

Boscastle Community Primary School



Health and Safety Policy

To be Approved by:	Full Governing Body
---------------------------	---------------------

Last reviewed on:	20.01.25
--------------------------	----------

Next review due by:	January 2026
----------------------------	--------------

Contents

1. Aims	2
2. Legislation.....	3
3. Roles and responsibilities	3
4. Site security.....	5
5. Fire Safety	5
6. COSHH	6
7. Equipment	6
8. Lone working.....	7
9. Working at height	8
10. Manual handling	8
11. Off-site visits	8
12. Lettings.....	8
13. Violence at work	8
14. Cleaning.....	8
15. Smoking	9
16. Infection prevention and control	9
Following good hygiene practices	10
Implementing an appropriate cleaning regime	10
Keeping rooms well ventilated	11
17. Sharps.....	11
18. New and expectant mothers	11
19. Occupational stress	13
20. First Aid and Accident reporting	13
21. Medication.....	15
22. Safe use of minibus.....	16
23. Severe Weather.....	16
23. Training.....	16
24. Monitoring	16
Appendix 1.....	176
Appendix 2. Recommended absence period for preventing the spread of infection	18

1. Aims

At **Boscastle School** we are committed to the health and safety of our staff, pupils, and visitors. Ensuring the safety of our community is of paramount importance and this policy reflects our dedication to creating a safe learning environment.

Our school aims to:

- Provide and maintain a safe and healthy environment
- Is committed to ensuring, by all reasonably practical means, the health, safety and welfare of its students, visitors, employees and contractors involved with its activities.
- 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
- Recognise its legal and moral responsibilities to persons who may be adversely affected by the school's activities.
- Will seek to ensure that its legal duties and policy objectives are complied with at all times.
- Will ensure that all foreseeable risks associated with the school's activities are identified and removed or controlled through a process of risk assessment and management.
- Will ensure that all employees are given such information, instruction and training as may be necessary to enable the safe performance of their duties.
- Will seek to inform students' parents or guardian of any health, safety or welfare issues relevant to their child or children.
- Have detailed the arrangements for health safety and welfare in the organisation and arrangements associated with this policy statement.
- Will ensure, as far as is reasonably practical, that this policy statement and supporting documents are kept up-to-date. A formal review and re-adoption of this policy will be carried out by no later than January 2026.

2. Legislation

This policy has due regard to all relevant legislation including, but not limited to, the following:

- Health and Safety at Work etc. Act 1974
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations 2002
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Construction (Design and Management) Regulations 2015
- The Personal Protective Equipment at Work Regulations 1992
- The Education (School Premises) Regulations 1999
- The Ionising Radiation Regulations 2017 (IRR17)
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)

This policy has due regard to national guidance including, but not limited to, the following:

- DfE (2022) 'Health and safety: responsibilities and duties for schools'
- DfE (2017) 'Safe storage and disposal of hazardous materials and chemicals'
- HSE (2024) 'Sensible health and safety management in schools'
- DfE (2022) 'First aid in schools, early years and colleges'
- UK Health Security Agency (2024) 'Health protection in children and young people settings, including education'

3. Roles and responsibilities

3.1 The local authority and governing board

Cornwall 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 headteacher and staff members.

The governor who oversees health and safety is Audley Jarvis.

3.2 Headteacher

The 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 headteacher's absence, Ben Rix assumes the above day-to-day health and safety responsibilities.

3.3 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.
- Checking that classrooms/ work areas are safe.
- Checking equipment is safe before use.
- Co-operate with the school on health and safety matters.
- Work in accordance with training and instructions.
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken.
- Model safe and hygienic practice for pupils.
- Understand emergency evacuation procedures and feel confident in implementing them
- Familiarise themselves with the Health and Safety Policy and aspects of their work related to health and safety.
- Avoid any conduct which puts themselves or others at risk.
- Ensure that all staff, pupils and visitors are applying health and safety regulations and adhering to any rules, routines and procedures in place.

- Ensure all machinery and equipment is in good working order and safe to use, including adequate guards, and ensure such equipment is not used improperly.
- Use the correct equipment and tools for the job and any protective clothing supplied.
- Ensure any toxic, hazardous or flammable substances are used correctly, and stored and labelled as appropriate.
- Report any defects in equipment or facilities to the Headteacher.
- Take an interest in health and safety matters and suggest any changes that they feel are appropriate.
- Make suggestions as to how the school can reduce the risk of injuries, illnesses and accidents.
- Exercise good standards of housekeeping and cleanliness.

3.4 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.

3.5 Volunteers

Volunteers (such as parent-helpers, work experience students, etc.) have a responsibility to act in accordance with the school's policies and procedures for health safety and welfare and to report any incident or defective equipment to a member of staff immediately.

