



**Broadwaters Inclusive Learning Community**  
**Health and Safety Policy**

**The Willow Primary School and Broadwaters Children's Centre**  
**Head Teacher: Dawn Ferdinand**

**The Brook Special Primary School**  
**Head Teacher: Maureen Duncan**

**Address: Adams Roads**  
**N17 6HW**

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## 1. Health and Safety Policy Statement

*I **Dawn Ferdinand Head Teacher of The Willow** fully accept my responsibilities under the “Health and Safety at Work Act 1974” to provide the resources to ensure the health, safety and welfare of staff, clients and members of the public.*

*I **Maureen Duncan Head Teacher of The Brook** fully accept my responsibilities under the “Health and Safety at Work Act 1974” to provide the resources to ensure the health, safety and welfare of staff, clients and members of the public.*

*The Head Teachers and the Federated Governing Body are committed to identifying, then eliminating or controlling, any hazards encountered in the execution of our duties or on any sites we have control over.*

*The Head Teachers will monitor this safety policy and revise it as necessary.*

*The Federated Governing Body is committed to the safety of others, not employed by the Head Teachers, who may be affected by the activities of Broadwaters ILC.*

*This statement, together with the safety policy, will be communicated to all members of staff via the regular training sessions and through induction training for new staff. A copy of the policy is included in the staff handbook, which is issued to every member of staff.*

*Signed Dawn Ferdinand Date*

*Signed Maureen Duncan Date*

*Signed Chair of Governors Date*



## **1.2 Health & Safety Arrangements**

- All new staff will receive Health & Safety instruction as part of the induction process at Broadwaters. The Head Teacher will ensure that all new staff are made aware of the policy and its organisation.
- Staff will be informed of new information/issues through the Bulletin/MLE.
- Training will be given to all staff to ensure that they are competent in meeting the requirements of their job descriptions.
- Health & Safety Representatives are elected from the two major unions – Unison and the NUT – from The Willow and The Brook Schools - and meet with the Head Teacher on the Monitoring Group. They also carry out termly full inspections with the Head Teacher and carry out risk assessments. Their duties, however, do not replace those of the employers, management and employees who remain responsible for Health & Safety.

## **1.3 Monitoring Health & Safety Performance**

The Health & Safety regulations require that there are systems in place to check the arrangements made to control Health & Safety. Some of these are contained in the Local Health & Safety Organisation Chart attached as an appendix. Other methods include regular inspections, checks and drills to practice procedures. This does not remove the responsibility of all staff to be vigilant as they move around the school premises and to ensure safe procedures are followed.

## **1.4 Roles and Responsibilities**

### **a) Governors**

Governing Bodies of county and voluntary controlled schools have responsibilities for Health, Safety and Welfare within their school environment and activities under section 4(2), section 8 and section 36 of the Health and Safety at Work Act 1974.

Whilst Governors do not have to actually implement the health and safety policy of the school they do carry out the following functions:

- To ensure, as far as it lies within their power, that Broadwaters complies with the LA's policy for Health, Safety and Welfare

- To develop a suitable health and safety policy and establish arrangements for activities which are not covered within the LA's policy
- To monitor health and safety standards and performances within the school environment
- To ensure that suitable and sufficient risk assessments are carried out in connection with the schools' activities, and that appropriate action is taken to eliminate risks to staff and pupils
- To investigate reports of accidents and dangerous occurrences and monitor the effectiveness of corrective action taken
- To ensure that health and safety is included as a standing item on the agendas of governor's meetings
- To cooperate and liaise with the LA over issues of health and safety affecting the school, its staff and pupils.

By ensuring that the health and safety policy is developed and implemented the Governors will be discharging their legal requirement for ensuring the health, safety and welfare of the schools' employees and the health and safety of those not in their employ; i.e. pupils, parents and carers, therapists, visitors and contractors.

The Governors must also ensure that the senior school management operates safe school premises with safe equipment, materials and substances.

To ensure that the above are in place, it will be necessary for Health and Safety and other Governors to periodically inspect the school and ask specific questions of senior management to ensure compliance. The Broadwaters Health and Safety Governor is: **vacant**.

### **b) Head Teachers**

The Head Teachers are the Health and Safety Coordinators for The Willow and The Brook schools in the Inclusive Learning Community and jointly retain overall responsibility for ensuring the health, safety and welfare of all the employees, pupils, visitors, parents and carers and contractors on the ILC site. The following duties normally relate to the Head Teacher but any of them may be delegated to suitable staff. Overall responsibility, however, still remains with the Head Teacher.

**The Head Teachers will:**

- Take day to day responsibility for all health and safety matters affecting the school
- Ensure effective communications on health and safety matters between the school and the Education Department's safety advisers
- Ensure compliance with health and safety law
- Provide governors with an annual report on matters affecting health and safety within the school
- Together with school staff, assess and control the risks to persons from hazards within the school and any of its activities, wherever they are undertaken
- Provide equipment and articles for the school that are adequate for their intended use, and are correctly serviced and properly maintained
- Ensure hazardous substances, i.e. cleaning substances, are properly used, stored and disposed of
- Maintain first aid and accident reporting systems that are suitable for the school
- Evaluate the need for health and safety training for school staff and make arrangements for its delivery
- Bring to the attention of the governing body or the LA any matter of health and safety that cannot be resolved or where there is substantial or imminent danger to any person
- Liaise with contractors or their representatives undertaking work on the school site, to ensure the safety of any persons affected by the work
- Ensure arrangements for fire prevention and evacuation for the school are adequate and that suitable arrangements are in place for testing the fire alarm systems, fire fighting equipment, emergency lighting etc. and that records of testing are maintained
- Ensure adequate fire drills are carried out and their results recorded
- Review the schools' health and safety policy annually with all staff and bring any amendments to the notice of all staff
- Ensure that adequate emergency procedures exist in relation to fire, gas leak, intruders etc.
- Ensure that the school has access to competent health and safety advice.

### **c) Deputy Head Teachers**

The Deputy Head Teachers are:

The Willow: ..... Sarah Harris .....

The Brook: ..... Sukina Campos .....

The Deputy Head Teachers may be delegated any of the duties of the Head Teacher so long as the Deputy Head Teacher is aware that they have been delegated to him or her and is competent to carry them out.

In addition to the duties listed, the Deputy Head will also assume the duties of the Head Teacher when deputising for them. It is therefore important that the Deputy Head is fully familiar with all aspects of the school's Health and Safety policy.

### **d) Health and Safety Auditors to be appointed**

### **e) Site Managers**

The Premises Manager is: **Ray Harvey**

The Site Manager is Health and Safety Coordinator for the premises and has a very specific and important role to play in the implementation of the health and safety policy for the school.

The Site Manager will ensure that:

- Regular inspections, checks, surveys and maintenance of the school premises, plant and equipment (other than plant and equipment used for curricular activities), inclusive of fire alarms, escape routes and extinguishers, are undertaken
- All faults identified with regard to the premises are reported as appropriate and that action is taken to control any risks created by such faults
- Repairs are carried out safely in line with the LA guidelines contained within the Property Management Handbook, and that any persons/contractors employed to carry out such work within the school are competent to do so safely and are provided with information about the risk and hazards associated with the school and its premises
- All repair work is monitored and that, whilst onsite, contractors comply with the LA's and the schools' local arrangements and

guidelines for health and safety, and that swift action is taken against any who fail to comply

- The COSHH assessments have been carried out and are up to date, and that the assessment sheets are available to staff who need them
- All staff using chemicals have been informed of the dangers of the chemicals and the control measure that are in place to prevent them being harmed by them
- All staff using chemicals are informed of the first aid treatment required in the event of them coming into contact with the chemicals
- Risk assessments have been carried out on all hazardous activities undertaken by the site managers; i.e. using ladders, entering boiler rooms etc.
- All risk assessments attached to the swimming pool involving chemicals have been undertaken.

### f) All Staff and Therapists

All staff and therapists:

- should make themselves familiar with the school health and safety policy
- ensure that they work in ways that are safe and without risk to themselves, the pupils, other staff, parents and carers or visitors
- co-operate with those who have a duty to ensure health and safety by adhering to advice, instructions and procedures for health and safety
- report any unsafe practices which come to their notice
- actively assist the school to improve the standards of health and safety

### g) Broadwaters Health and Safety Representatives

The Broadwaters H&S representatives are:

<b>NEU - The Brook:</b>	<b>Jara Permdoma</b>
<b>Unison - The Brook:</b>	<b>Lesley Gajadhar</b>
<b>NUT - The Willow:</b>	<b>Vacant</b>
<b>Unison - The Willow:</b>	<b>Vacant</b>

The representatives meet with the Head Teacher half termly and carry out Health and Safety Inspections for the whole school on a termly basis.



