



Health, Safety & Wellbeing Policy

The Chorus Schools Federation
(St. Giles', St. Andrew's & Wethersfield
C of E Primary Schools)

Approved by: Mrs Jinnie Nichols

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1. Aims

Our school (s) 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 (s) site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

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

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

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school (s), but will delegate day-to-day responsibility to the Executive Headteacher.

The governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school(s) premises.

The Governing Board as the employer, also has a duty to:

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

The governor who oversees health and safety is Matt Tomlin.

3.2 Executive Headteacher

The Executive Headteacher is responsible for health and safety day-to-day. This involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Executive Headteacher's absence, the Deputy Executive Headteacher and/or Senior Teachers on site assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Executive Headteacher.

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the Executive Headteacher & Governing Board on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken

- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the Executive Headteacher/Deputy Executive Headteacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

Jinnie Nichols, Executive Headteacher and Carol Everard, Deputy Executive Headteacher are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Mark Townsend, Brenda Edwards, Kerry Finch and leaders, Jinnie Nichols, Carol Everard and Dan Golbourn are key holders and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place once a week/insert other.

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 the front playground at St Giles' school, the playground at St Andrew's school & the back playground at Wethersfield.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day

- The Executive Headteacher, Deputy Executive Headteacher and Office Manager 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](#).

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by Executive Headteacher, Deputy Executive Headteacher and Office 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 substances at all schools school are stored in the cleaning cupboards within each building.

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

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

6.1 Legionella

The Premises/Health & Safety Manager is responsible for regular water testing and ensuring that the identified operational controls are conducted and recorded in the school's water log book.

This risk assessment will be reviewed every 2 years and when significant changes have occurred to the water system and/or building footprint.

The risks from legionella are mitigated by the following: weekly and monthly water temperature checks; adequate insulation of pipes and tanks; preventing contamination in water tanks by periodic cleaning; draining of hot water cylinders to check for debris or signs of corrosion.

6.2 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 in the red file located in the school office.

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

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 Executive Headteacher, Deputy Executive Headteacher and Office Manager immediately.

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

Only trained staff members can check plugs.

Every two years portable appliance test (PAT) will be carried out by a competent person.

All isolator 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.

7.2 PE equipment

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely.

Any concerns about the condition of the hall floor or other apparatus will be reported to the Executive Headteacher/Deputy Executive Headteacher/Office Manager.

7.3 Display screen equipment

All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time.

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use).

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

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

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

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

9. Working at height

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

In addition:

- The school retains ladders for working at height
- Pupils are prohibited from using ladders

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

10. Manual handling

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

The school(s) will ensure that proper mechanical aids and lifting equipment are available in school(s), 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

See **Appendix 5** for full guidance on moving items such as boxes and staging, and Generic Risk Assessment for Manual Handling.

11. 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
- Executive Headteacher/Deputy Executive Headteacher or group leader should always assess what level of first aid might be needed on an off-site visit. When undertaking this assessment the following will be considered:
 - The numbers in the group and the nature of the activity
 - The risk and type of injury that might be incurred and how effective first aid would be in those circumstances
 - Provision of first aid at the accommodation/site being visited
 - The availability of an ambulance, and the distance to a hospital.

- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

12. Lettings

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

13. Violence at work

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

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the Executive Headteacher/Deputy Executive Headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school(s) premises.

15. Infection prevention and control

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

15.1 Hand-washing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

- 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

15.4 Cleaning of the environment

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

15.5 Cleaning of blood and body fluid spillages

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

15.6 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

15.7 Clinical waste

- Always segregate domestic and clinical waste
- 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

15.8 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

15.9 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school(s) 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. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

The school(s) 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.

16. New and expectant mothers

Risk assessments will be carried out whenever any employee notifies the school(s) 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

17. Occupational stress

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

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

18. Accident reporting

18.1 Accident record book

An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in [appendix 2](#)

As much detail as possible will be supplied when reporting an accident

Information about injuries will also be kept in the pupil's educational record

Records held in the first aid and accident book will be retained by the school(s) for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

The Executive Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Executive Headteacher 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, HSE](http://www.hse.gov.uk/riddor/report.htm)

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

18.3 Notifying parents

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

18.4 Reporting to Ofsted and child protection agencies

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

The Executive Headteacher will also notify Essex Social Care of any serious accident or injury to, or the death of, a pupil while in the school's care.

19. Training

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

Staff who work with pupils with special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed by the Executive Headteacher every year.

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

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Child protection
- Educational visits
- Visitors & Volunteers
- After school clubs policy
- Fire safety
- Stress management

Appendix 1. Fire safety checklist

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

Appendix 2. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			
Signature		Date	

Appendix 3. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to your school's specific circumstances.

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from [non-statutory guidance for schools and other childcare settings](#) from Public Health England (PHE).

Rashes and skin infections

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

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

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

Diarrhoea and vomiting illness

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

Respiratory infections

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

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.

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

		close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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

Appendix 5: Generic Risk Assessment for Manual Handling, and Moving Objects Guidance

Generic Risk Assessment Manual Handling

**Activity:**

- Moving Boxes

Hazards / Risks:

- Upper limb injury, aches and pains caused by repetitive stooping and twisting.
- Back strains and sprains from lifting and manoeuvring (risk is increased by using inappropriate lifting techniques).
- Bruising to feet, broken toes if box dropped.
- Jarring of muscles if grip on box slips or load unevenly distributed and weight shifts.
- Bottom of box giving way and contents spilling out.
- Back strain from lifting a box which is heavier than expected if weight not assessed.
- Injuries to hands and upper body caused by protrusions of sharp objects from box.
- Slips, trips or falls caused by uneven surfaces, restricted viewing from large boxes blocking view of route being walked.

