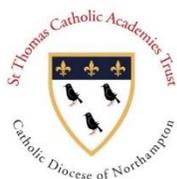


ST THOMAS CATHOLIC ACADEMIES TRUST

HEALTH & SAFETY PROCEDURES AND TEMPLATES

In conjunction with Trust Health & Safety Policy
Approval date November 2023

1. Trust First Aid Procedure	2. Trust Managing Medication Procedure	3. Food Allergy Procedure & Processes
4. Asthma Procedure	5. Intimate Care Procedures	6. Supporting Children with Medical Needs Procedure
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1. Trust First Aid Procedure

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1. Introduction

The provision of first aid in schools is mandated by the Health & Safety (First Aid) Regulations 1981 and the Department for Education's *'Statutory framework for the early years foundation stage'*. St Thomas Catholic Academies Trust is committed to fulfilling its legal and moral duties in order to ensure that appropriate first aid provision is in place for staff, pupils and visitors.

Staff administering First Aid should seek to assess the situation, protect themselves and the casualty from further danger, deal with any life-threatening condition and where necessary obtain medical assistance or refer the casualty to hospital as quickly as possible.

2. Aims

We know that first aid saves life and ensures that minor injuries and illnesses do not escalate into major ones. Therefore, the aims of this procedure are to ensure that;

- adequate first aid provision and medical care will be provided for pupils, school personnel and visitors
- there are qualified first aid personnel available who are aware of hygiene and infection control procedures
- first aid equipment is available, appropriate, regularly maintained and easily accessed throughout the school
- all accidents are reported and recorded within the guidelines of this procedure
- first aid arrangements are regularly reviewed
- Incidents are reported to parents where necessary but always when concerning a bang to the head

3. Responsibilities

The Trust is responsible for ensuring that:

- This procedure is periodically reviewed and amended as required;

The Local Academy Committee

- Delegates powers and responsibilities to the Head Teacher to ensure the school complies with The Health and Safety (First Aid) Regulations 1981 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- They will appoint a link governor (Health and safety) to report back to the LAC on the effective implementation of the procedure.

The Headteacher is responsible for ensuring that:

- A suitable and sufficient First Aid Needs Assessment is carried out, recorded and periodically reviewed (annually as a minimum but also following incidents, changes to personnel, layout of the building, work activities, equipment and substances, etc.)
- An effective process for the monitoring of training needs is in place
- First aiders receive appropriate initial and ongoing training
- Managers and staff are aware of the requirements of this procedure and that they carry out their duties as defined within

The Deputy Head will ensure that:

- school personnel are aware of any specific health needs and or disabilities and that first aid provision is determined:
- at lunchtimes and breaks
- when school personnel are absent
- for off-site activities and trips
- for all curriculum activities, including PE
- for all after school clubs and activities

First aiders are responsible for:

- Procuring such first aid equipment as is required following the completion of the first aid needs assessment
- Arranging for the purchase of replacement first aid equipment and supplies as required
- Periodically (in line with the requirements of this procedure) inspecting, monitoring and maintaining first aid equipment and taking appropriate remedial action / reporting deficiencies to the headteacher
- Restocking first aid kits as required
- Providing first aid assistance to pupils, staff, contractors and visitors in the area in which they work and in line with their training
- Maintaining confidentiality and the dignity of the casualty as far as is possible
- Asking for further assistance from the emergency services when required
- Ensuring that details of any first aid treatment given are recorded as per the school's incident reporting procedure
- Attending any first aid training that is provided for them by the school
- Informing the senior leadership team (slt) member with responsibility for staff training and development where additional numbers of first aid trained staff are required.

All staff are responsible for:

- Understanding the specific health needs of those pupils within their care
- Notifying their line manager of any training needs they feel exist with regards to caring for those pupils within their care in the event of a reasonably foreseeable medical emergency requiring first aid.

4. Assessing first aid needs

The first aid needs assessment

The first aid needs assessment is the process by which the school determines the first aid requirements. Example below



Trust First Aid Needs
Assessment v1.docx

Each Trust School has its own first aid needs assessment, which considers a variety of factors including (amongst other things):

- The level of risk in the building(s)
- Accident / incident history
- The nature of the work and activities carried out
- The nature of equipment and substances used / encountered
- The number of employees, pupils, visitors and contractors likely to be in the building(s)
- Any specific medical needs and requirements of those likely to be in the building(s)

Although the law doesn't place a legal duty on employers to make first aid provision for non-employees (except in the case of pupils under the age of 5), the Health & Safety Executive (HSE) strongly recommends that non-employees are included in an assessment of first aid needs and that provision is made for them. The Trust's position is therefore that non-employees (including pupils, visitors and contractors) are considered in the first aid needs assessment and that suitable provision is made for employees and non-employees alike.

Individual medical needs

Pupil medical conditions are managed in line with the school's Managing Medication Procedure. Where staff are required to administer medication to pupils, they have received the appropriate first aid training.