## h) Accident Reporting Officers

The Accident Reporting Officers are **Maureen Duncan** , the Head Teacher of The Brook, and **Duwan Farquharson**, Director of Business.

The accident reporting officer is responsible for recording and reporting accidents, dangerous occurrences and near misses.

## i) Broadwaters First Aiders

The Brook First Aiders are:

1.	Jennifer Lindsay	Daffodil Class
2.	Vivienne Clarke	Nightingale Class
3.	Laura Jones	Spider Class
4.	Sue Cushway	Daisy Class
5.	Sherbjana Suli	Cricket Class
6.	Kellyann Dennis	Admin

All permanent Brook SNA's also have the Health and Safety First Aid at Work Qualifications.

The Willow First Aiders are:

Name	Expiry Date	Position in School	Location
Sandeep Kaur (Main welfare)	Oct 2018	Admin/Welfare	Welfare room
Mandeep Rathore	Mar 2021	Administrator	Main office
Zerin Zobra	Mar 2021	Learning Mentor	Varied
Alqa Khayium	Mar 2021	Nursery nurse	Reception
Myra Walters	Mar 2021	TA	Varied
Julia Sterling	Mar 2021	TA	Year 3
Miriam E Oundo	Mar 2021	SNA	Otter
Shenika Blygen	Mar 2021	Nursery nurse	Children's Centre
Nathaniel Kennedy	Mar 2021	Learning Mentor	Varied
Rita Adu-Gyamfi	Mar 2021	TA	Year 4
George Talukder	Mar 2021	SNA	Year 4
Cheryle Stevens-Charles	Mar 2021	TA	Varied

## **The Children's Centre First Aiders are:**

### **All Children's Centre staff have pediatric first aid certificates**

#### **These officers are responsible for:**

- rendering First Aid Treatment
- replenishing stocks of first aid materials and boxes
- recording any details of treatment/care given and maintaining these records, making them available, if appropriate, to the Accident Reporting Officer, relevant managers and safety representatives.

#### **The Head Teacher is responsible for ensuring:**

- that competence of the first aid officers is maintained through appropriate training and supervision
- that adequate first aid supplies and personal protective equipment are available to the first aiders as dictated by their areas of responsibility and levels of service
- that the first aiders fully understand and discharge their role in accident reporting and investigation procedures and risk assessment reviews.

#### **First Aid Boxes are located:**

- The Brook KS1/ KS2 : in classrooms
- The Willow KS2: in the Welfare Room (Ground Floor KS1)
- The Brook KS1: in the Swimming Pool/School Nurse's Office
- The Willow KS1: in the Welfare Room (Ground Floor KS1)
- In every room at the Children's Centre
- In Minibuses.

*Portable first aid kits are also available for use on school visits*

#### **j) Risk Assessment Officers:**

- **Children's Centre - Premila Seecharam**
- **Broadwaters - Maureen Duncan  
Dawn Ferdinand  
Duwan Farquharson  
Premila Seecharam (for the premises)**
- **Educational visits/journeys - Ed Putman (The Brook)**
- **Behaviour issues - Natasha Beckles (The Willow).**

**k) COSHH (control of substances hazardous to health) Risk Assessment Officers:**

- General Assistant School Business Manager & Premises Manager
- Site Premises & Site Managers
- Cleaning materials Premises & Site Managers

The detailed central register and record of hazardous substances and assessments are held in the Site Managers Office/SBMs office. Every new hazardous substance entering the building is entered there.

**l) Evacuation Procedures (see also detailed roles under Fire Safety and Evacuation):**

<b>Fire Marshall</b>	<b>Maureen Duncan, The Brook</b>
<b>Deputy Fire Marshall</b>	<b>Dawn Ferdinand, The Willow</b>
<b>Centre Fire Marshall</b>	<b>Cherri Fox, the Children's Centre</b>

**m) The Health and Safety Monitoring Group comprises:**

**Head Teachers**  
**Unison Representatives**  
**NUT representatives**  
**Site Managers**  
**First Aiders**  
**Floor Officers**  
**Fire Wardens**  
**Manual Handling Coordinator**  
**Designated H&S governor**

The Health and Safety Monitoring Group will meet termly with minutes recorded and any actions logged for implementation. Minutes are sent to the Finance, Premises and Personnel Committee of the Federated Governing Body.

## **2. ADMINISTRATION OF MEDICATION**

### **Introduction**

The aim of this policy is to ensure that all pupils have their medical needs supported in school where practically possible to do so. The following policy encompasses all of the Broadwaters Inclusive Learning Community (ILC). This policy aims to provide all members of staff (paid and unpaid), children and young people, and their families with a clear and secure framework for ensuring that the correct administration of medication procedure is followed at all times, and is appropriate for each child.

This policy recognises the potential differing medical needs and requirements of The Brook and The Willow pupils, and gives clear guidance to staff in supporting this differentiated approach.

### **2.1 ADMINISTERING MEDICATION IN THE WILLOW, THE BROOK SCHOOLS & CHILDREN'S CENTRE**

- a. Broadwaters and Haringey Council are committed to pursuing a policy of inclusive education. In other words, no child should be unnecessarily excluded from school or other educational activities if s/he has a short or long-term medical condition. Our aim is to enable all children with medical needs, whether they are short term or chronic long-term medical conditions, to take part in normal school/centre activities and lead as normal and happy a life as possible.
- b. The standard forms and guidance on health issues included in annexes 1-9 of the LA Policy provide the framework for local procedures to deal with administering medicines and medical procedures and for effective planning in the event of emergencies to safeguard the health and safety of all pupils and students. Specific advice is provided in Annex 9 on those occasions where children must be excluded from attending school because of infectious or communicable illnesses.
- c. Broadwaters endorses the LA policy and has amended it to take into account the continuum of medical need represented by The Brook, The Willow and the Children's Centre pupils. The policy conforms with the guidance of the DfEE Circular 14/96 and has taken into account the guidance from both the NUT and Unison and Section C18 and C18A of LA Guidance.

**2.2 GENERAL PRINCIPLES: please note that at the current time (October 2015) the Brook in line with other special schools and The Whittington Hospital Trust are together redrafting the guidelines for the Administration of Medicines in line with government guidelines.**

- a. The aim of the policy is to ensure that all pupils who have medical or special medical needs are supported in our inclusive learning community.
- b. However, at schools such as The Brook & Children's Centre, there will be many instances where children and young people with special medical needs will need adult support.
- c. Whilst it is recognised that teachers do not have any obligation under their contract to administer medication to pupils (therefore such administration is on a voluntary basis) there is a requirement by the DfEE to assist pupils with medical needs.
- d. Teachers and support staff in charge of pupils have a **common law duty** to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicine or taking action in an emergency. This general duty also extends to staff leading activities taking place off the school site, such as educational visits, school journeys or field trips. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.
- e. In the case of a pupil with known medical problems or conditions, staff who come into contact with that child should be familiar with the precautions that need to be taken and be aware of the emergency procedures. Children and students with special/chronic conditions should be allowed to go on visits as long as the child's doctor in writing supports their attendance and participation.
- f. It is a fundamental principle of policy that **no medication must be given to any pupil or child without the specific written consent of the parent/carer concerned**. The written authorisation must

contain clear instructions about the dosage and time of the administration.

- g. A standard form will be issued by the school, or the CYPS, for this permission to be given. It will normally contain a statement that the member of staff administering the medication does not claim to be any form of medical practitioner.
- h. **Non-prescribed medicines containing analgesics** (including mild painkillers such as aspirin, paracetamol in tablet form or in cough mixtures) should **never be given** by school/centre staff even with the consent of parents/carers.
- i. All staff should treat pupils' medical information confidentially. The Headteacher should agree with the pupil (where s/he has the capacity), or otherwise the parent or carer, who else should have access to records and other information about a pupil.
- j. Only medication prescribed by a doctor will be accepted for administration.
- k. Medication will be administered in the presence of another member of staff.
- l. The medication will be stored in a secure place either in the Nurse's office, Welfare Officers room or the medicine cupboards in the Brook classrooms.
- m. On school trips, the trip leader will accept responsibility for the administration of medication. (Optional)
- n. This medication policy should be brought to the attention of all parents, normally in the school prospectus.

### 2.3 RESPONSIBILITIES OF THE HEAD TEACHERS

- a) The Head Teachers are responsible for implementing the joint governing body's policy in practice and for developing detailed local procedures for the administration, handling and storage of medicines and other associated arrangements specifically in relation to health and safety.

