.....

Postcode:

Occupation:

Department:

3. Description of incident. (Use the back of this form if more room required.) (For assistance see note 3 on page 3.)

- A) Give time and date when accident occurred Date: / / Time:
- B) Give place of accident (Room/Dept./Area):
-
- C) Give details of how the accident occurred with cause if known:
-
- D) Give details of any injury suffered by person involved:
-
- E) Sign and date this record before handing to nominated record keeper, whose name is on the front of book.
Please also write the date and the name of the person you handed this record to in the 2 boxes at the top of the sheet.
You may take a copy of this record for your own records.
- Signed: Date: / /

4. To be completed by employer only. (For assistance see note 4 on page 3.)

Only complete this section if you need to report under RIDDOR. After satisfying yourself about the facts, you should decide whether a further risk assessment is necessary and whether the accident should be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). (See note 4 on page 3.)
How was the report notified to the HSE?

Date notified: / / Name (Capitals): Signature:

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APPENDIX 3 – HEALTH AND SAFETY POLICY FOR [Plymstock School]

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.
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.

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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.
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.

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		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.
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.

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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.
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.