Where staff have a medical condition, which might require consideration in a first aid emergency (or which might foreseeably lead to a situation in which they would require first aid assistance), they are invited to inform their line manager and give permission for the information to be shared with first aid team members. Whilst such information is to be provided on a purely voluntary basis, it would help ensure that appropriate and prompt assistance is given in the event of a first aid emergency and that all relevant information is passed on to the Emergency Services as required.

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body – see below
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth – see below
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness
- [14 Allergens \(food.gov.uk\)](http://www.food.gov.uk)

When symptoms are those of anaphylactic shock the position of the child is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position)
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action to take: (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

- Act FAST but CALMLY
- Use the child's/persons adrenaline device*, or the emergency one located in the Medical Cupboard
- Ring 999 immediately
- Alert a member SLT and locate the nearest first aider to come and assist.
- Ring the child's parent
- Ensure that the Site Team are aware that an ambulance is coming onto site

*Staff will be trained every 3 years on how to use the adrenaline device. This will be delivered as part of first aid training.

5. Provision of first aid equipment and facilities

First aid kits in the school buildings

All First Aid Kits in the school will conform to the Health and Safety Executives (HSE) minimum provision and must not be removed from their locations. These will be located around the school and marked on the school map, all members of staff will be made aware upon induction of their location

A list of Premises first aid kits locations should be displayed using a list similar to below:

Trust School:			
Ref	Location	Ref	Location

First aid kits should all contain the following as a minimum:

No.	Item	No.	Item
1	First aid guidance leaflet	3	Finger dressing with adhesive fixing (3.5cm)
60	Wash-proof assorted plasters	2	Conforming bandage (7.5cm x 4m)
3	Eye-pad dressing (sterile) with bandage	1	Microporous tape (2.5cm x 5m)
2	Foil blanket	2	Burn relief dressing (10cm x 10cm)
2	Large sterile dressing (18cm x 18cm)	30	Sterile cleansing wipes
6	Medium sterile dressing (12cm x 12cm)	12	Safety pins (assorted)
9	Nitrile gloves (pair)	3	Triangular bandage (single use, 90cm x 127cm)
1	Mouth to mouth resuscitation device with valve	1	Universal shears (small, 6")

These contents comply with BS8599-1 with regards to the recommended contents list for a medium first aid kit.

In addition to the contents listed in the previous table, premises first aid kits are supplemented with:

- any such additional items as may be required due to the known medical needs of those who might reasonably be expected to use the area in which each kit is located (including both employees and non-employees); and / or
- any such items as might be reasonably foreseen as required, based upon the activities carried out and / or substances used / created in the area where the kit might be used.

Medicines of any kind are not stored in premises first aid kits: where required due to a particular need, they are securely stored in locked boxes in line with the school's Managing Medication Procedure.

First aid kits in school minibuses

Each minibus should carry a first aid kit with the following contents:

No.	Item	No.	Item
1	First aid guidance leaflet	2	Sterile dressing ambulance
2	Medium trauma dressing	5	Nitrile gloves (pair)
1	Large trauma dressing	2	Face shield
2	Triangular dressing	3	Foil blanket
20	Adhesive plaster	4	Burn dressing (10cm x 10cm)
2	Adherent dressing large	1	Clothing shears
20	Sterile wet wipe		

These contents comply with BS8599-2 with regards to the recommended contents list for a large first aid kit in a minibus carrying up to 16 passengers. Medicines of any kind are not stored in minibus first aid kits: where required due to a particular need, they are securely stored in line with the school's Managing Medication Procedure.

First aid kits for Educational Visits and Journeys (EVJs)

As part of the school's EVJ planning and approval process, first aid equipment needs are assessed on a case-by-case basis. Containers, to be stocked with such first aid equipment and supplies as are deemed as required for any given EVJ, are available from the first aid room. The school's **Education Visits Co-ordinator** is responsible for ensuring that EVJs consider and provide suitable first aid cover. **Visit leaders** are responsible for checking that the required provision is available and in place.

Automated external defibrillators (AEDs)

AEDs are to be used by first aiders only in line with formal training received. In some cases, AEDs cannot be used on specific individuals (e.g. where the person has a pacemaker). As such individuals may occasionally move between or work across both sites, the name of each person across both sites on whom the AED cannot be used is clearly stated on notices posted with each AED and all first aiders are made aware of the prohibition of use of the AED on those individuals.

High visibility (hi-vis) clothing

As first aiders may be required to aid casualties outside in places where they need to be highly visible and easily identifiable (e.g. in their school's car park, on a public / private highway during an off-site visit, etc.) they are provided with hi-vis clothing (e.g. jacket or vest). First aiders must wear the provided clothing when administering first aid outside of school buildings.