- b) The Head Teachers must ensure that there is a designated member of staff responsible for maintaining records relating to pupils' health needs and known medical conditions including emergency contact numbers and procedures.
- c) At The Brook the designated member of staff is the **School Nurse**. At The Willow the designated member of staff is **Sandeep Kaur** (Student Welfare). At the Children's Centre all **Key Persons** are designated.
- d) The designated member of staff should have appropriate information and training to undertake these duties, and the Head Teachers must continue to exercise the ultimate responsibility for the administration of medicines within the school.
- e) At The Brook, because of the specific needs of the pupils attending the school, the job descriptions of special needs assistants and nursery nurses include the duty to give occasional or regular medication or treatment which will include the full range of circumstances described in this policy. The specialist nature of work involved with pupils at The Brook and the particular medical needs of the pupils is reflected in the job descriptions and therefore the grading of support staff posts.
- f) In addition to staff who are employed to give medical care and treatment, staff (teachers or other permanent/fixed term members of the full time SNA staff – but not SMSAs) may volunteer to give pupils help with their medical needs. The Head Teachers must ensure that these staff receive proper support and training.
- g) The Head Teachers should ensure all staff are aware of the ILC's policy and practice with respect to supporting the medical needs of pupils.

### 2.4 CATEGORIES OF MEDICAL NEEDS

In general, there are three main sets of circumstances where Broadwaters staff may be required to support pupils with medical needs or conditions. These are:

- a) Cases where pupils recovering from a short-term illness are well

enough to return to school but are receiving a course of **prescribed medication** such as antibiotics. This would be administered by Pam Ashley for The Willow, the School Nurse for The Brook or any member of staff at the Children's Centre.

- b) Cases of **chronic illness** or long-term complaints, such as asthma, diabetes or epilepsy, which may require an individual health care plan.
- c) Children with a **specific special medical need** who require an individual or emergency health care plan.

### 2.5 CHILDREN TAKING A COURSE OF PRESCRIBED MEDICATION

- a) Very few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken "three times a day" can be given "before school, after school and at night". The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the schools should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the doctor.
- b) Where pupils are recovering from a short term illness which requires medication (such as tablets, creams, eye drops, mixtures), any request by a parent/carer for school staff to administer medicine must be in writing and include evidence that the child's doctor considers it is necessary for the child to take medicine during school opening hours. Standard forms have been drawn up to assist in this process (**FORM AOM1** - parental consent form; and **FORM AOM1A** - doctor's confirmation).
- c) The medicine, together with the completed and signed consent form, should be delivered to school, wherever possible by a parent, and should be handed personally to the Headteacher or the school nurse. In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.
- d) A written record will be kept of the administration of all prescribed medication to pupils (**Forms AOM2 & AOM2A**). Such



a record will be kept together with the instructions, checked on every occasion and completed by the staff involved. The record will give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. **FORM AOM2 & AOM2A** will be retained on the school premises with the school's and child's records respectively.

- e) Medicines must be stored safely in the container supplied (the pharmacist's original container) and be clearly labeled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy (name/date). Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator but must not be frozen. These medicines must be placed in a suitable additional sealed container; e.g. locked white medical cupboards in classrooms. **Under no circumstances should medicines be kept in first aid boxes.**
  
- f) Any unwanted, unused or outdated medication should be passed to the school nurse who will ensure that it is collected by/sent home from school to parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

### 2.6 LONGER TERM/CHRONIC CONDITIONS

- a) The Head Teachers and other senior staff need to familiarise themselves with the specific symptoms and conditions that are associated with such illnesses as Asthma, Epilepsy, Diabetes, Cystic Fibrosis, Sickle Cell Anaemia Disorders and Thalassaemia. Further information and guidance on these medical conditions can be found in Annex 7 of the LA document. Information should be shared with class staff where appropriate for the health and safety of the pupil.
  
- b) Pupils with such conditions should be encouraged to look after their own medical needs. The vast majority of pupils at The Brook & The Children's Centre will need support to do so.

- c) Guidance on procedures in relation to commonly occurring conditions is summarised below:

***Asthma relievers/inhalers***

It is generally appropriate for asthmatic pupils of secondary school age to take responsibility for the administration of their own inhalers. Except in exceptional circumstances, they should be allowed to keep their inhalers with them and be encouraged to use them as necessary. Where pupils of primary school age might need to use an inhaler, it is advisable to have a flexible approach. After discussion with the parent, the child and the doctor, some primary age children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases, the inhaler should be kept in a secure place, preferably in the classroom with the teacher, or in a central secure place such as an office or staff-room. It is essential, however, that wherever it is stored, the teacher or other member of staff has immediate access to the inhaler whenever it is required by the child. Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

***Diabetes***

Children with diabetes should be allowed to have snacks during the day as necessary and to carry food or have access to food, e.g. sweet drink/sugar lumps/ glucose tablets, in the event of a "hypo". Staff should ensure that children with diabetes do not miss lunch or a meal provided whilst at school and that meals are taken promptly and at regular intervals. All staff should be aware of the possible effects on a child's behaviour of a hypoglycaemic attack and ensure that diabetic children who are unwell are not left alone.

- d) Despite good health care at home and at school, many conditions, such as asthma, diabetes, epilepsy, sickle cell anaemia, can from time to time result in an emergency situation requiring immediate medical attention. Where the school is aware of a pupil with such a condition, an emergency health care plan must be drawn up and retained on the pupil's medical

records so that staff are aware of the action to be taken in response to the emergency situation.

- e) Care should be taken to handle and store medicines and medical aids for use by pupils in the school. Some medication, such as liquid antibiotics or insulin, may need to be kept in a refrigerator but must not be frozen. These medicines must be placed in suitable additional sealed container; e.g. locked white medical cupboards in classrooms. Under no circumstances should medicines be kept in first aid boxes. The pupil/child's name must be clearly marked on each item.

## 2.7 CHILDREN WITH SPECIFIC SPECIAL MEDICAL NEEDS

- a) Some pupils/children have unusual or special specific medical needs which may require treatment in an emergency, e.g. extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection or inserting rectal diazepam. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters or the use of equipment for children with tracheotomies.
- b) The number of such cases will be small and early identification and careful planning by the relevant Health Authority should result in detailed discussion with the school and the formulation of a carefully designed **individual health care plan (see FORM AOM3)** to meet the needs and circumstances of a particular child.
- c) In many cases, the treatment will involve a simple procedure, such as using an "Epi-pen" to administer emergency intravenous medication, or inserting a suppository.
- d) For the protection of both staff and children, a second member of staff should be present while the more intimate procedures are being followed, and appropriate personal protection must be worn (Guidelines for a Safe Working Environment – Broadwaters Health and Safety Policy). Staff should protect the dignity of the child as far as possible, even in emergencies.

- e) For those children who require treatment including invasive medical procedure, only those who are appropriately trained should administer such treatment. Qualified medical personnel will conduct training in invasive procedures. The school nurse will provide advice on nursing matters. Under no circumstances should an untrained person attempt to administer an injection.**
- f) All staff should be made aware of the pupil's condition and where to locate trained members of staff in the case of an emergency. There should be sufficient staff to cover for any absences.
- g) It may be appropriate for pupils to keep items such as an Epi-pen with them in the school. Where this is not appropriate, sufficient care should be taken to handle and store medicines and medical aids for use in emergencies at the school. Items such as syringes, Epi-pen, suppositories, must be placed in suitable additional sealed container, e.g. locked white medical cupboards in classrooms, and clearly marked "Emergency Medication" and with the pupil's name. Under no circumstances should medicines be kept in first aid boxes. It is essential, that wherever items are stored, staff have immediate access to them.

## **2.8 DRAWING UP AN INDIVIDUAL HEALTH CARE PLAN FOR A PUPIL WITH A LONG TERM OR SPECIAL MEDICAL NEED**

- a)** The main purpose of an individual health care plan for a pupil with special medical needs is to identify the level of support that is needed at the school. A written agreement with parents clarifies for staff, parents/carers and the pupil the help that the school can provide. The health care plan should be reviewed jointly at least once a year. A standard proforma is provided for this purpose **(FORM AOM3)**
- b) Drawing up a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. Those who may need to contribute to the health care plan are:
- the Head Teacher(s) or senior member of staff delegated this role
  - the parent or carer
  - the child (if sufficiently mature)

- the school nurse
- the class teacher
- staff who have to administer the medication or procedures
- the child's GP

### **2.9 STAFF INDEMNITY**

Haringey Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or administration is overlooked. In practical terms this would mean that any successful claim for alleged negligence would be met by the Council and not the employee. This indemnity extends to staff working in Voluntary Aided schools throughout the Borough of Haringey.