Volunteers are also expected to act only under the supervision of a qualified employee. A risk assessment is completed for students visiting for work experience which is shared with the secondary school.

3.6 Contractors

Contractors will agree health and safety practices with the 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

School staff are responsible for the security of the school site in school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Kestrel are key holders and will respond to an emergency out of hours

5. Fire Safety

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.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks. Staff training is updated annually at the beginning of each academic year.

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 in the playground lining up against the far perimeter fence. The children stay grouped in their classes with staff.

- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The school secretary 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.

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 Health & Safety Team, Cornwall Council 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. If hazardous products are required to be used they will be stored in the cleaning shed which is locked and only accessed by staff.

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

- A water risk assessment has been completed on by Reef Water Solutions who are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.
- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following: regular monthly checks of water temperatures and water heating systems on a rotation basis in line with water safety compliance.

6.2 Asbestos

- A record is kept of the location of asbestos that has been found on the school site. Our current record shows no asbestos found.
- Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe

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 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 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 headteacher immediately.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.
- Where necessary, a 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.
- PE equipment and outdoor play equipment is checked annually by DGTS Ltd (Gymnastic & Playground Equipment Specialists).

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/ weekend working
- Home or site visits
- Site cleaning duties
- Remote working, self-isolation and/or remote learning
- 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 due to return.
- The lone worker will ensure 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 headteacher 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.

- 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

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
- Residential trips will be submitted to Cornwall Council Educational Visits to be endorsed,
- All off-site visits are appropriately staffed with correct ratios
- Staff will take a mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents' contact details
- There will always be at least one first aider on school trips and visits
- 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 school trips and visits

12. 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.

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 headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Cleaning

The Headteacher monitors the standards of cleaning and special consideration will be given to hygiene areas.

Waste collection services will be monitored by the Headteacher. Special consideration will be given to the disposal of clinical waste (see section 16.7).

The headteacher is responsible for ensuring that the school is at a safe temperature for staff and pupils to work in. The school will adhere to the provisions as outlined in The Education (School Premises) Regulations 1999, which state the following:

Areas	Temperature
Where there is a normal level of physical activity associated with teaching.	18°C
Where there is a high level of physical activity, e.g. PE sports halls, bathrooms.	15°C

15. Smoking

The school is a non-smoking premises and no smoking will be permitted on the grounds as stated in the school's Staff Code of Conduct Policy will be read and understood by all staff. All visitors and contractors will be made aware of the policy.

16. Infection prevention and control

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

16.1 Handwashing

Wash hands with liquid soap and warm water, and dry with paper towels

Always wash hands after using the toilet, before eating or handling food, and after handling animals

Cover all cuts and abrasions with waterproof dressings

16.2 Coughing and sneezing

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is discouraged

16.3 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

Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

16.4 Cleaning of the environment

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

16.5 Cleaning of blood and body fluid spillages

Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment

When spillages occur, clean using a product that combines both a detergent and a disinfectant, and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses, and suitable for use on the affected surface

Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

Make spillage kits available for blood spills

16.6 Laundry

Wear personal protective clothing when handling soiled linen

Bag children's soiled clothing to be sent home, never rinse by hand

16.7 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

16.8 Animals

Wash hands before and after handling any animals eg while on a school trip or animal visit to school.

16.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

Following good hygiene practices

We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE).

Implementing an appropriate cleaning regime

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned daily.

Keeping rooms well ventilated

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

16.10 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 any 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.

16.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, including 'HPECS Guidance Exclusion Table'.

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

17. Sharps

For the purposes of this policy, "**sharps**" is defined as sharp objects such as needles, scalpels, razor blades and broken glass which pose a risk of an accidental penetrating injury or laceration or puncture to skin.

Sharps are not likely to be found commonly on school premises; however, staff will be vigilant towards the following circumstances in which sharps may be found:

- During school-based vaccination programmes
- Where an individual within the school requires injections to manage a health condition
- Where a pupil brings a sharp into the school
- Where glass is broken within the school, or broken glass is found on or around the school premises
- Where drug paraphernalia, e.g. heroin needles, is found on or around the school premises

Handling and disposing of a sharp

All staff members will receive health and safety training as part of their induction, which will be refreshed annually. This training will include:

- The safe collection and disposal of sharps.
- Assembling sharps boxes and verifying that they are compliant with the accepted standards.
- The procedure to log incidents and who to inform.
- Immediate action in the event of sharps or needlestick injury.

Where an individual brings a sharp onto the school premises, e.g. a needle to manage a health condition, they will be responsible for its disposal. The use of needles for medication for an individual on the school premises will be managed in line with the Administering Medication Policy.