First Aid rooms - School nurses/ First Aiders are located here

First aid rooms:

- Are equipped with washable surfaces and adequate heating, ventilation and lighting
- Are kept clean, tidy, accessible and available for use at all times when the school is in operation
- Display a notice on the door advising of the names, normal work locations, level of qualification held and, if appropriate, telephone extensions of first-aiders and how to contact them

First aid rooms contain:

- A sink with hot and cold running water
- Drinking water with disposable cups
- Soap and paper towels
- A store for first aid materials
- Foot-operated refuse containers, lined with disposable, yellow clinical waste bags or a container suitable for the safe disposal of clinical waste
- An examination / medical couch with waterproof protection and clean pillows and blankets
- A chair
- A telephone or other communication equipment

Monitoring first aid equipment

First Aiders carry out monthly checks of first aid equipment and facilities in order to ensure that:

- First aid rooms are clean and properly equipped
- AEDs are functioning correctly All schools have access to a defibrillator.
- First aid kits within buildings and vehicles are appropriately located and stocked (with any items past their stated expiry date disposed of and replaced)

These checks and inspections are recorded on the following forms, blank copies of which can be found First Aid Arrangements in Health and Safety Folder

- First Aid Room and AED Check Sheet.
- Premises First Aid Kit Check Sheet.
- Vehicle First Aid Kit Check Sheet.

The *'First Aid Room and AED Check Sheet'* contains space to record one month's check so is printed monthly, completed, then scanned and electronically filed.

The *'Premises First Aid Check Sheet'* and *'Vehicle First Aid Check Sheet'* are printed annually at the start of each term as they contain space to record each monthly check carried out throughout the school year. Once underway, the forms are securely stored by the Site Agent. At the end of each school year, completed forms are scanned and electronically filed.

6. Information, instruction and training

Formal first aid qualifications

All nominated first aiders will be trained and issued a valid certificate of competence issued from an organisation whose training and qualifications are approved by the HSE. First Aiders in school will hold a combination of 'First Aid at Work' and 'Paediatric First Aid' certificates where this applies in a primary setting.

Various types of recognised first aid qualification are available including:

- **First aid at work (FAW):** minimum of 18 hours learning over 3 days
- **Emergency first aid at work (EFAW):** minimum 12 hours learning over 2 days
- **Paediatric first aid (PFA):** minimum 12 hours learning over 2 days
- **Emergency paediatric first aid (EPFA):** minimum 6 hours learning over 1 day
- **Appointed persons (AP):** no formal qualification required, just awareness of local procedures and has authority to co-ordinate with emergency services

The comparative syllabus content for Emergency First Aid at Work and First Aid Work is shown in the table below:

What emergencies are they trained to deal with?	EFAW	FAW
Acting safely, promptly and effectively in an emergency	✓	✓
Cardio Pulmonary Resuscitation (CPR) (including the use of AED for all courses undertaken after 1 st January 2017)	✓	✓
Treating an unconscious casualty (including seizure)	✓	✓
Choking	✓	✓
Wounds and bleeding	✓	✓
Shock	✓	✓
Minor injuries	✓	✓
Preventing cross infection, recording incidents & actions and the use of available equipment	✓	✓
Fractures	X	✓
Sprains and strains	X	✓
Spinal injuries	X	✓
Chest injuries	X	✓
Severe burns and scalds	X	✓
Eye injuries	X	✓
Poisoning	X	✓
Anaphylaxis	X	✓
Heart attack	X	✓
Stroke	X	✓
Epilepsy	X	✓
Asthma	X	✓
Diabetes	X	✓

Given the specific risks and circumstances identified through the first aid needs assessment, each school has to determine the amount of first aid and paediatric first aiders needed.

The comparative syllabus content for Emergency paediatric first aid and Paediatric first aid is shown in the table below:

What emergencies are they trained to deal with?	EPFA	PFA
Be able to assess an emergency situation and prioritise what action to take	✓	✓
Help a baby or child who is unresponsive and breathing normally	✓	✓
Help a baby or child who is unresponsive and not breathing normally	✓	✓
Help a baby or child who is having a seizure	✓	✓
Help a baby or child who is choking	✓	✓
Help a baby or child who is bleeding	✓	✓
Help a baby or child who is suffering from shock caused by severe blood loss (hypovolemic shock)	✓	✓
Help a baby or child who is suffering from anaphylactic shock	X	✓
Help a baby or child who has had an electric shock	X	✓
Help a baby or child who has burns or scalds	X	✓
Help a baby or child who has a suspected fracture	X	✓
Help a baby or child with head, neck or back injuries	X	✓
Help a baby or child who is suspected of being poisoned	X	✓
Help a baby or child with a foreign body in eyes, ears or nose	X	✓
Help a baby or child with an eye injury	X	✓
Help a baby or child with a bite or sting	X	✓
Help a baby or child who is suffering from the effects of extreme heat or cold	X	✓
Help a baby or child having a diabetic emergency, an asthma attack, an allergic reaction, meningitis and / or febrile convulsions	X	✓
Understand the roles and responsibilities of the paediatric first aider (including appropriate contents of a first aid box and the needs for recording accidents and incidents)	X	✓