### **2.10 STAFF VOLUNTEERING TO UNDERTAKE TRAINING AND ADMINISTER INVASIVE MEDICAL PROCEDURES**

- a) Where support staff (whose job does not require them to undertake this duty) volunteer to undertake training to support a child with specific special medical needs an annual payment may be claimed in appropriate cases.
- b) The annual special medical needs allowance will only be payable to support staff (whose job does not require them to undertake this duty) who volunteer to undertake training and to administer the requisite procedures.
- c) Teachers' pay and conditions of service are prescribed by statute and therefore no additional payments may be made which are not in accordance with the TPAC document.
- d) Teachers' conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicine. While teachers have a professional duty to safeguard the health and safety of pupils and a general legal duty of care towards pupils both when they are authorised to be on the school premises and when they are engaged in

authorised school activities elsewhere, this does not imply a duty upon teachers personally to undertake the administration of medicines. It must be clear that any teacher who volunteers to undertake training to administer medical procedures is doing so out of goodwill. Teachers who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training.

### 2.11 SOURCES OF ADVICE OR EXPERTISE

- a) Within the Council's organisation, advice on policy in respect of the administration of medicines in schools/centres should be sought, in the first instance, from the Health and Safety Adviser in the Education Services.
- b) Where any doubt exists about whether or not to administer a particular course of medication in school Head Teachers should seek advice from the School Nurse or Designated Medical Officer or the Consultant Community Paediatrician.
- c) In the event of queries arising in relation to staff responsibilities, job descriptions, remuneration for undertaking training or difficulties in obtaining volunteers to undertake training to enable a child to attend school, Head Teachers should seek advice from the Head of Services to Pupils, Parents and Students or Education Personnel.

### 2.12 PARTICULAR CONDITIONS

#### **Asthma**

During an asthma attack, a pupil will become breathless and wheezy or cough continually.

In the event of an attack:

- Stay calm and reassure the pupil
- Try to make the pupil as comfortable as possible and put him/her into a position which will make breathing easier; e.g. sitting upright or lying with back support
- Use their inhalers if you have been taught how to do so and they have one
- Inform the nurse and senior staff

- Inform the parents/carers
- If the pupil is on medication and there is no change 10 minutes after the medication has been given, call an ambulance ( the nurse, head or deputy will do this)
- If the pupil is not on medication, call an ambulance if necessary – see above.

### **Epilepsy**

Some of our pupils suffer from epileptic seizures and are on medication, which can often keep the condition under control. Class staff will already have been informed of which pupils have epilepsy and will proceed as instructed by the parents/carers and the school nurse as to when to call the nurse/parents/carers/ambulance or administer buccal medazlan.

In general, seizures fall into two categories:

- Grand Mal – major seizures characterised by:
  - strange sounds or behaviours
  - pupils falling down
  - muscles stiffening and limbs becoming jerky
  - facial muscles contorting
  - may bite tongue
  - may wet or soil themselves
  - can last for several minutes
  - pupils may be confused, dazed, upset as they come out of the seizure
  - pupils may sleep, be drowsy afterwards, especially if they have been given diazepam.
- Absences (these may pass unnoticed)– minor seizures characterised by:
  - staring and inattention
  - appearing to daydream
  - twitching
  - dribbling
  - fluttering eyelids
  - tingling sensations in their limbs
  - can make strange sounds
  - lip-smacking
  - no loss of consciousness

- Procedures will vary from pupil to pupil but the norm is:
  - refer to care plan in red medical file
  - call the nurse, Head or Deputy if necessary
  - turn the pupil into the recovery position
  - do not move the pupil unless they are in danger
  - move all furniture on which they could injure themselves
  - do not put anything between their teeth
  - administer medication if required and staff are trained
  - remain with the child until fully recovered
  - call an ambulance if necessary
  - record the length of time in the Record of Seizures Book and be very observant of symptoms/possible causes.
  
- **Swimming Pool:** see also Risk Assessment for the Swimming Pool – pupils with epilepsy should have a 1:1 poolside watching them all the time to ensure that, should they have a seizure, they will be pulled out of the pool immediately. **Added 9.12.16**



### **3. HEALTH AND SAFETY GUIDELINES FOR PARENTS AND CARERS**

#### **WHEN YOUR CHILD IS UNWELL:**

Under the Health and Safety at Work Act 1974, the Governors and schools are responsible for the health and safety of all our employees and everyone else on the premises. We have therefore added to our Health and Safety Policy the following guidelines. They were agreed by Governors in February 1998 but have been updated regularly since.

Please do not send your child to school if he/she:

- Has a temperature
- Has diarrhoea or has had diarrhoea during the previous two days
- Has been very ill during the night
- Is simply feeling very under the weather; e.g. very irritable, crying and not his/her usual self.

This is because:

- School is a learning environment and children who are unwell or under the weather cannot learn
- Children who are unwell need a lot of care and attention from staff which takes that attention away from the rest of the class group with possible safety risks for the whole group
- Our more vulnerable youngsters will be unnecessarily exposed to more infections.

If your child becomes unwell at school:

- The school nurse will see them
- If the school nurse, in consultation with senior and class staff, thinks that the child is not well enough to be in school, we will phone parents/carers in order for the child to be collected by parents/carers
- Dependent on the nature of the illness we will advise you to take your child to the GP/that you keep them at home for a certain amount of time and ring the school before sending the child back in

- Can you please make sure that we have an up to date contact number for you – it can become really dangerous for the children if we cannot contact parents/carers in an emergency
- You will also need to phone transport when your child is ready to come back to school.

If your child receives intermittent doses of laxatives, please inform the school (school nurse) when these have been given so that the class are prepared for the result.

We know how important it is for you to have your child in school – we feel exactly the same way - but if they are really not well, they should be at home. Many thanks for your understanding.

PLEASE RING THE HEAD TEACHER IF YOU HAVE ANY PROBLEMS WITH THIS PROCEDURE

## 4. ANIMALS IN SCHOOL

Animals can play an important role in the education of children. Children can learn about their needs and characteristics. Only suitable animals should be used in the school and proper planning considered for their welfare, particularly during holiday times. Recognised publications should be used to determine suitable animals and should be available when keeping animals in school. This procedure is a guide to the precautions taken by the school.

- Be aware that there are some animals and plants that cannot be taken from the wild.
- Have a reliable reference book available on the animal such as those produced by the **RSPCA**.
- Only obtain animals from reputable suppliers.
- Ensure that children wash their hands before and after handling animals.
- Animal houses to be kept clean and disinfected as required.
- Do not allow contact between school animals and wild animals to avoid transmission of disease.
- Do not allow children to bring dead or injured animals in to school.
- If animals wander on to floors or tables wash afterwards.
- Teach children how to handle the animals with care.
- Feed animals correctly.
- Any animal bites and scratches should be washed carefully. Seek medical advice if there is any risk of infection.

## **5. HEALTH AND HYGIENE**

### **5.1 Infection at work**

Hygiene starts with the most important person – yourself. Infections can often be passed on before a person is actually unwell or from such conditions as Hepatitis B, HIV and Aids about which we may have no information as the school is not entitled to know on the grounds of confidentiality. Basic hygiene practice in The Brook has been assessed as of a high quality and is continually updated in line with the increasing complexity of our pupils. Most infectious diseases can be avoided by ensuring basic hygiene practices. This can include such simple procedures as covering cuts and abrasions with waterproof plasters and thoroughly washing and drying hands before meals, after using the toilet or taking a pupil to the toilet or when attending to body fluids and other potentially infectious materials.

### **5.2 Specific Procedures in Avoiding the Spread of Infection**

#### **a) Hygiene in Classrooms**

The greatest care should be taken to ensure good hygiene and prevent the spread of infection within the classrooms.

When washing up:

- eating or drinking utensils should never be washed in the laundry, toilet areas or in the same bowl as bibs, clothing, flannels or towels
- all dinner plates, cutlery and mats should go back to the kitchens to be washed. To ensure that you get back the dishes for your class, mark them clearly and, if necessary, collect them from the kitchen first thing in the morning
- washing up bowls should be clearly marked for the washing of cups etc.
- bibs, towels, flannels, clothing etc. should be taken to the laundry to be rinsed or into the toilet areas. Wherever possible, clothing and towels should be properly washed in the washing machine
- the blue mop and bucket should be used for food spills etc.
- the red mop and bucket for any body fluids/blood.

