



## Health and Safety Policy 2025-2026

This Policy applies to St Giles Nursery School and St Giles Nursery School Pre2s.

(Based on LCC's model policy for schools:

<https://professionals.lincolnshire.gov.uk/health-safety-manual>)

### Aims

Our school aims to:

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

### Legislation

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

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

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

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

## **Statement of Health and Safety Policy**

Lincolnshire County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Head teacher and staff members.

The Governing Body is committed to:

- The provision is safe and healthy conditions are maintained for pupils, staff, visitors and contractors;
- Compliance with all relevant health and safety legislation;
- Seeking the co-operation of staff, pupils, parents/carers and contractors to achieve these objectives in order to minimise injuries and work related ill health

St Giles Nursery School follows the **G1.1 Health and Safety Management- Advice and Guidance**. [G1 Health and safety policy](#)

The risk control arrangements are set out in the risk assessments which are recorded separately.

It is important to list every hazard likely to be present at any time and therefore everyone must be continually vigilant to ensure that any new hazards are identified and appropriate arrangements implemented to control the risks.

If in doubt about anything to do with health and safety, stop and ask; where necessary specialist advice will be obtained.

This health and safety policy will be reviewed annually and amended as necessary in the light of new developments and information gathered from monitoring.

### **Responsibilities of the Governors**

- A health and safety policy is prepared, implemented and reviewed to ensure it remains valid;
- Health and safety standards are monitored;
- Actions are priorities where resources are required
- Health and Safety is a standing agenda item at full Governors' meetings;
- A Governor is given specific responsibility for health and safety
- The Governor with specific health and safety responsibilities and the Head teacher receive health and safety management training;
- Assistance is obtained from specialists when in any doubt about the health and safety standards to apply;
- The Director of Children's Services is informed of any situation of concern where appropriate health and safety standards cannot be implemented.

### **Responsibilities of the Head Teacher**

The Head Teacher is responsible to the Governing Body for ensuring that;

- The health and safety policy is implemented on a day to day basis;
- Risk assessments are carried out and measures are implemented to control the significant risks and comply with health and safety legislation;
- The significant findings of the risk assessments are recorded and any appropriate action is taken and shared with staff and governors;
- Health and safety standards are monitored informally on a day to day basis and formally monitored once a year, keeping records of the findings and any action required;

- Staff are aware of what is expected of them and that they are capable of dealing with the health and safety requirements of their work;
- Any problems with implementing and maintaining appropriate health and safety standards are reported to the Governing body along with details of significant injuries to staff, pupils and visitors;
- Specialist help and assistance are obtained where necessary.
- The Head teacher will advise personnel on induction in meeting their individual responsibilities with regard to health and safety at work or provide appropriate training and guidance for other leadership members to provide induction and review with personnel at supervision.

### **Responsibilities of all staff**

All staff are responsible for:

- Taking reasonable care for their own health and safety and the others who are affected by their activities;
- Where appropriate, exercising effective supervision of pupils as to minimise risks to their health and safety;
- Using any work equipment in accordance with the training and instructions provided;
- Cooperating as is necessary to implement the arrangements of this policy and the measures detailed in the risk assessments
- Monitoring the health and safety standards of their own areas, ensuring that the appropriate risk control measures are implemented;
- Reporting to the Head Teacher any health and safety matters they cannot, or do not feel competent to, deal with themselves and any shortcomings they see in the health and safety arrangements.
- Carry out ongoing risk benefit assessment of activities in nursery, e.g. placing outdoor play equipment appropriately.

The nominated Health and Safety Lead is Helen Barter.

The nominated Health & Safety Governor is Naomi Hopma.

### **Responsibilities of all pupils**

Pupils are;

- Taught and encouraged to take personal responsibility for their own health and safety and that of others;
- Taught the importance of using equipment safely both indoors and outdoors;
- Taught the rules of the nursery and that they must listen to the instructions of staff;
- Provide them with opportunities to practice fire safety evacuation

### **First Aid Arrangements**

It is the policy of the school to train as many staff as possible in paediatric first aid so that there is always cover for the most likely times that injuries occur and for absences/school visits etc. The training is repeated every 3 years to maintain competence. First aid boxes stocked with a recommended list of contents are located in the classrooms, flowerpot room, reading space, staff room, the office and the Forest School base. First aid boxes are checked monthly and replenished accordingly. If the last item is used, the person who used it should replace it immediately.

Staff should administer first aid treatment in accordance with their training and always err on the side of caution by referring pupils for further medical attention as set out below or when in doubt.

Head injuries can easily be underrated. Any significant knock to the head which shows signs of swelling, grazing, crushing or which changes the behaviour of the pupil, should be referred immediately for further medical attention. Slight knocks to pupils who have had previous head injuries could be serious and these also should be referred immediately for further medical attention. Parents are to be contacted immediately where further medical attention is necessary and informed via the accident form of any non-significant head bumps which show no signs or only slight reddening.