Given the specific risks identified through the first aid needs assessment, and the requirements of the Department for Education's 'Statutory framework for the early years foundation stage', each school ensures that:

- At least one member of staff who holds a current PFA certificate is on the premises and available at all times when children are present
- All newly qualified entrants to the early years workforce who have completed a level 2 and / or level 3 qualification, will be put on training in order to achieve either a PFA or EPFA certificate within three months of starting work, before being included in the required staff to child ratios at level 2 or level 3 in an early-years setting

Health professionals with the following training / experience are qualified to administer first aid without the need to hold a FAW / EFAW or PFA / EPFA qualification:

- Doctors registered with the General Medical Council (GMC);
- Nurses registered with the Nursing and Midwifery Council (NMC); and
- Paramedics registered with the Health Professions Council (HPC).

First aid training needs are managed by the Senior Leadership Team member with overall responsibility for training. Records of training (including scanned copies of certificates) are stored on SIMS.

Skills update / refresher training

The Health & Safety Executive (HSE) strongly recommends that first aiders undertake annual refresher training, over half a day, during any three-year certification period. Although such training is not mandatory, all first aiders will attend appropriate annual skills update / refresher training in order to help them maintain their basic skills and keep up to date with any changes to first-aid procedures.

Choosing a training provider

As the HSE no longer 'approves' training and qualifications for the purpose of first aid at work, the school will undertake due diligence (reasonable enquiry or investigation) into the selection of first aid training providers.

Information to staff, pupils and visitors

Staff are informed of the school's first aid arrangements at induction with reminders at staff training days.

Signage around the school indicates the presence of first aid boxes, the location of the first aid room, the names and locations of first aiders and the method by which first aid assistance can be summoned. First aid signage contains a white cross on a green background for ease of recognition and in order to comply with the requirements of the Health and Safety (Safety Signs and Signals) Regulations 1996.

7. First aiders

First aider selection

The duties of a first aider can be physically and mentally demanding. Each Trust School ensures that those selected to become first aiders have the required:

- **Willingness** (the person will enjoy and take pride in their role)
- **Personality** (the person is calm and confident enough to cope in an emergency)
- **Reliability** (the person will be available and easily reachable in a crisis)
- **Ability** (the person is physically able to carry out first aid procedures)

Each School ensures that first aiders have the time, authority and support to carry out their duties.

First aider identification

The names of all formally qualified first aiders are prominently displayed on signage around School buildings. Included on this signage is the type of qualification held by, and the normal work location of, each first aider.

In order for the school to monitor first aider presence within buildings, first aiders must sign in and out on whiteboards behind reception at each site.

8. Informing parents of injuries / illnesses

Minor illness / injury where first aid administered

Where a pupil has sustained a minor injury / illness, details will be written into the pupil's home-school communication book. A phone call will be made to the parent(s) / carer(s) of the pupil to inform them of the illness / injury sustained, and this phone call logged.

Known or suspected head injury

A bump, blow or jolt to the head can result in a temporary injury to the brain known as concussion.

Where a pupil has sustained a known or suspected head injury, a '*Head Injury Advice Sheet*' will be completed (to include brief details of the incident in which the injury was sustained along with details of first aid / advice given) and this placed into the pupil's home-school communication book. A phone call will be made to the parent(s) / carer(s) of the pupil to inform them of the head injury sustained, and this phone call logged.

Any serious accident, including all head injuries will be reported to parents using letter below



FIRST AID - Bumped
head letter to Parent.c

Significant illness / injury where first aid administered

Where a pupil has sustained a more significant injury / illness, a phone call will be made immediately to the parent(s) / carer(s) of the pupil and this phone call logged. Details of the injury / illness will be written into the pupil's home-school communication book.

8. Accompanying injured / unwell people to hospital

First aiders are **not** expected to transport injured / unwell persons to hospital in their own car; if immediate treatment in hospital is required, an ambulance should be called.

Where a pupil is taken from school to hospital by ambulance and the pupil's parent(s) / carer(s) are not immediately available, a member of staff will accompany the pupil in the ambulance and remain with them until the arrival of the parent(s) / carer(s).

Should a first aider / member of school staff choose to transport a pupil or other injured person to hospital in their own vehicle, the driver must hold a full driving license, must hold appropriate insurance to cover business use, the vehicle must be road-worthy, taxed, subject to MOT, not subject to outstanding safety recalls which might make the vehicle unsafe.

Calling an Ambulance

- Any member of staff has the permission/responsibility to call an ambulance
- Parents/carers will be contacted immediately to inform them. If no parent/carer is available and the pupil requires urgent hospitalisation a member of staff will accompany the child in the ambulance.