**b) Dealing with Blood and Body Fluids (including spills)**

When attending to pupils' toileting needs or blood and body fluids:

- for blood/body fluids always use the red bucket and mop
- for other spills, use the blue bucket and mop
- gloves and disposable aprons should always be worn
- hands should be washed with soap/hibiscrub after disposing of gloves
- sponge off clothing immediately with warm, soapy water in the toilet or laundry room
- wash clothes in the washing machine using as high a temperature as possible for the fabric
- personal clothes from the pupils should be sent home unwashed, having first been rinsed and placed in a plastic bag
- in the case of floors and carpets mop up with a disposable cloth or kitchen roll and dispose of in the yellow bags at the end of the day
- sponge/mop the area with hot water and detergent
- disinfect the area with correctly diluted disinfectant
- dispose of any gloves/aprons in the yellow bags at the end of the day
- any splashes into the eyes or mouth should be rinsed freely with water
- NEVER let pupils share toothbrushes or flannels.

**c) Infected Waste Disposal**

The school is provided with yellow waste sacks which are kept in the cleaners' store outside Class 2 toilet block, in Middle toilet in Nursery. Their yellow colour means that the contents are infected and they have to be incinerated. All infected waste should be put into covered bins in the toilet areas. At the end of each day white sacks should be well fastened and taken to the cleaners store and put into the yellow bags on the frames. **Do not overfill.** Please seal the bags and replace with a new one in the frame when they are full enough.

**d) Inoculation Accidents**

Extreme care must be taken to ensure that needles and other sharp instruments are handled safely to prevent inoculation accidents. In the event of such an accident:

- encourage bleeding

- wash the site immediately with soap and water
- inform the nurse, head or deputy who will contact the occupational health department
- complete the accident form and enter in the accident book.

### **e) Immunisation/Infectious Disease**

Immunisation protects pupils and staff against illnesses which can be life threatening. People working with pupils with disabilities run a slightly greater than normal risk of contracting infectious diseases as children with disabilities are more vulnerable to infections. Staff should arrange with their own doctor to ensure that they are vaccinated against polio, tetanus, rubella, and tuberculosis. We now refer all staff to Occupational Health for Hep B injections and boosters. If staff do not wish to take up the offer of Hep B protection they must sign a statement stating so.

There is no obligation for anyone to inform their employer of their HIV status or that they have Hep B. It is estimated that many thousands of people may be infected with HIV without knowing it. Therefore good hygiene practice is vital to prevent the transmission of infections.

## 6. ACCIDENT REPORTING

### 6.1 Procedure for Reporting Accidents/Injuries at Work

These procedures apply to all accidents and incidents, however small. Please remember that an accident/injury as a result of your work needs to be reported as soon as possible. Sometimes it may feel as though the injury was so minor that you don't need to; e.g. a pupil kicking you or a pull on your back, but these things could have repercussions in years to come and they need to have been officially recorded in some form or other in order to protect yourselves. It will also enable Broadwaters to monitor health and safety within the school environment and to ensure that, as far as is reasonably practicable, the premises are safe and without risk to health.

### 6.2 Guidance as to which incidents/accidents should be recorded

#### The obvious ones:

- death of an employee, trainee, self employed person, a contractor or a member of the public
- fractures other than to fingers, thumbs or toes
- amputations
- loss of sight (temporary or permanent) or penetrating injury to the eye
- chemical or hot metal burns to the eye
- burns
- any injury requiring immediate medical treatment or resuscitation
- any injury resulting in loss of consciousness
- injuries from electrical shock, whether or not leading to unconsciousness
- acute illness/loss of consciousness from the inhalation of substances or substances injected through the skin
- acute illness believed to result from exposure to a poison or infected material
- hospitalisation of more than 24 hours **if the person is an employee**
- **a pupil or member of the public** being taken to hospital (whether or not they are detained)
- any other injury which results, on the basis of medical advice, or appears likely to result in the person injured being admitted to hospital for more than 24 hours

- any other injury which results in the employee being absent from his/her employment for 3 or more working days.

**Accidental injury resulting from the school environment or challenging behaviours:**

- cuts/bruises/bumps/scratches/bites/punches/hits as a direct result of pupil behaviours/the school environment/faulty or dangerous equipment or fittings
- falls due to pupil behaviour/dangerous surfaces in the environment
- back strains/twists/pulled muscles/sprains/aching joints as a direct result of work with the pupils/the school environment
- risk of infection from pupils' spitting directly into the eyes/face/mouth.

**6.3 Guidance as to where and how you record accidents/incidents**

This applies to class and non-class based staff/volunteers/students/therapists/pupils/contractors/visitors/parents and carers.

- **The Brook: the Accident/ Incident Book is kept on the front desk of the main reception in Key Stage 1 and in the Deputy Head's office in Key Stage 2**
- **The Willow and The Children's Centre Accident/ Incident Book is kept in the main office**
- Fill in the incident book for all recordable incidents/accidents plus any near misses
- If you are too badly hurt or shocked to fill in the book at the time, either do it later or get a colleague to fill it in on your behalf
- The Head Teachers monitor the incident book weekly and send off an annual monitoring form to Haringey plus quarterly returns kept in the large yellow Health and Safety Management File in the School Business Managers Office
- Classroom incident/accident/near miss books are also monitored by the headteacher and the health and safety representatives at their monitoring meetings, and findings from these are published in the Bulletin/MLE each term.

If the accident or incident is more serious than a minor injury, an accident/incident form should also be completed. The following are examples of when you should fill in a form:



- Injury to an employee requiring hospitalization but for less than 24 hours
- Injury to an employee resulting in more than three days absence from normal duties
- Any accident requiring first aid
- Any fire whether or not the fire brigade is called
- Any case of electric shock
- Any accident which caused damage to equipment or plant
- Deliberate violence whether or not it results in obvious physical injury
- Accidents involving members of the public
- Incidents where a building has to be evacuated excluding false alarms and drills.

### **Completing the accident form (white):**

- Sections A, B, C and D are completed by the person to whom the accident/incident is first reported
- The injured person signs Section B
- The workplace manager/headteacher signs Section D after investigating the accident/incident and consulting with:
  - the injured person(s)
  - any witness(es)
  - people who were working with the injured person(s)
  - the person who had instructed and/or assigned the job to the injured person
  - people who may have information on events prior to the accident/incident.

### **6.4 Injuries noticed on pupils on their arrival in school**

If a child arrives in school with severe bruising, burn marks or other injury which is not reported and adequately explained by the parent or carer, the pupil should be taken to the school nurse immediately the injury is discovered. The Head or Deputy should also be informed. The Nurse, Head or Deputy will contact the parents/carers to seek an explanation.

All minor injuries either notified/not notified by parents or carers should be entered into the relevant book in the drawers outside the office and the nurse should be informed. Parents and carers should be contacted

during the day that the injury was noticed when the pupil arrived at school.

If it is not possible to contact parents/carers re unnotified minor injuries, a note must be written in the home/school book. In the Children's Centre use an 'existing injury' form.

*If in doubt, seek advice from the nurse, Head, Deputy or senior staff.*

### **Injuries/minor accidents happening during the day to pupils**

If a pupil has an accident or receives a minor injury during the day, which may be followed up later by parents or carers, please enter this in the pupil accident book (for The Brook is located on the front desk of the main reception). Anyone dealing with the parents/carers after school may need to know the details.

Please remember that accident forms should be filled in not only for staff but for pupils if they have an accident or there is an incident with another pupil. White forms should be used for staff and pink for pupils.

**Please also remember that for slips/trips or falls you need to fill in the forms immediately as the Woolf Reforms mean that any claims for this type of accident are processed very quickly.**

## 7. CHEMICAL SAFETY

### **Dangerous or Toxic Substances/Chemical Safety**

All cleaning materials, glues, paints and similar substances may be potentially harmful to pupils. Please ensure that they are all stored out of harm's way preferably in a locked cupboard or on high shelves.

If pupils are being taught to use any of these substances, care should be taken to supervise their use adequately. Even those pupils who use the substances safely should be checked occasionally to ensure they understand their potentially harmful nature if wrongly used.

If staff are unsure of the toxic nature of materials, please see the Headteacher or site manager. All substances coming into the school are checked under the COSHH procedures and records kept of all toxic substances.

Protective clothing, overalls etc. should be worn when using glue etc.

Never use food or drink containers to store chemicals, even washing up liquid.

Teach students to recognize the orange warning symbols, which they may come across on household containers, such as bleach, disinfectants, lavatory cleaners, oven cleaners, paint strippers etc. and warn of the danger.

