

Shoreham Beach Primary School



Health & Safety Policy

Revised: January 2024
Next revision: January 2026

Statement of Intent

The governing body acknowledges West Sussex County Council's (WSCC) Corporate Health and Safety Policy, acting as Local Education Authority and employer, and provides the following additional statement of intent to cover all school buildings, activities and undertakings for which it is responsible.

Under the Health and Safety at Work Act 1974, the governing body accepts that it has the responsibility to take all reasonably practicable steps to secure the health and safety of staff, pupils and others visiting and using the school premises.

The governing body believes that the prevention of accidents, injury or loss is essential to the efficient operation of the school and is part of the good education of its pupils. It will be the governors' policy to encourage, where practicable, the co-operation of all users of the establishment by monitoring, review, discussion and consultation to promote and develop measures which ensure health and safety at work.

THE ORGANISATION FOR HEALTH AND SAFETY

Health and Safety Responsibilities

The Governing Body has strategic responsibility for health and safety within all areas of the schools undertakings and is answerable to the LEA for its actions, on behalf of whom it makes decisions. The governing body is responsible for ensuring that advice from competent health and safety advisers is available on health and safety matters in order to comply with regulatory controls.

The Head Teacher has responsibility for the day-to-day operation of health and safety and welfare policies and practices, as delegated by the governing body, within all areas of the school's undertakings. The Head Teacher is responsible for ensuring that advice from competent health and safety advisers is sought on health and safety matters in order to comply with regulatory controls.

Department Heads are responsible for ensuring that safe working conditions are maintained for all pupils, employees, visitors, members of the public and, where applicable, contractors throughout their individual work areas, as delegated by the Head Teacher or governing body and detailed in the organisation section of the policy. Department heads are responsible for ensuring that advice from competent curriculum and health & safety advisers is sought on health and safety matters in order to comply with regulatory controls.

Employees are responsible for their own health and safety, that of their colleagues and members of the public who may be affected by their work activities.

ARRANGEMENTS FOR HEALTH AND SAFETY

Accident and Incident Reporting

All accidents and incidents, to staff, visitors and contractors are reported to WSCC using the online accident reporting system. Minor incidents to pupils are recorded locally major injuries and direct visits to hospital are also reported to WSCC using the online system.

Mike Strugnall (Admin & Finance Assistant) is responsible for reporting accidents

The Headteacher will monitor accidents and incidents in order to identify trends and report to the governing body.

Administering medicines

The school's Managing Medicines Policy details the procedures followed by the school and is based on WSCC policy and procedures. The lead for the administration of medicines is **Lucy Bennett**. A copy of the policy is available from the school office.

Asbestos

The school holds an asbestos register and follows the WSCC Code of Practice regarding monitoring and record keeping. All contractors working on the building are made aware of the

location of asbestos and sign the register daily. Staff are made aware of the location of asbestos and the procedures to follow if discovering disturbed asbestos.

The Premises Manager and Headteacher are responsible for asbestos management.

Control of Substances Hazardous to Health (COSHH)

All hazardous substances stored and used within the school are to be risk assessed and the precautions identified by the risk assessment shall be communicated to staff and implemented. These assessments will be held in the school's COSHH risk assessment file, along with the relevant data sheets and made available to all employees who are required to use these substances in their work.

The Premises Manager is the designated person for ensuring that the COSHH Risk Assessment file is kept up to date and communicated to relevant staff.

Contractors

Maintenance and servicing contractors receive an induction to the school site (including asbestos), its facilities and emergency arrangements. Contractors undertaking large scale building work receive all of above and an induction pack which includes relevant school policies, procedures and risk assessments. The school adheres to WSCC self-managed process and uses only WSCC approved contractors. Contractors are continuously monitored whilst on site.

The Premises Manager is responsible for the management of contractors

Curriculum Safety

The governors recognise that some curriculum areas represent an increase in risk; these subjects hold specific health and safety arrangements, which are regularly reviewed and communicated to the relevant staff.

Pete Winstone (Assistant Head) oversees curriculum risk assessment in communication with the relevant subject lead or class teacher.

Display Screen Equipment (DSE)

Every DSE user will have a risk assessment completed to make sure they know how to adjust and set up the workstation correctly. It is the responsibility of **the Headteacher** to ensure assessments are completed by relevant staff. The risk assessment can be carried out by the workstation user through the e-Learning programme and assessment checklist. This is available on Health and Safety A-Z pages of the WSSfS.

DSE user risk assessments will be reviewed periodically by **the Headteacher** at least annually, or if there have been any significant changes to the workstation. A review of the original assessment must be undertaken as soon as practicable by the line manager when an employee complains of musculoskeletal or other health issues that could be attributed to, or aggravated by, working with DSE

Electricity

All portable electrical equipment within the school is to be tested annually and records of these tests will be held at the school.