10. Hygiene and infection control

In line with training received, first aiders will take all necessary precautions to ensure that suitable levels of hygiene are maintained when administering first aid, and that appropriate measures are taken to prevent cross-infection.

All staff will;

- follow basic hygiene procedures
- be made aware as to how to take precautions to avoid infections
- have access to single use disposable gloves
- have access to hand washing facilities and anti-bacterial hand wash
- wear gloves at all times when dealing with blood or other bodily fluids, or when disposing of dressings or other potentially contaminated equipment

All sharps will be disposed of in an authorised and designated 'yellow sharps box' - see 'First Aid Declaration' for individual school procedures.



First Aid Declaration -
First Aid Boxes, Emerg

Spills of blood or bodily fluids are cleaned up immediately and contaminated areas / equipment appropriately cleaned and disinfected.

12. Further information

L74 – The Health and Safety (First Aid) Regulations 1981: Guidance on Regulation:

- <http://www.hse.gov.uk/pubns/books/l74.htm>

Department for Education (DfE): Statutory framework for the early years foundation stage:

- <https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

The first aid pages of the Health & Safety Executive (HSE) website:

- <http://www.hse.gov.uk/firstaid/index.htm>



2. Trust Managing Medication Procedure

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1. Introduction

We encourage parents/carers to provide each school with sufficient information about their child's medical condition and any treatment or special care needed at school, on admission, and keep us informed of any new or changing needs.

If there are any special religious and/or cultural beliefs which may affect any medical care that the pupil needs, particularly in the event of an emergency, we rely on parents/carers to inform us and confirm this in writing. Such information will be kept with the pupil's personal record.

This Procedure provides information on our procedures for the storage and administration of medicines to pupils and the procedures for pupils who are able to administer their own medication.

This Procedure is made available to all staff, and to all parents on request

2. Aims and Objectives

Most pupils will, at some time in their school career, have a medical condition which may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication. We aim to maintain close co-operation with pupils, parents and health professionals to provide a supportive environment for any pupils with medical needs. We aim to address the following issues:

Short term medical needs	Record keeping
Long term medical needs	Refusing medication
Informed consent	Self-management
Administering medication	Staff training
Non-prescription medication	Emergency procedures
Managing Healthcare plans	Confidentiality

3. Management of medication within the school

At the beginning of each academic year and at any other transition point, all medical conditions are shared with staff and a list of these children and their conditions is kept in the class medical file. Parents/carers are encouraged to provide the school with full information about their child's health needs. If a member of staff notices deterioration in health of any pupil over time they will let the parents/carers know.

Short term medical/health needs

We recognise that many children will need to take medication at school at some time in their school life e.g.: antibiotics. By allowing them to do this at school lost school time is minimised. However, medication should only be taken at school when absolutely necessary.

Short term prescription medication may be administered in school if it is required to be taken four times a day. Medication prescribed to be taken three times a day can be taken at home. Only medication prescribed by a GP, Hospital or Pharmacy and clearly labelled with the child's name, address and required dosage can be administered in school. Medication can be administered only if the parent/carer completes the 'Parental Agreement to Administer Medicine' form on the day the request is made (see First Aid Declaration). Parents/Carers need to give in a completed, signed form to reception with the medication.



Parental Agreement
to Administer Medicin

The designated members of staff responsible for medicine are responsible for informing class teachers that a child has medication and the correct time it needs to be given. It is the Class Teacher’s responsibility to ensure the child goes for their medication at the correct time / It is the student’s responsibility to go to for their medication at the correct time. If a child refuses to take a medicine, staff should not force them to do so. Instead should note this in records and inform parents/carers or follow agreed procedures or the Care Plan.

Other than Hay Fever medication (eye drops) (with parental permission), Non-prescription medication or creams and lotions cannot be administered in School.

Long term medical/health needs

First Aiders and appropriately trained staff will work with parents and teaching staff to create Individual Health Care Plan (IHCP) for pupils with long term needs thus maintaining adequate support to maintain attainment and attendance. Staff, including supply teachers should be made aware of their condition.

Informed Consent

Staff within the Trust are unable to give medication to pupils under the age of 16 without the consent of parents/carers. Parents/carers will be asked to complete a consent form/parental agreement for setting to administer medicine, giving details of any medication, dosage and emergency contact details. This consent form will be kept in the class medical file in the child’s individual record. A copy of the consent form will be kept in the child’s individual record located in the SENCO room. Renewed written instructions will be requested in the event of any changes to the original arrangements.