*Reference: The Control of Substances Hazardous to Health Regulations.*

## **8. SAFETY IN LESSONS**

Safety in lessons is ensured by general risk assessments for particular lessons.

### **Design and Technology/Art**

Detailed notes of general guidance are in the Staff Library (Make it Safe – Green cover). All teaching staff doing technology should read this. You are responsible for Health and Safety during your lessons and the risk assessments for any new materials/techniques you may bring into the lesson.

### **Swimming (see also separate Swimming Pool Policy)**

- Remember that wet floors can be very slippery so take care in changing rooms
- remember that there should always be an adult by the side of the pool during swimming sessions while pupils are in the water
- a member of staff should be in the pool when pupils arrive
- pupils should not leave the changing rooms unaccompanied
- each class must have a member of staff trained in emergency resuscitation
- in case of emergency press the panic alarm (grey pads in changing rooms/pool) and some one will come to help
- appropriate swimming costumes are provided for incontinent pupils
- in the event of an 'accident' in the pool, all staff and pupils should leave the pool at once
- THE SITE MANAGER SHOULD BE INFORMED IMMEDIATELY AND THE POOL CLOSED UNTIL CLEANING HAS TAKEN PLACE.

### **PE/Trampolining/Rebound Therapy**

Do not use the trampoline if you are not trained.

### **ICT**

- When not in use, machines should always be switched off at the plug and the doors of the tambour locked
- make sure there is no light (artificial or natural) reflecting on the screen

- take care with your own and the pupil's seating positions – get advice from a physiotherapist if necessary
- administrative staff or teachers during non-contact should take breaks from typing at regular intervals
- the power supply should always be turned off before any computer equipment is moved, connected, disconnected or opened up
- all faults should be reported to Ed Putman/Mark Whittle- ICT coordinators for The Brook, Alan Harry for The Willow or Joskos via the Help Desk or the technician working with us on Monday/Wednesday and Friday.
- if the VDU image becomes unclear, unstable or flickers, the fault must be reported and the machine not used until it has been rectified
- do not use computers near classroom sinks or any other source of water
- ensure that there are no trailing cables for people to trip over.

## **9. DANGEROUS EQUIPMENT AND BREAKAGES**

### **Hot Water, Use of Kettles, Irons, Cookers etc.**

The hot water system sometimes produces excessively hot water. Staff should check the hot water before pupils use it. If the water is excessively hot, please report this to the site manager, head or deputy. No pupils should use irons, cookers, kettles etc. without supervision.

### **Broken Glass**

Broken windows should be reported immediately to the site manager so that he can clean up and make a temporary repair. If he is not on site, see the Head or Deputy. Any staff clearing up broken glass, should wrap it in newspaper and take it straight to the dustbins outside.

**Do not put any broken glass, china etc. in the wastepaper bins in classrooms or staffroom.**

## **10. SAFETY ON EDUCATIONAL OFF SITE VISITS AND USE OF MINIBUS**

Full risk assessments in the Educational Visits file – see Ed Putman for The Brook if you are unsure.

- An off site visit is any visit where children – any number – are taken away from the school site
- An outings form must be completed for all trips – even going shopping with pupils so that we know where you are and that you are not in the building in case of fire or evacuation
- Staff planning visits should ensure that premises to be visited are accessible and have appropriate toilet/changing facilities
- Staff planning visits should have discussed any possible risks with their staff/staff at the destination of the visit to ensure the safety of pupils
- Risk assessments will be completed and documented for all off site visits. Where the visits are regular such as to the church, park or swimming pool, the risk assessment will be completed and then reviewed each term or year as necessary
- All LEAS/School guidelines for educational visits/journeys are to be followed before any off site visits take place
- Where activity providers are used then their competence is to be checked
- The risk assessment process determines the level of first aid cover on the visit but at The Brook all support staff have been trained in emergency first aid
- First Aid Kits are always taken on the visit – bum bags are provided for 1:1 or 1:2 visits
- All arrangements for off site visits must be checked by the Head Teacher/Deputy Head Teacher before the visit commences
- The school mobile phone should always be taken with you on visits or you should use your own mobile in cases of emergency
- Adequate time should be allocated to load buses and pupils and should take into account the staff's manual handling issues
- Drivers of the minibus should ensure that clamps are in place for wheelchairs and pupils are strapped safely into their seats
- Industrial gloves are available to ensure that hands/fingers are not injured in clamping
- Drivers should check that the first aid kit is in place before setting off
- Staff should clean the minibus thoroughly on their return.

## 11. SECURITY AND SAFETY ON SITE

### **11.1 Security Systems**

The access control system has been designed to provide for the security and safe access of pupils, parents and carers, visitors and all staff. The proximity card system allows for detailed and refined security procedures to be deployed across the whole Broadwaters site. Staff are issued with proximity cards to enable them to access required areas of the Broadwaters site.

- Perimeter fences surround the site
- There is a line of safety from the canopied walkway to the Children's Centre with its locked gate to the front door fob entry system
- Fob entry/button exit systems on all gates
- CCTV/Security cameras are installed at key points
- Door entry system are connected to the main administrative office
- Visitors book and badges - all visitors, contractors etc. should be directed to the main reception where they will sign the visitors book (see Visitors/Contractors Policy)
- For The Brook classrooms there are panic button systems connected to a central alarm in the office. The panic buttons are located in the small grey panels in classrooms and shared areas such as the dark room and the soft play room. Each panic button has a number which is coded in the office and flashes up on the central device. Anyone in that area will then come to the aid of the particular class/group
- The Children's Centre has a panic button in the office linked directly to the police.

### **11.2 Responsibilities of all staff**

#### **a. Gates/Exits**

- Please close all gates after you
- We have children who try to escape in the school and they have been known to get out through any unlocked door/gate/fire exit
- If you notice that any gates/doors have been left open, please close them – you may be the only person to notice and it could save a pupil from accident or injury.



### **b. Intruders**

- If you see someone you do not know anywhere in the school, **please let someone from the senior staff know or inform reception** – they could be supply staff, students or volunteers but they could be intruders. Do not challenge unless absolutely necessary – if they are intruders this could place you in danger.
- Senior staff will then deal with the situation by challenging the intruder; e.g. “Can I help you? Are you looking for reception? Do you have an appointment with someone?”
- If suspicions are still aroused, the member of senior staff/Head Teacher/Deputy Head will call the police.
- Do not try to stop an intruder from leaving the building – this may put you in danger. Try to memorise a description of the intruder while you are dealing with the situation.

### **c. Personal Possessions/Valuables**

- Everyone has a locker – please keep all your valuables/possessions in the locker (locked!). The school cannot take any responsibility for items which are not locked away. If you have no locker or the key is lost, please inform the Deputy Head immediately.
- Please do not bring valuable jewellery or jewellery which is of sentimental value into school. Some of the challenging behaviours can mean that jewellery is grabbed and this can cause injury or the items to be broken. If, for any reason, it is unavoidable that you are carrying large sums of cash or other valuables, this can be put in the safe for you at the beginning of the day - please see the Headteacher or School Business Manager.

### **d. Dress Code**

This is not meant to be a discriminatory dress code - just sensible, useful and protective for staff and pupils, especially those new to the school as students and volunteers.

- The school advises staff, volunteers and students not to wear jewellery or clothing which, because of the nature of some of our pupils, could be a danger to themselves or the pupils. This includes any jewellery, which could be grabbed; e.g. long earrings, bracelets, neck chains. Piercings; e.g. of belly buttons etc. should be well covered.

- Don't wear your best clothes but do wear comfortable, appropriate clothing.
- High heels, flip-flops and other shoes that could fall off when you run after pupils, are inappropriate.
- Nails – as with those of the pupils – should be kept short because, with the best will in the world, long nails can do accidental damage.

### **e. Pregnant Workers**

When a member of staff has become pregnant the school should be notified and an appropriate assessment carried out to ensure that the duties performed do not cause her, or her unborn child, any harm.

### **f. Smoking**

**Broadwaters is a non-smoking site.**

Smoking may not take place on the Broadwaters site or in Broadwaters buildings. Smoking in view of children and parents / carers should not take place during the school day.

When out of school on educational visits, school journeys, staff should not smoke in front of the pupils.

### **g. Stress Management**

Stress Management is a difficult area and there is no specific legislation but we would relate to the specific section of the Haringey Schools Personnel Handbook. However, the duty of the employer is to ensure, as far as is reasonably practicable, a safe and healthy workplace and to assess the nature and scale of the risks to employees within that workplace. It is implicit therefore that no undue physical or mental risks are suffered by employees. The Brook is a very stressful environment simply due to the work that we do. It is therefore very important that we all recognise stressful situations and discuss the ways in which we can help alleviate them.