Broken bones may sometimes not be obvious in children. Any injury which results in continued pain or changed mobility should be referred immediately for further medical attention.

Aids and Hepatitis B Viruses are a risk to staff involved in the provision of first aid. The universal precautions for cleaning up body fluid spillages detailed in the Health Protection Agency poster "Guidance on infection control in schools and other childcare settings" should be followed to prevent the spread of infection. This poster is displayed in the Office. Guidance is also followed for recommended absences and procedures from this HPA information poster.

Staff should use the disposable gloves provided when dealing with an open wound or when changing soiled or wet children. The gloves are available in all classrooms and changing areas.

## **Injury Reporting**

### **Accident reporting**

#### **Accident Form/Staff Book**

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Parents are asked to read and sign the incident form at the end of the session.
- Information about injuries will also be kept in the pupil's educational record
- Staff will record incidents in the Staff incident book.
- All records will be transposed onto Arbor.
- 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.
- All employee injuries and significant injuries to pupils will be recorded on the Accident, Incident, Reporting (AIR) for schools. [AIR Form for Schools](#)
- The link to the RIDDOR process can be found here:  
[RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE](#)

The Headteacher is responsible for completion of the AIR form, 'Reportable Diseases' and 'Dangerous Occurrences' as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

'Major' injuries to pupils and visitors are those which require them being taken directly to hospital. This only applies to injuries which arise in connection with work, either through a premises fault or through work

organisation, such as lack of care. Injuries arising out of curriculum sporting activities requiring hospital treatment are reportable. Injuries which arise from play activities or health conditions are not reportable, unless these happen in connection with work, or as a result of work activities.

‘Major’ injuries to staff are basically any break of the large bones or any injury which requires hospitalisation for more than 24 hours.

‘Over 7 day’ absence are injuries to staff; do not count the day of the injury but every day after when they were unable to carry out their normal duties is counted, irrespective of weekends, holidays etc.

‘Reportable Diseases’ are those notified by a doctor’s certificate. These diseases are numerous but rare and include injuries from repetitive movements, infections such as Leptospirosis, tetanus, Hepatitis and Legionellosis conditions from exposure to substances such as occupational dermatitis.

Injuries to self-employed persons working on school premises must be reported in the same way as for school staff.

Some incidents which do not result in injury must also be reported to the ICC. These are known as ‘Dangerous Occurrences’ and are only those which are specified by the Regulations. These are mainly large incidents in the construction and manufacturing industry, but do include failure of a lift and fires or electrical short circuits, which disrupt activities for more than 24 hours.

## **Fire**

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

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take place at various points, once per week.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points. These are clearly identified near each class exit point.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Headteacher will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A fire safety checklist can be found in appendix 1.

## **COSHH**

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by The Caretaker/Business Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

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

Hazardous products are kept in a locked cupboard inside of the locked caretaker store room.

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

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

### **Gas safety**

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

### **Legionella**

- A water risk assessment has been completed by Vinci through the SEMS Buy-back Scheme. They are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book. The Caretaker has full oversight of these documents.
- This risk assessment will be reviewed when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: undertaking monthly checks and routine flushing. This service is provided by Vinci. Comprehensive reports are stored in the risk assessment files.

### **Asbestos**

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

- A record is kept of the location of asbestos that has been found on the school site

### **Equipment**

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

### **Electrical equipment**

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the School Business Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

### **Outdoor/ Forest School and PE equipment**

- Pupils are taught how to carry out and set up PE/outdoor and forest school equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the music room floor or other apparatus will be reported to the School Business Manager

### **Display screen equipment**

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

### **Lone working**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties

- Site cleaning duties
- Working in a single occupancy office

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

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

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

### **Working at height**

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

In addition:

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

### **Manual handling**

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

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

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

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

### **Off-site visits**

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

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

Schools with Early Years Foundation Stage provision add:

- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on schools trips and visits

### **Lettings**

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it.

### **Violence at work**

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/headteacher immediately. This applies to violence from pupils, visitors or other staff.

### **Smoking & Vaping**

Smoking and/or vaping are not permitted anywhere on the school premises.