4. Administering Medication

Any members of staff who administer medication will follow the agreed procedure:

1. Confirm the pupils name and the name on the medication	5. Administer the medication
2. Check the written instructions provided by the parent/carer/doctor	6. Record the date and time and sign the record sheet
3. Check the prescribed dose	7. If there are any doubts about any of the details, staff will double check with parents/carers or the child’s doctor before giving the medication.
4. Check the expiry date on the medication	

Individual records will be located in the class medical file. Any time medicine is administered the member of staff must record it. The completed record will then be placed with the pupil’s personal file at the end of each academic year. If a pupil refuses to take their medication no member of staff will enforce the dose. We will however inform parents/carers of the situation as soon as possible

Unless it is an emergency, medication will be administered where privacy and confidentiality can be maintained, where possible. Older children may take their own medicine under the supervision of an adult; this also needs to be recorded and the adult must still sign the record sheet. Sharps boxes should always be used for the disposal of needles and other sharps.

Record of Medicine Administered



Record of Medicine
Administered.docx

Please note that Medical Tracker is now available on Smartlog and all administering of prescribed medication can be entered and an email sent to the parent confirming medication given.

Storing Medication

Early Years and Primary Schools:

Medicine will be kept in the class medical box within a designated medicine box, and in a fridge depending on whether it needs to be kept refrigerated or not. All staff and pupils who need their medication know where the medication will be stored and who will administer their medication to enable easy access.

A member of staff will remove medication when complete or out of date. The Headteacher is ultimately responsible for ensuring that medicines are stored safely.

Secondary Schools:

Medicine will be kept in the First Aid room within a designated medicine box and in a fridge depending on whether it needs to be kept refrigerated or not. All staff and pupils who need their medication know where the medication will be stored and who will administer their medication to enable easy access. Inhalers and other medications may well be in the pupil's possession depending on their age and ability to manage their own condition. If this is the case, the First Aiders will still be aware of their condition and have the ability to assist if necessary. Pupils will always know where their medicine is stored.

Schools will not dispose of any medication but will ask parents/carers to collect and dispose of any medication left at school.

Self- Management

We believe that it is good practice to allow pupils who are capable of managing their own medication to do so. A record of self-administered medication will be recorded on the child's individual record sheet. Pupils with diabetes/certain allergic reaction leave their medication in the classroom medical box or on their person depending on age. Parents/ carers will be asked to review the information on this record at the start of each school year.

5. Staff Development

Trust Schools will keep a record of training related to healthcare and administering medicines including dates and the focus of the training

Emergency procedures

All staff are aware how to call the emergency services. Staff are also aware who is responsible for carrying out emergency procedures in the event of a need. Any pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain with the pupil until a parent arrives

Specific training

All staff who are required to deal with specific issues or specific health needs will receive appropriate training from health professionals. We will respect any concerns of individual staff regarding administering medication but hope that appropriate training and support will enable staff to feel confident to fulfil this caring role.

6. Healthcare Plans

All pupils who have particular ongoing health needs have an individual healthcare plan. The purpose of this is to identify the level of support that a pupil requires in school. It is a written agreement that clarifies for staff, parents and pupils the help that school can provide and receive. Each pupil's healthcare plan has a regular review date with parents, pupil, member of staff and school nurse, if appropriate.

School trips

Pupils will be encouraged to participate in these activities if it is deemed safe to do so.

Sporting activities

The PE curriculum and provision of sporting activities is flexible enough for all pupils to take part in ways which are appropriate to their abilities. Any restrictions on a particular pupil's ability to participate in PE will be clearly identified and incorporated into the pupil's individual healthcare plan.

7. Confidentiality

Medical and health information will be treated confidentially however we will ensure that important information about particular health needs will be clearly communicated to all teaching, support staff and key First Aid staff.

8. Procedure review

This Procedure should be reviewed at least annually or where there are any changes in Law or improvements should be made following a significant event.



3. Food Allergy Procedures & Processes

Contents

- Introduction
 - Rationale
- Aims and Objectives
 - Intent
- Allergens
- Definitions
- School Processes
- ANAPHYLAXIS
 - extract from the School First Aid Procedure

Rationale:

We recognise that a number of our school community (children, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

We are committed to a whole school approach regarding the care and management of those members of the school community. This document looks at food allergy and intolerances.

The school's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. This will encourage self-responsibility to all those with known allergens to make informed decisions on food choices and to provide help and assistance for our youngest children. It is also important that the school has clear plans for an effective response to possible emergencies.

The intent of this document is to set out the school's expectations for all, that minimise the risk of any person suffering allergy-induced anaphylaxis or reaction to food intolerance whilst at school or attending any school related activity.

The document sets out guidance for staff to ensure they are suitably prepared to manage the day to day needs of children with food allergies and to address emergency situations should they arise. The document also outlines the expectations of all those involved in the preparation or distribution of food within the school and of parents and other individuals, in informing the school of any food allergies.