#### **What is stress?**

A useful definition is as follows, "a process that can occur when there is an unresolved mismatch between the perceived pressures of the work situation and the individual's ability to cope". The employer has a duty to ensure that the health of the employee is not placed at risk through excessive and sustained levels of stress arising from the way work is

organised, the way people deal with each other and how they deal with their own work.

In addition, much may also depend on the experiences that people are encountering outside the workplace. A stress-free home environment may make it easier for an employee to cope with work stress but if there is stress both in the workplace and at home, then overall stress may well become intolerable.

### **Symptoms of stress**

These can include high blood pressure, heart disease, anxiety, depression, ulcers, thyroid disorders, short term memory loss, stomach disorders, low personal esteem etc.

### **Supporting All Staff at Broadwaters**

To minimize stress at Broadwaters the schools will ensure that:

- There is a school culture which does not see stress as a weakness and emphasizes that staff should not feel guilty because they are suffering stress.
- Management is aware that stress can occur for many different reasons and treats staff accordingly and sensitively. Managers have no right to know and may not be aware of circumstances causing stress at home for staff. However, within an ethos where communication is paramount, staff should always consider whether to inform management confidentially of outside issues which may affect their performance at school.
- Training and resources match the roles for all staff.
- Induction will be available for all staff.
- Unnecessary change and uncertainty are reduced to a minimum.
- Open communication and dialogue happen throughout the organization, with employees feeling able to challenge when they feel under stress and management attempting to recognise stressful situations before they emerge.
- There are adequate staffrooms and other facilities.
- There is adequate non-contact time for teachers.

## 12. CONTRACTORS ON SITE

Contractors on site will be managed and supervised by the Premises/Site Management Team.

### **Premises Manager/ Site Managers Roles:**

- The Premises/ Site Manager(s) must be aware of the schools' responsibilities regarding contractors.
- They should make checks for competence and insurance.
- They should ask the contractor for risk assessments/method statements.

The following guidelines should be followed.

Before any work commences, it is advisable to hold a meeting on site with the contractor to agree how potential problems can be avoided.

For local contractors it is advisable to set up the schools' own "approved list". This will ensure that only suitable contractors are brought into the school to perform tasks. There are many advantages in setting up an approved list, such as:

- It will be easier to find someone to call in the event of an emergency.
- Staff will know who to call in the absence of the Head Teacher.
- The contractor will have been checked beforehand, so the schools know what they are getting.
- References will already have been taken up and checked.
- Once a contractor is on the approved list it will only be necessary to go through the contractor suitability checklist once a year.

For a contractor to get onto the approved list they should satisfy the following:

- Be capable of carrying out the work in a competent manner, either by qualification or experience.
- Be able to supply the resources to satisfactorily complete the job without up-front payment.
- Be able to supply several satisfactory references, which should be checked.
- Be a member of a relevant trade association.

- Have sufficient and up to date Public Liability Insurance - a copy of the certificate should always be taken and keep it on file, and the expiry date noted in a diary to check for renewal.
- Have an up to date and meaningful safety policy.
- Have documented risk assessments.
- Have agreed in writing to abide by the school safety policy and rules.
- Have clearly stated the work to be done, the cost and the timing in writing before the work commences.

If the above can be adhered to in all dealings with contractors it will greatly reduce the risk of problems or disputes. Remember, it is your site and they have to abide by your instructions.

See Contractors Guidance Notes 2006

### **13. ELECTRICAL SAFETY**

Most people will be well aware of the dangers associated with electricity and electrical equipment. Electricity is potentially the most dangerous thing in the school and must be treated with respect. The Electricity at Work Regulations impose certain duties on organisations to ensure the safety of those who may be affected by it. The following procedure should be adhered to in the use of electricity:

- All portable electrical appliances should be tested as necessary. The frequency of the tests vary according to the equipment and where/how it is used.
- Staff should be instructed to visually check each item of electrical equipment before it is used. Look for signs of burning, damaged cables, loose covers etc.
- Any faults must be reported to the Head Teacher immediately and the equipment taken out of use until it is suitably repaired.
- No one is allowed to work on any electrical circuitry or equipment unless competent to do so.
- Be aware of the dangers of trailing cables and do not have trailing cables across walkways.

- Four way extension blocks should be secured to the wall or computer trolley to prevent them being tangled in feet. This prevents tripping hazards and damage to equipment.
- The fixed electrical installation should be tested at about five yearly intervals.

Further information can be obtained from [www.hse.gov.uk](http://www.hse.gov.uk) documents "PAT Testing in low risk environments".

## **14. FIRE SAFETY**

*See Broadwaters Fire and Evacuation Policy and practice documentation. This is supported by Safesmart and OHS our Health and Safety Consultancy.*

## **15. FIRST AID (see also section 1.4.i above)**

The schools will endeavour to have at least two four day qualified first aiders to allow for cover during school visits. Where possible the remaining staff will have received the basic one day first aid training.

A list of the qualified first aiders is available in strategic places throughout the school. All staff, including supply teachers, are made aware of the first aiders and their location.

First aid kits are available in the school and their contents checked and replenished as necessary by the nominated first aider or whoever is otherwise nominated. Only first aid items may be held in first aid kits. Kits must not contain creams, lotions, tablets etc.

Portable first aid kits must be available, suitably stocked and taken on all visits away from the school.

In the event of a more serious injury, such as:

- unconsciousness
- severe bleeding
- object stuck in throat
- deep cut that may require stitching

suspected fracture  
severe asthma attack  
severe reaction to bites or stings  
swallowing or suspected swallowing of toxic substance

**Dial 999 and ask for an ambulance.**

**CALL PARENTS IMMEDIATELY and RECORD THAT CONTACT.**

## **16. FLAMMABLES**

It is unlikely that a primary school should have any quantities of flammables, particularly flammable liquids. Some cleaning items however are flammable and some highly flammable. Where these items are used, no large quantities are to be stored. Deliveries and orders must be kept to a minimum. Where such items are required in the school, they will be stored in a suitable locked metal cabinet in the cleaner's or caretaker's store.

## **17. HEALTH AND SAFETY ASSISTANCE**

To satisfy the legislative requirements of having access to a competent person, the school seeks the assistance of LB Haringey. This consultancy will provide advice and guidance on health and safety law and what the school needs to do to comply with that law.

## **18. INSPECTIONS OF BROADWATERS**

Broadwaters is inspected regularly by the Head Teachers and the Premises/Site Managers, Business Managers, Union Representatives and the Childcare Leader for any defects that could lead to an accident or ill health of any occupant. These inspections are normally carried out once per term and the results briefly recorded in the school log or inspection book. The Heads' and Governors' inspections are done once per annum.

## **19. LADDERS AND STEPLADDERS**

### **Extending Ladders**

Where extending ladders are used, normally by the Caretaker, then proper instruction or training should have been received. It is recognised that this training could have been received during previous employment; e.g. person used to be a fire fighter and received training from the Fire Service. Roof work, even retrieving balls, should not be undertaken during windy or severe weather, not during periods of school occupancy and should only be undertaken using appropriate access equipment and supervision.

### **Stepladders and kick stools**

There should be sufficient stepladders or kick stools provided around the school to prevent staff from using chairs for access to high shelving or putting up displays. Staff should receive basic instruction in the use of step ladders to ensure that they are aware that they must not have any degree of side loading and that the top step should not be stood on, unless it is designed for this, and has a suitable rail to support the user.

There should not be any chairs in storerooms.

All ladders/step ladders must be periodically inspected and these inspections logged.



## **20. MANUAL HANDLING**

### **Manual handling**

Manual handling operations means any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force.

### **Legal background**

Manual handling Operations Regulations 1992 place a duty on every employer to reduce the risk of injury from all manual handling operations which cannot be avoided, and avoid hazardous manual handling as far as possible.

### **Risk assessment**

The key to the regulations is the identification of hazardous handling operations and their assessments. Managers must address manual handling issues when performing risk assessments. The regulations require a suitable and sufficient assessment of all manual handling operations to reduce the risk of injury.

This can be done by increasing awareness, providing information and training, and by providing mechanical aids (hoists), or by redesigning the task to avoid manual handling.

Lifting and handling of pupils at The Brook has been identified as a priority area. It is important to eliminate as many risks both to pupils and staff as possible.

There is one member of The Brook staff who has been trained in manual handling. They have the responsibility for carrying out and updating profiles, for monitoring and co-ordinating the maintenance of equipment, and for running training sessions for staff.