Private portable electrical equipment must not be brought into the establishment and used without the appropriate checks.

A 5 yearly check of the fixed electrical installation is completed and records kept.

Electrical safety is managed by **Premises Manager / Bursar**

Emergency Provision/Business Continuity

The Emergency Plan details procedures and arrangements to be used in the event of an emergency. This includes liaison with WSCC and the emergency services, provision for the continuation of school business and arrangements to contact interested parties i.e. parents and the press. All staff are trained in the procedures contained within the emergency plan and are able to take the appropriate action if required. The emergency plan is regularly monitored and reviewed by **Darren Vallier (HT) and Pete Winstone (AHT)**

Fire Safety

Pete Winstone, is the designated person for fire safety within the establishment. The designated person will ensure that:

- The school's fire risk assessment is kept up-to-date by annual review or in response to significant changes to premises or work arrangements.
- There is reasonable fire-fighting equipment in the school, it is maintained and maintenance records are kept.
- The fire safety equipment, e.g. fire alarm, emergency lighting, etc. is regularly checked, maintained and records are kept.
- There are no general fire hazards around the building, particularly near escape routes, escape routes are unobstructed and that there is access for fire fighters.
- Staff and pupils are practised in evacuating the premises by performing termly drills, monitoring their effectiveness and keeping records.
- Develop personal emergency evacuation plans (PEEP) for those staff and/or pupils who require additional assistance to evacuate the premises.

They will also ensure that the establishment has in place an up to date **Emergency Fire Plan**, which details the procedures to be followed in the event of a fire. The plan must be prepared to ensure that people within the establishment know the action to take if there is a fire, and to ensure the establishment can be safely evacuated.

Where necessary, the Emergency Fire Plan will include the following features:

- Action on discovering a fire and calling the fire service (these notices will also be displayed throughout the establishment)
- The location of the assembly point for roll call
- Liaison with emergency services
- Identification of key escape routes
- The type and location of fire-fighting equipment provided
- Specific responsibilities in the event of fire (adequate number of fire wardens to assist with the evacuation)
- Training (in house fire safety awareness training is carried out annually for all staff).
- Any need to co-operate or co-ordinate with other responsible persons that will be operating within the premises.

First Aid

The lead First Aider is **Lucy Bennett** the following staff are trained First Aiders:

FIRST AID AT WORK & PAEDIATRIC FIRST AID – 12 HRS (HIGHLIGHTED IN RED)

EMERGENCY FIRST AID AT WORK

(INCLUDING DEFIBRILLATOR – HIGHLIGHTED IN BLUE

EMERGENCY PAEDIATRIC FIRST AID AT WORK HIGHLIGHTED IN YELLOW

NAME	QUALIFICATION	EXPIRY DATE
Stephanie Barnes	Emergency 1 st Aid + Defibrillator	31 March 2026
Lucy Bennett	First Aid at Work + Defibrillator	26 May 2025
Louise Clarke	Emergency 1 st Aid + Defibrillator	31 March 2026
Emily Crook	Emergency 1 st Aid + Defibrillator	31 March 2026
Nicola Crowhurst	Emergency 1 st Aid + Defibrillator	31 March 2026
Georgina D'Ademo	Emergency 1 st Aid + Defibrillator	31 March 2026
Amanda Dixon	Paediatric First Aid – 12 Hours	03 January 2026
Amanda Dixon	Emergency 1 st Aid + Defibrillator	08 April 2025
Gill Jones	Emergency 1 st Aid + Defibrillator	31 March 2026
Lisa Lamper	Emergency 1 st Aid + Defibrillator	08 April 2025
Nicola Loftus	Emergency 1 st Aid	21 January 2024
Jo Paterson	Emergency 1 st Aid	18 February 2024
Susanna Shukla	Emergency 1 st Aid + Defibrillator	31 March 2026
Mike Strugnell	Emergency 1 st Aid + Defibrillator	03 January 2026
Caz Thomas	Emergency 1 st Aid + Defibrillator	22 February 2026
Caz Thomas	Paediatric First Aid – 12 Hours	21 February 2026
Hayley Tucker	Emergency 1 st Aid + Defibrillator	31 March 2026
Reeta Tuononen	Emergency 1 st Aid + Defibrillator	08 April 2025
Darren Vallier	Emergency 1 st Aid + Defibrillator	31 March 2026
Pete Winstone	Emergency 1 st Aid + Defibrillator	31 March 2026
Zsuzsanna Zsedely	Emergency 1 st Aid at Work	03 January 2026

Details of the school's first aid trained staff is displayed in the first aid room/area. **Lucy Bennett** monitors first aid training to ensure certification remains in date.