Intent:

The school is committed to proactive risk food allergy management through:

- Ensuring that robust systems in place to ensure accurate and timely sharing of information relating to food allergies and intolerances with clearly defined responsibilities via our Medical Files
- Supporting children with the management of food allergies and intolerances
- The encouragement of self-responsibility and learned avoidance strategies amongst those suffering from allergies
- Working with catering providers to ensure that food labelling, menu planning and all aspects of food preparation, support the needs of those within our school community who have food allergies
- Provision of staff awareness on food allergies/intolerances, possible symptoms (including anaphylaxis) recognition and treatment

Allergens:

[14 Allergens \(food.gov.uk\)](https://www.food.gov.uk/allergens)

[Allergen guidance for food businesses | Food Standards Agency](#)

The common causes of allergies relevant to this procedure are the 14 major food allergens:



top-allergy-types.pdf

- Cereals containing Gluten
- Celery including stalks, leaves, seeds and celeriac in salads
- Crustaceans, (prawns, crab, lobster, scampi, shrimp paste)
- Eggs - also food glazed with egg
- Fish - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- Soya (tofu, bean curd, soya flour)
- Milk - also food glazed with milk
- Nuts, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- Peanuts - sauces, cakes, desserts, ground nut oil, peanut flour
- Mustard - liquid mustard, mustard powder, mustard seeds
- Sesame Seeds - bread, bread sticks, tahini, houmous, sesame oil
- Sulphur dioxide/Sulphites (dried fruit, fruit juice drinks, wine, beer)
- Lupin, seeds and flour, in some bread and pastries
- Molluscs, (mussels, whelks, oyster sauce, land snails and squid).
- Some children and staff may also be allergic to particular medication (e.g. penicillin, ibuprofen), insect stings (e.g. bee, wasp, hornet) and latex (e.g. rubber gloves, swimming hats, balloons).

The allergy to nuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect to the individual can be both life-threatening and uncomfortable, if suffered.

Definitions

- **Allergy:** A condition in which the body has an exaggerated response to a substance (e.g. food or drug), also known as hypersensitivity.
- **Allergen:** A normally harmless substance, which triggers an allergic reaction in the immune system of a susceptible person.
- **Anaphylaxis:** Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to a trigger (food, stings, bites, or medicines).
- **Adrenaline device:** A syringe style device containing the drug adrenaline. This is an individual prescribed drug for known sufferers which is ready for immediate intramuscular administration. This may also be referred to as an Epi-Pen at our school.

School Processes:

St Thomas Catholic Academy Trust has adopted clear medical procedures (outlined below) and allocates responsibilities to be followed by all staff in meeting the needs of children with additional medical conditions. We recognise that medical information is sensitive and confidential.

- The procedures include:
 - Parents of children with allergic reactions, who require medication to control their condition, must complete a Medical/Dietary Information Form and provide the school with up to date information about dosage and symptoms as well as up to date medicine. This information will be shared with the relevant staff including MDSAs and the catering staff
 - Liaise with the parents and the child in establishing an Individual Medical Care Plan
 - Ensure staff first aid training includes anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency
 - Photographs and details of the needs of high-profile children will be shared with all staff including MDSAs and the catering staff
 - Ensure medical files are shared with all staff involved with children with medical needs at the beginning of the new school year (including new staff that join during the year as per Staff Induction Programme). All staff have a duty to ensure that they have read and thoroughly understood the medical needs of individual children in their care
 - Parents are responsible for ensuring that the school is kept up to date with all medical conditions and ensuring prescribed medicines are in school and in date – the school will support parents by checking children’s prescribed medications annually
 - If attending a trip or visit off site, the Trip Leader must ensure that the correct medication is taken and the Evolve form (medical section) is completed
 - All parents are reminded of the ‘Nut Free School’ rule frequently throughout the year. Parents are asked not to use Nutella, peanut butter, etc.
 - In Primary schools, children are not allowed to bring sweets or cakes into school to share with other children
 - Staff are aware that if there is any form of food tasting or using food products in the curriculum, they must be sure to check the Medical Files for food allergies

Extract from the School First Aid Procedure

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic spectrum. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life-threatening if not treated quickly with adrenaline. Any allergic reaction, including anaphylaxis, occurs because the body’s immune system reacts inappropriately in response to the presence of a substance that it perceives as a threat.

Anaphylaxis can be accompanied by shock (known as anaphylactic shock): this is the most extreme form of an allergic reaction.

Common triggers of anaphylaxis include:

- Peanuts and tree nuts – peanut allergy and tree nut allergy frequently cause severe reactions and for that reason have received widespread publicity
- Other foods (e.g. dairy products, egg, fish, shellfish and soya)
- Insect stings (bees, wasps, hornets)
- Latex (gloves and PPE)
- Drugs (illegal and prescription)

Anaphylaxis has a whole range of symptoms. Any of the following may be present, although most people with anaphylaxis would not necessarily experience all of these:

- Generalised flushing of the skin anywhere on the body
- Nettle rash (hives) anywhere on the body
- Difficulty in swallowing or speaking
- Swelling of tongue/throat and mouth
- Alterations in heart rate
- Severe asthma symptoms
- Abdominal pain, nausea and vomiting
- Sense of impending doom
- Sudden feeling of weakness (due to a drop in blood pressure)
- Collapse and unconsciousness



When symptoms are those of anaphylactic shock the position of the child is very important because anaphylactic shock involves a fall in blood pressure.