### **Infection prevention and control**

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

#### **Handwashing**

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

#### **Coughing and sneezing**

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

#### **Personal protective equipment**

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

#### **Cleaning of the environment**

- Clean the environment, including toys and equipment, frequently and thoroughly

### **Cleaning of blood and body fluid spillages**

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

### **Laundry**

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **Clinical waste**

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

### **Animals**

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

### **Pupils vulnerable to infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

### **Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4. In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

## **New and expectant mothers**

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant. Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers 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
- 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
- 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

## **Occupational stress**

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

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

## **Reporting to the Health and Safety Executive**

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) by visiting - [Tell us about a health and safety issue - Contact HSE](#)

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

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
  - Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
  - Where an accident leads to someone being taken to hospital
  - Where something happens that does not result in an injury, but could have done
  - Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment

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

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

How to make a RIDDOR report – [RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE](#)

### **Notifying parents**

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

### **Reporting to child protection agencies**

The Designated Safeguarding Lead will notify Lincolnshire Safeguarding Children Partnership (LSCP) of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

### **Reporting to Ofsted**

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

Ofsted must be informed of the following:

- Anything that requires resuscitation
- Admittance to hospital for more than 24 hours
- A broken bone or fracture
- Dislocation of any major joint, such as the shoulder, knee, hip or elbow
- Any loss of consciousness
- Severe breathing difficulties, including asphyxia
- Anything leading to hypothermia or heat-induced illness
- Penetrating injury to the child's eye
- Chemical or hot metal burn to the child's eye
- Any loss of sight, whether it is temporary or permanent

### **Training**

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

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

### **Monitoring**

This policy will be reviewed by the School Business Manager every year.

At every review, the policy will be approved by the Governing Body.

### **Links with other policies**

This health and safety policy links to the following policies:

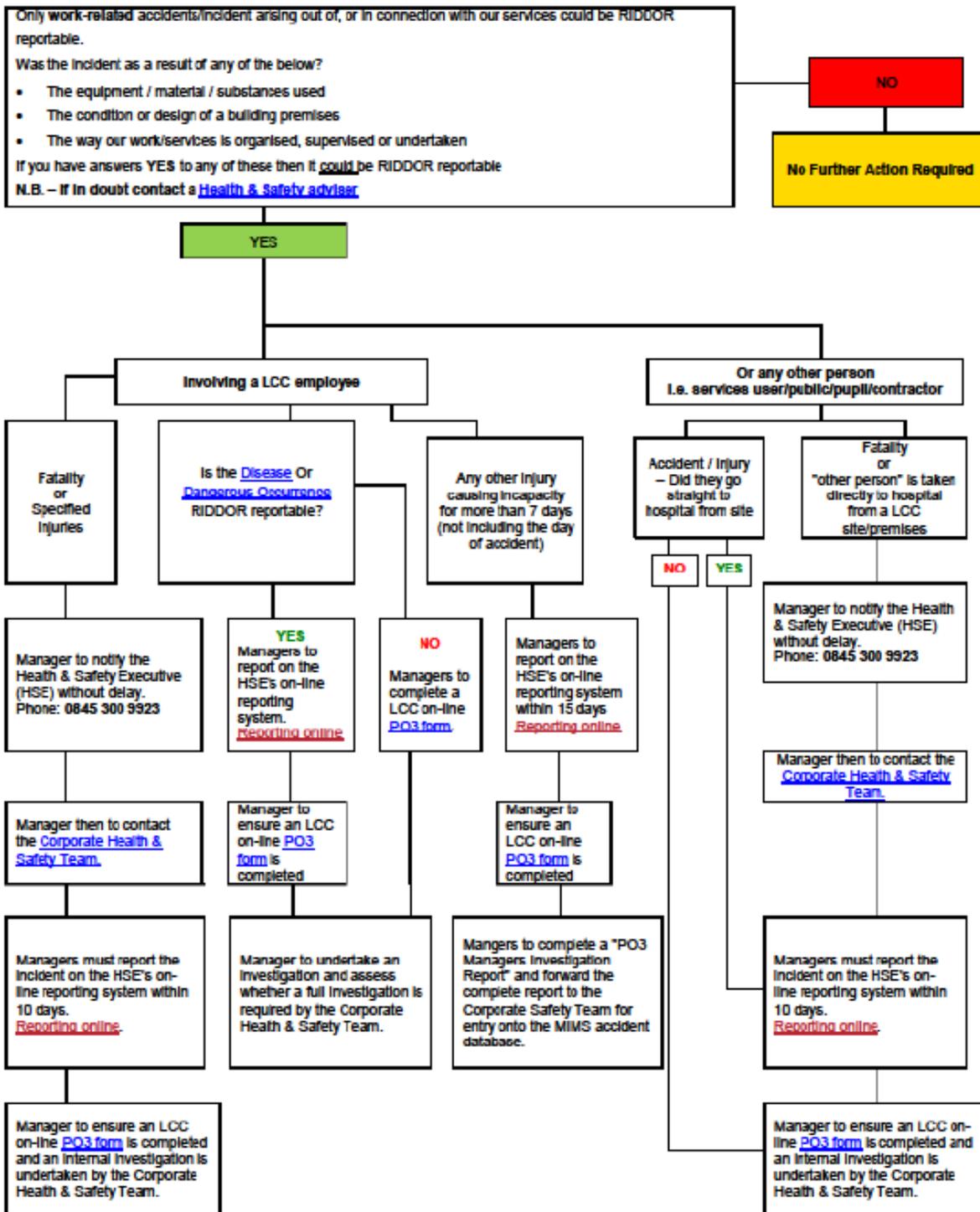
- First aid
- Risk assessment
- Supporting pupils with medical conditions