The headteacher will ensure that all pupils are informed that, where they see a sharp, they must alert the nearest staff member immediately and avoid touching the sharp.

Where a sharp is found, the nearest staff member will move all pupils away from the area in order to prevent accidental injuries and will guard the sharp while alerting another staff member to bring the sharps retrieval kit. Sharps retrieval kits will contain:

- Protective gloves.
- A pair of long-stemmed tongs.

- A pincer tool, e.g. tweezers.
- Brush and pan.
- Sharps box for disposal.

Sharps boxes will be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'. They will be kept off the floor and out of the reach of pupils. Sharps boxes must not be filled above the designated fill line on the outside of the box. Once filled, boxes will be sealed immediately and removed by a clinical waste contractor or a specialist collection service.

The staff member will check the surrounding area carefully to ensure that no other sharps are in the vicinity. Where the sharp cannot be removed immediately, e.g. due to a delay in obtaining the sharps retrieval kit, the nearest staff member will place a cone or box on top of the sharp to prevent anyone from touching or finding it.

The following procedure will be followed in the event that sharps are found on the school premises:

- Staff will wear protective gloves and will not handle sharps with bare hands.
- Staff will not handle sharps while barefoot or wearing open shoes, as injury may occur if the sharp is dropped on feet.
- Only one sharp will be handled at a time and, where there are multiple, sharps will be carefully separated using the pair of tongs.
- Sharps will be picked up using the relevant equipment, e.g. pair of tongs or brush and pan for broken glass, and place it into the sharps box, which will be brought to the sharp rather than the other way around.
- The appropriate staff, including the headteacher and site manager, will be informed.
- The incident will be recorded, with details of when, where and by whom the sharp was found.
- Sharps will be disposed of quickly and safely into the school's sharps bin.

Sharps injury

First aid staff will be trained in handling sharps injuries, and will adhere following guidelines in case of injury from a contaminated sharp:

- Encourage the wound to bleed gently, ideally by holding it under running water
- Wash the wound using water and soap
- Avoid scrubbing the wound while washing
- Avoid sucking the wound
- Dry the wound and cover it with a waterproof dressing
- Seek medical advice

Injuries will be handled in line with the First Aid Policy.

18. 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 an 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

Some pregnant women will be at greater risk of severe illness from COVID-19

19. 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.

20. First Aid and Accident reporting

20.1 First Aid

The school will act in accordance with the First Aid Policy at all times. The school will ensure that ample provision is made for both trained personnel and first-aid equipment on-site.

The school will carry out a first aid needs assessment in order to help inform the First Aid Policy and to assess the first aid needs appropriate to the circumstances of the school.

When conducting a first aid needs assessment, the school will consider:

- The school site.
- Pupils and staff members.
- The hazards and risks present.

The school will teach Health Education to pupils, including basic first aid, such as dealing with common injuries.

The headteacher will ensure that there is an appropriate number of first aid trained staff members working across the school.

The following staff members are trained first-aiders (** Pediatric First Aid trained):

Headteacher:	Class teachers:	Teaching Assistants:
Sara Haden	Ben Rix Karen Hughes **	Helen Robey ** Tanya Nicholls Emma Miller Anita Hambly

First aid boxes are located in each classroom and the school office. The headteacher is responsible for their secure storage and use.

20.2 Contacting the emergency services

The headteacher will certify that procedures for ensuring safety precautions are properly managed are discussed, formulated and effectively disseminated to all staff.

Staff will contact the emergency services in an emergency. Staff will alert their colleagues to the incident, if it is safe and appropriate to do so.

Where an ambulance is called for a pupil, a teacher, or the administrator, will contact the pupil's parent. Where necessary, all pupils will be evacuated from the building and taken to the designated emergency assembly point – currently, this is the Community Hall. Staff will be aware of any pupils who

have specific medical needs. Staff will be responsible for the safety of pupils and responding to any questions from the emergency services, as best they can.

20.3 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. Each class has their own accident recording book.

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 in SIMS

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

20.4 Reporting to the Health and Safety Executive

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

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

20.5 Notifying parents

The Class teacher (or headteacher) 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. Accident forms are sent home for any pupil who has received first aid treatment. Parents are telephoned if a pupil sustains a head injury, a detailed account of the injury, cause and treatment is also shared which parents via email along with head injury advice. Parents are asked to confirm receipt by replying to email, this is then noted on original copy of form by admistrator.

20.6 Reporting to child protection agencies

The headteacher will notify Cornwall Council and MARU 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.

20.7 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.

20.8 Near Misses

A 'near miss' is an event not causing harm but has the potential to cause injury or ill health.