Suitable and appropriate first aid cover is provided at all times during the working day and after hours to cover breakfast and after school clubs and all staff members are aware of the arrangements in place.

Teaching Assistants & Office Staff are the designated for ensuring the first aid kits are kept fully stocked and items are within date, checks of first aid kits are recorded as completed.

Food Safety

The lead for Food Safety is **Chartwells**. The Food Safety lead will ensure that there are arrangements for safely and hygienically receiving food from suppliers and preparing it for serving to pupils. The kitchen, servery and dining area are to be cleaned daily and after each use.

All staff who work on the bus as part of our wraparound care offer hold Level 1 Food Hygiene certificates.

Glazing

The school holds an up to date Glazing Survey and regularly monitors glazing as part of the premises inspection. **Premises Manager** is responsible for glazing management.

Gas Safety

The school ensures that the gas boilers and other gas appliances are serviced and maintained regularly. **The Premises Manager** is responsible for gas safety.

Induction

All new employees are informed of the school's health and safety arrangements and procedures using the induction checklist available within the Health and Safety A-Z on the WSSfS. Staff will also complete the eLearning 'Schools Health and Safety Induction' and records will be kept. **The Headteacher** is responsible for the induction of staff.

Lone Working

Lone working is discouraged, however where employees are required to work alone, the risks should be assessed and adequate controls put in place.

The Headteacher is responsible for risk assessing and producing lone working procedures.

Play equipment

External and internal play and physical education (P.E.) equipment is serviced by **Universal Services Sports Equipment Ltd**. P.E. equipment is checked prior to every use by the teaching

staff any defects are reported immediately to the **Premises Manager**. Faulty equipment is immediately decommissioned and arrangements are made to replace or repair it.

Premises Maintenance

The internal and external premises will be inspected at regular intervals by the **Premises Manager**. The inspections are recorded and resulting issues reported to the Headteacher. The school is to be kept clean, tidy and free from hazardous obstacles. Staff must report any defective equipment, furniture or premises issues to the **Premises Manager** either verbally or on the whiteboard.

Monitoring, audit and review

The Governing Body shall receive termly reports on Health and Safety and will regularly inspect and monitor the premises. Regular review of procedure shall be undertaken in the light of operational practice, new laws and new policy/directives of the Local Authority. The operational practice and procedure shall be constantly monitored by the head/local safety officer. The Governing Body shall prepare an annual action plan to address any major deficiencies identified.

Manual Handling of Inanimate Loads

Manual handling is defined as the transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or bodily force. Consequently, the Manual Handling Operations Regulations apply to a wide range of operations; in this context it applies to both the moving of inanimate loads (manual handling) and the moving and handling of children where they are unable to do this unaided (moving and handling).

All staff are trained in the manual handling of inanimate loads. Certificates are held in the H&S file.

New and Expectant Mothers

Any staff member who becomes pregnant is to inform the Headteacher of this and an appropriate risk assessment is to be undertaken following the guidance contained within the Health and Safety A-Z on the WSSfS. The school recognises the changing nature of pregnancy and will regularly review risk assessments to ensure that working at the school will not pose any risk to their health and safety and that of their unborn child.

Off-site activities

All off site activities are risk assessed using the WSCC system. The schools systems are audited by WSCC Outdoor Education Advisor. **Pete Winstone** is the schools Educational Visit Co-ordinator (EVC)

Risk Assessments

Risk assessments are a legal requirement under health and safety law and **Pete Winstone (Assistant Head)** will assess all risks arising out of the curriculum and associated work which the

school undertakes. In accordance with corporate guidance risk assessments will be recorded in writing and reviewed annually or following a significant accident and or incident.

Staff Welfare/Stress

The governing body considers staff welfare of paramount importance, and seeks to promote a work/life balance amongst their staff. The Head teacher is constantly monitoring staff workload and every effort is made to make effective changes if staff are experiencing stress either at home or work. The school also utilises the services of Health Assured and Occupational Health.

Training

The school ensures that all staff are provided with adequate information, instruction and training to perform their roles. Training requirements are discussed during induction, professional development reviews and one to one supervision. Training records are kept and reviewed by **the Headteacher**.

Water quality

The Premises Manager is responsible for monitoring and recording water temperatures at the school to ensure water quality is maintained.

Working at height

All staff are expected to participate in working at height training. Staff should avoid working at height to put up displays. Staff should only use the step stool to reach display boards. Only the Premises Manager should use ladders. Ladder and step stools are regularly inspected and maintained by the **Premises Manager**.

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.