- Accessibility plan

Adoption date: March 2026

Review date: March 2027

## Is the Accident / Incident RIDDOR Reportable or Not?



[Example of reportable and non-reportable accidents & incidents](#)

Arbor should also be used for recording of incidents involving children. E.g. falls and trips, biting etc

### **Statutory Notices**

The following statutory notices are displayed in the staff-room;  
Health and Safety Law poster  
The Lincolnshire County Council Health and Safety Policy poster

The following statutory notices are displayed in the office;  
Public and employers liability insurance certificate  
Health and Safety Law poster  
The Lincolnshire County Council Health and Safety Policy poster

### **Health and Safety Representatives and Consultation**

Helen Barter has been appointed as the employee Health and Safety representative and will be consulted during the preparation and review of the health and safety procedures.

Facilities and Time off from normal duties will also be provided so that Helen can carry out the functions of a Health and Safety representative as detailed in the Safety Representatives and Safety Committee regulations. Health and Safety is a standing item on the agenda of all staff and full governors meetings.

### **Employee Induction Procedures**

The capabilities of all new staff with regard to their own health and safety and that of pupils in their care will be taken into account before employment starts

Adequate information and training will be given to ensure that they are aware of the schools health and safety arrangements. Particularly;

- Evacuation procedures
- First aid and injury reporting arrangements
- Any other relevant emergency procedures.

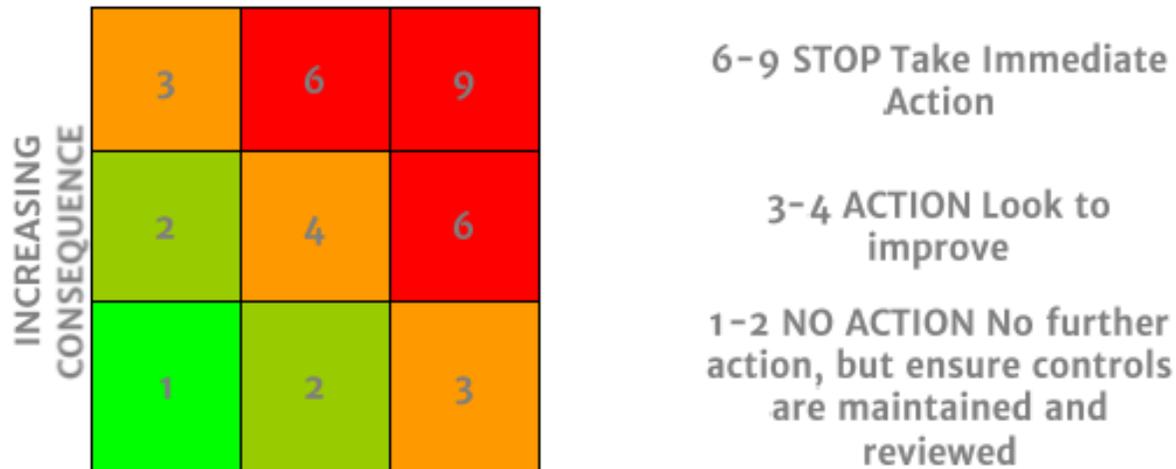
### **Risk Assessment Procedures**

Risk Assessment Procedures shall be recorded on the attached form:

## St Giles Nursery School Evaluation of Risk

**RISK (R) = LIKELIHOOD (L) x CONSEQUENCE (C)**

<b>Risk Rating</b>	<b>Likelihood of Occurrence x Severity of Harm</b>
<b>Likelihood of Occurrence (L)</b>	<p><b>1 Low</b> – It is unlikely the event will happen</p> <p><b>2 Medium</b> – It is fairly likely that the event may happen</p> <p><b>3 High</b> – It is likely that the event will happen</p>
<b>Consequence of injury (C)</b>	<p><b>1 Low</b> – Minor injuries requiring First Aid (grazes or minor cuts)</p> <p><b>2 Medium</b> – An injury requiring further medical assistance (cuts requiring stitches, broken bones)</p> <p><b>3 High</b> – Major Injuries (Amputation, dislocation of bones or death)</p>





## Health Protection for schools, nurseries and other childcare facilities

### Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

\*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).  
Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.