If staff members, pupils, contractors, or visitors see or are involved in a near miss, they will report it in order to allow consideration of how to prevent a possible accident happening in the future.

Reporting will be conducted verbally to the headteacher who will report near misses that constitute as dangerous occurrences to the HSE. A 'dangerous occurrence' includes any incident which results in requiring hospital treatment or further attention.

All accidents and near misses, however small, will be reported and investigated by the health and safety officer and the outcomes recorded. The length of time dedicated to each investigation will vary depending on the seriousness of the accident.

After the investigation takes place, a risk assessment will be carried out, or the existing assessment amended, to avoid reoccurrence of the accident.

21. Medication

The school's Supporting Pupils with Medical Conditions Policy will be read, understood and adhered to at all times. Staff will receive annual training in supporting pupils with medical conditions.

The school will obtain notification from parents regarding any medication that pupils are required to take. Only trained staff will administer medication. The school's Administering Medication Policy will be followed at all times. A record will be kept of any medication that pupils take – this will be checked prior to administering any non-prescription medication.

22. Safe use of minibus

The School has use of the Boscastle Community Minibus.

The Headteacher is responsible for checking the annual maintenance of the minibus, including MOTs and road tax.

The driver will have a current license, be aged 25 years or over and hold a full licence in Group D or passenger carrying vehicles. Drivers will complete the relevant form from the school office and supply a photocopy of their driving licence.

The governor, Neil Bridges holds the required licence and has completed specific training allowing them to drive the Boscastle Community minibus.

The minibus will carry strictly one person per seat and seat belts will be worn at all times. School staff will supervise children at all times while travelling on the minibus.

Any potential risks or defects identified, will be reported to the Community minibus team.

23. Severe Weather

The school will act in accordance with Cornwall Council severe weather warnings where the weather could pose a risk to individuals on school site.

The headteacher, in liaison with the governing board, will make a decision on school closure due to severe weather on the grounds of health and safety.

24. Training

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

25. Monitoring

The effectiveness of this policy will be monitored continually by the headteacher and the governing board. Any necessary amendments will be made immediately.

This policy will be reviewed by the headteacher annually.

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

Appendix 1.

Arrangements for the Supervision of pupils: Boscastle School

Opening Times

The school will be open from 8.40 a.m. and will close to pupils at 15.15 on weekdays during term time.

Between these times supervision will be provided. Pupils will not be allowed on site outside of these times unless they are participating in an arranged activity such as an after-school club.

Time	Supervision Ratio/ security	Arrangements
08.40 - 08.50	At least 1 named teacher at the gate to supervise arrival at school: 50 pupils Class teacher and/or TA supervising in each classroom	Children leave their parents at the school gate and go straight into their classrooms.
08.50 onwards	School gate is locked.	Children need to go to Reception and parents sign late book. Locked gate and security doors and maintain site security.
10.30 - 10.50 Morning Break	3 members of staff to supervise 51 pupils – to include: 1 teacher and 1 TA 1 TA – one to one SEN supervision (1 member of staff supervising fort area if in use)	Children must be in playground. Children only enter the building via Class 1 door to access the toilets. Children have supervised access to The Fort play area.
12.30 – 13.30 Lunch Break	2 lunchtime supervisors: 50 pupils. 1 supervisor in fort area if it is in use.	All pupils outside except when eating. Supervisors have a routine to ensure children are monitored when they are inside and outside. After lunch supervisors monitor pupils as per morning break.
15.15 - 15.30 End of school day	1 teacher on duty: 50 pupils Up to 3 other members of staff present on playground.	Parents wait in the playground for children. Pupils released to the playground by the teacher/TA to meet their parent/ guardian. Those walking home wait for adult to let them go out of the gate. Teacher on duty stands by the gate to also ensure all pupils accompanied by parent/guardian.
Late collection of children	Teacher on duty Headteacher	<ol style="list-style-type: none"> 1. Children wait in Class 2 supervised by a teacher/ TA. 2. Parents contacted by phone. 3. Emergency number contacted by phone if required.
15.15 - 16.15 After school clubs	1 teacher: 20 pupils max.	Teacher including visiting teachers e.g. music service are responsible for their pupils. Pupils must stay in areas designated for their activity. Parents collect pupils from lessons or the playground. The teacher running the club is responsible for overseeing collection of children and for following the procedure above if child is not collected.
Before 08.40 and after 15.30 unless participating in a school club	No supervision	Pupils and unauthorised adults are not permitted on site.

Appendix 2. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

In confirmed cases of infectious disease we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.

Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.

Rotavirus	Until 48 hours after symptoms have subsided.
------------------	--