The training will include the theory of lifting and back care, risk assessment, practical lifting techniques, and the safe use of equipment. Staff will receive accredited certification for manual handling training. All equipment must be handled by trained staff, especially the use of the hoists.

If you see any member of staff using unsafe lifting techniques, please warn them, it is dangerous to both staff and pupils. If you are in any doubt, seek advice from trained staff.

### **Checklist**

The following checklist provides examples of the type of actions which

may cause injury during manual handling. These relate to the lifting task, the individuals capability, the load and the working environment.

- **THE DISTANCE BETWEEN THE LOAD AND THE LIFTERS TRUNK.**  
This has a direct impact on the level of stress on the lower back. If the load is not kept close to the trunk, then regardless of the lifting technique used, there will be stress on the lower back.
- **TWISTING THE TRUNK**  
If the lift involves twisting the trunk, this will increase the stress on the lower back.
- **STOOPING**  
If the lift involves stooping, this can also cause stress to the lower back. When the lifter stoops, the trunk is thrown forward and its weight is added to the load being lifted.
- **REACHING UPWARDS**  
Reaching upwards puts additional stress on the arms and the back and the load becomes more difficult to control. This is a relevant safety consideration. The distance of the lift adds to the level of effort needed. It may also mean that the lifter's grip has to be changed or adjusted during the lift. This could lead to an accident or injury.
- **THE CARRYING DISTANCE**  
In general, if it is safe to lift and lower the load, then the distance of the carry is not a risk factor unless it is an excessive distance.
- **PUSHING AND PULLING**  
Excessive pushing and pulling adds to the physical stress of the lift. It also creates the risk of a slipping accident.
- **SUDDEN MOVEMENT**  
The combination of sudden movement and an unstable lift can be very dangerous. The unpredictability of some of our pupils can be the greatest risk during the lift.
- **FREQUENCY OF LIFTS AND REST PERIODS**  
A relatively small lift carried out frequently can create as large a risk of injury as a one-off large lift. The more lifts that are carried out without rests and recovery periods, the more likely it is that there will be an accident or injury caused by fatigue.
- **WEIGHT**  
This is one factor, but not the sole factor, in the risk assessment.
- **SHAPE**  
The shape of a load affects the way it is held; if it is bulky or unwieldy this will often add to the difficulty of the lift.
- **GRIP**

Extra grip strength is often needed to lift SEN pupils. They are often unpredictable during a lift and so the lift can be more dangerous.

- **CAPABILITY**

The individual's capability must be considered. Does the job require unusual strength? Does it create a hazard for pregnant staff or staff with a health problem? Is special information or training required to do the job safely? As a general rule, the risk of injury should be regarded as unacceptable if the lifting operations cannot be performed satisfactorily by most reasonably fit, healthy employees.

- **WORKING ENVIRONMENT**

The working environment is another important safety consideration.

- **SPACE CONSTRAINTS**

The working environment may restrict staff from adopting a good posture when lifting. This means that risk of injury will be increased. Restricted headroom forces a stooping posture. Furniture, fixtures or other obstructions may increase the need of twisting or leaning. Constricted working areas and narrow gangways restrict movement and manoeuvrability.

- **FLOORS**

Slippery or uneven floors increase the likelihood of slips, trips and falls; they also hinder smooth movement and create additional unpredictability

- **FLOOR LEVELS**

Steps and steep slopes can increase the risk of injury because they add to the complexity of movement when lifting.

- **TEMPERATURE**

The risk of injury during lifting can also be increased by unsuitable temperature at the workplace. A high temperature or too humid an atmosphere can cause fatigue. If the temperature is too low, this may impair dexterity.

- **LIGHTING**

Clear lighting is needed so that the lifter can see what he or she is doing and make proper judgements about distance and space.

## 20.1 RULES FOR SAFE MANUAL HANDLING

- a) Stop and think. It is important to plan the lift. 'Where is the load being moved to? Are hoists or other lifting aids needed? Is someone else needed to help? Is there any obstruction in the way?'
- b) Position the feet. A lift should be carried out with the feet apart. This gives a balanced and stable base for the lift. The leading leg should be as far forward as is comfortable.
- c) Adopt a good posture. When lifting from a low level, the knees should be bent. However, the lift should not begin from a kneeling position. The lifter should avoid over flexing the knees. It is very important to keep the back straight. If necessary, the lifter can lean forward a little over the load, for a better grip. The shoulders should be level and facing the same direction as the hips.
- d) Get a firm grip. The best position and the best type of grip depend on the circumstances of the lift and the individual's preference. There needs to be a firm grip.
- e) Raise your head as you start to lift, lift using your leg muscles, use smooth movements.
- f) Tuck your arms in to avoid straining your neck or shoulder muscles.
- g) Hold the load or pupil, close to your body.
- h) Don't block your view by carrying too large a load.
- i) Move the feet. The lifter should not twist his or her trunk when turning to the side but should remember to move his or her feet instead.

In order to apply the above principles you must:

- Wear suitable clothing, loose comfortable garments and flat shoes. Inform the senior management team if there is any reason why you should not lift.
- Be aware of your own fitness and capability to follow safe lifting procedures.

Please remember staff should have regard to the "Guidelines for good practice in intimate care" when handling/lifting pupils in preparation for intimate care. They should ensure that every pupil is treated with dignity and respect and privacy is ensured.

## **21. OFFICE SAFETY**

For office safety make sure that:

The office is checked to ensure that trailing cables from computers do not cause tripping hazards.

A Display Screen Assessment is carried out to ensure that admin staff are not exposed to risks from repetitive strain injury or work related upper limb disorder. The member of staff must be involved in the assessment.

There should be adequate storage provided for files etc.

Space under desks and open floor areas are not used for storage.

For full guidance reference to DSE documents (LA guidance note C04).

## **22. OFF SITE VISITS**

An off-site visit is any visit where the children are taken away from the school site.

Risk assessments will be completed and documented for all off site visits. Where the visits are regular visits, such as to the swimming pool, the risk assessment will be completed then reviewed each term or year as necessary.

All LA or DFEE and HSE guidelines are to be followed before any off site visits take place. All necessary documentation is to be completed before the visit takes place.

Where activity providers are used then their competency is to be checked.

The risk assessment process determines the level of first aid cover on the visit.

First aid kits are always taken on the visit.

All arrangements for off site visits must be checked by the Head Teacher before the visit commences.

## **23. RISK ASSESSMENTS**

Risk assessments will be carried out by the school to comply with legislative requirements. The risk assessment will be lead by senior school management, but will include as many staff as possible. Risk assessment is better carried out by several people together rather than as an individual exercise. The risk assessment will look at the hazards encountered, who may be harmed by them, how they may be harmed, the control measures that are in place or need to be put in place. The findings of the risk assessment will be brought to the attention of staff and the assessment reviewed and revised as necessary. The review will take place at least annually but will also take place if there are changes that require it, such as building work being carried out at the school.

## **24. SAFETY TRAINING**

The safety training needs of the school will be considered by senior school managers and the appropriate training arranged for staff.

Safety training will be given to new or relief teachers as soon as they join the school. As an absolute minimum, this basic training should include the procedures for fire and first aid. They should also be made aware of this safety policy and the procedures for implementing it.

The Head Teachers will arrange refresher training as necessary through the admin team.

## **25. WASTE DISPOSAL**

The arrangements for removing waste from the school are reviewed annually to ensure they remain satisfactory. Consideration is given to the need for removing clinical waste in yellow bags twice per day or as and when required.

## 26. AUDITING THE SAFETY SYSTEM

Once the safety system has been set up and introduced into the school it is a legal requirement that it is regularly checked to ensure that it remains up to date and effective. The most common way of doing this is by a safety audit. This is best carried out by an independent person for the day to day administration of the safety system. It is often carried out by a safety adviser from the CYPS, by one of the school Governors, if knowledgeable enough, or by an independent auditor.

The system should be audited regularly; this could be once every two years. The purpose is to ensure the system remains effective. During the audit, the management procedures shown in the safety policy are checked to ensure that they are still put into practice and that the staff are actually aware of them. This sort of check will see if the system is an active one, or if it is just words in a policy.

As part of the audit, the auditor also walks through all parts of the school to look for failings in the system. This walk through also shows if the policy is being put into practice.

If there are no up to date fire signs it will indicate that a fire risk assessment probably has not been carried out.

Looking at the accident book will show if the Governors actually review it and sign it off during their meetings.

This section of the safety policy should show who carries out this audit and how frequently.

The safety system will be audited by: **TBC**

The safety system will be audited every two years, normally during the **TBC** term. A report will be given to the Head Teachers for action.