Who could be harmed?

- Employees.
- Service users.
- Volunteers.
- Pregnant workers.
- Young workers.

Competence Requirement:

- All employees to be made aware of the ECC Guidance on *Moving and Handling Boxes*.
- All employees should have an understanding of the risks and controls outlined in this assessment.
- Consider at a local level if manual handling training would be appropriate for employees.
- Where employees are not undertaking a lot of manual handling, training would be unlikely to be needed as long as they are aware of the guidance and have an understanding of the risks and controls.

Control measures which should be in place:

- Follow ECC Pictorial Guidance on *Moving and Handling Boxes*.
- Check the box is sound and the contents are contained securely within it (no protrusions).
- If task is repetitive make sure you take breaks or alternate with tasks that do not require repetitive lifting.
- Check / test load weight before fully lifting.
- Quick check of box for any protrusions.

Additional Control Measures: Hints / tips for what needs to be considered as part of local /specific assessment:

- Consider if any obstructions on route.
- Assess if gloves would be appropriate (e.g. gripping gloves if person regularly moving boxes).

COMPLETE THIS SECTION LOCALLY

Establishment / Team:

Assessed by (print):

Date:

Local Assessment (Refer to Hints and Tips for guidance)

Date reviewed:

Initials:

MANUAL HANDLING MOVING AND HANDLING BOXES (Restricted knee bend)



Think

- What are you moving?
- Where are you starting from and going to?
- Is your route clear and free from obstructions?

- Assess the box, including weight.
- Try moving it gently with your foot to get an idea of the weight.
- Check if the weight is printed on the side of the box.
- If too heavy get help.

- Position your feet close to the box and point your leading foot in the direction of travel.
- Bend your knees as far as is comfortable for you.
- Keeping your back straight lean forward ready to take hold of the box.

MANUAL HANDLING MOVING AND HANDLING BOXES (Restricted knee bend)



- Push box forward slightly with one hand and take a firm grip.
- If it is not possible to get down far enough to place your hand underneath then both hands will need to grip the box at the side as tightly as possible.

- Lift box and hold in close to body.
- Using thigh muscles push into a standing position.
- Make sure you keep your back straight by using your thigh muscles and your hip joint

- Once standing up with box, move one hand underneath the box to support it.

- Make sure you have a firm grip of the box, close to body as you move off in direction of travel

MANUAL HANDLING MOVING AND HANDLING BOXES (Full knee bend)



Think:

- What are you moving?
- Where are you starting from and going to?
- Is your route clear and free from obstructions?



Assess the box, including weight. Try moving it gently with your foot to get an idea of the weight. Check if the weight is printed on the side of the box. If too heavy get help



Position your feet close to the box and point your leading foot in the direction of travel. Bend your knees, push box forward slightly with one hand and take a firm grip. NOTE: only bend your knees as far as is comfortable for you but still keeping your back straight.



Lift box and hold it close to body and using thigh muscles push into a standing position.



Make sure you have a firm grip of box close to body as you move off in the direction of travel.

REMEMBER:

Keep up the good technique

When putting down, continue to keep the load close and bend knees keeping your back straight.

Manual Handling Moving Kinder Boxes

Generally kinder boxes are in place within the children's area of the Library. However it is recognised that sometimes they need to be moved out of the way, e.g. to make space for story times etc.

Kinder boxes can hold a lot of books and can be heavy. They are low level for children to access them easily but this can be problematic for adults when trying to move them as there is a need to stoop.

Ideally all kinder boxes should have wheels so they can be moved easily.

For those libraries with kinder boxes without wheels the following are tips to reduce the risk of injury when moving them:

- ✓ Make sure the kinder box is in good condition;
- ✗ They should not be dragged across the floor;
- ✓ Two people are needed to lift them;
- ✓ Decant books until weight is comfortable for lifting, ensuring the remaining books are evenly distributed within the box;
- ✓ Follow the basic principles of lifting safely – plan move, test weight, bend knees, get a firm grip, work together to co-ordinate lift/move;

For kinder boxes with wheels;

- ✓ Make sure the brake is on when the box is in situ;
- ✓ Make sure that the weight is comfortable to move before starting (test push);
- ✓ Push the kinder box when moving it rather than pulling it – bending knees as far as possible to avoid stooping.



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MANUAL HANDLING ERECTING & DISMANTLING METAL STACK STAGING



- The full stage is 7 units across by 5 units deep.
- Half a stage is 5 units across by 4 units deep

Push staging stack to point where stage is to be erected so it is as close as possible, reducing the distance metal frames and wooden flats have to be carried.



Unload and position back row of metal frames pushing the stack along the row with you so carrying is minimised.

Secure metal frames together at back with the correct plastic clips



Put the next lot of plastic clips on ready for next row of metal frames to be added

MANUAL HANDLING ERECTING & DISMANTLING METAL STACK STAGING



Once you have added the 2nd row of metal frames lay the wooden flats on to the 2nd row to manoeuvre into position on the back row.

Stand and move between the metal frames without anything in your hand. Use the metal frame to support the flats and then move them once you are standing within the frames – as in next picture



Step between metal frames and lift wooden flats in to place



The staging is gradually built up.