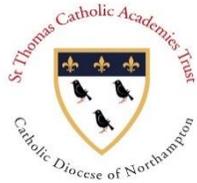
- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. They should not stand up
- If there are also signs of vomiting, lay them on their side to avoid choking (recovery position)
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

Action: (Ask other staff to assist, particularly with making phone calls, one person must take charge and ensure that the following is undertaken)

Act FAST but CALMLY

- Use the child's/persons adrenaline device*, or the emergency one located in the school
- Ring 999 immediately
- Someone to alert SLT and locate the nearest first aider to come and assist.
- Ring the child's parent
- Ensure that the Site Team are aware that an ambulance is coming onto site

*Staff will be trained every 3 years on how to use the adrenaline device. This will be delivered as part of first aid training



4. Asthma Procedure

Contents

- Introduction
 - Rationale
- What is Asthma
- How are Children Affected
- Precautions to help the prevention of asthma attacks in school
- Treatment for asthma in school
- Parent/Carer responsibilities
- Procedure in the event of an asthma attack in school
- Asthma and Sport in school
- Some implications of implementing our Procedure

Rationale

St Thomas Catholic Academy Trust adheres to the following principles:

- We welcome all pupils, including those who may suffer from asthma recognising that asthma is a condition affecting many school children
- We will encourage and help children with asthma to participate fully in all aspects of school life
- We will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication
- We recognise that immediate access to reliever inhalers is vital
- We will do all we can to make sure that the school environment is favourable to children with asthma
- We will ensure that other children understand asthma so that they can support their friends, and so that sufferers can avoid the stigma sometimes attached to this condition
- We encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack
- We aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Procedure
- We will keep a register of all children with asthma, added to our main allergy register, which is accessible to all school staff and supply staff, and which is updated regularly
- We will ensure there is regular training for staff, parents and children delivered by the Community Asthma Nurse

What is asthma?

We understand asthma to be a condition which causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.

Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:

- viral infections (especially colds)
- allergies (e.g. grass pollen, furry or feathery animals)
- exercise
- cold weather, strong winds or sudden changes in temperature
- excitement or prolonged laughing
- fumes e.g. from glue, paint, tobacco smoke

We are aware that psychological stress may sometimes make symptoms worse.

How are children affected?

We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a "tightness" inside their chest which can be frightening and may cause them great difficulty in breathing.

We understand that different children have different levels of asthma and therefore may react differently.

Precautions to help the prevention of asthma attacks in school

We believe in the principle of "prevention rather than cure ". So, in school we...

- have white boards instead of blackboards to avoid the use of chalk
- operate a no-smoking policy
- think carefully before allowing furry pets into classrooms
- have warm-up sessions at the beginning of PE and Games lessons
- are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation
- as far as possible we try to be an aerosol free school

Treatment for asthma in school

All children with diagnosed asthma will have an 'Individual Asthma Plan' this is written by the parents and the Community Asthma Nurse which is kept in the class medical files.

We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter regularly as a prevention. We are aware also, that relievers need to be taken promptly and so where possible children will keep their inhalers on them or with their teacher or in the classroom first aid cupboard.

To ensure speedy and correct action we...

- ensure that children who are able to take their medication independently are encouraged to carry their inhalers with them at all times
- will store inhalers and spacers, labelled with the child's name, in an accessible place in the classroom
- administer or supervise self-administration of medication with spacers
- ensure that medication is taken on school trips

We also undertake to inform parents/carers if we believe a child is having problems taking their medication correctly.

We will also discuss with parents/carers if we feel that there are signs of poorly controlled asthma.

Parent/Carer responsibilities

We believe in a partnership with parents and carers. We ask them...

- to inform us if a child suffers from or develops asthma
- to ensure that the child is provided with appropriate medication, to notify us of this medication and the appropriate action for its use
- to notify us of any change in medication or condition
- to make us aware of any known triggers or allergies
- to inform us if sleepless nights have occurred because of asthma
- to take inhalers/spacers/nebulisers home regularly for cleaning and checking
- to replace inhalers before they expire/run out
- we expect parents of children who need to use an inhaler regularly in school to obtain a second one from their doctor so that one may be left at school

In order to capture all this information parents, complete an Asthma Information form:



Asthma
Information.docx

Procedure in the event of an asthma attack in school

We expect that older children will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:

- send immediately for a First Aider
- we will endeavour to remove the child from the source of the problem, if known
- alert SLT by phone
- ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary
- stay calm, reassure the child and listen carefully to what the child is saying
- help the child by encouraging slow breathing
- encourage others around to carry on with their normal activities
- encourage the child to sit upright and lean slightly forward over the back of a chair –
 - hands on knees sometimes helps;
 - we do not allow the child to lie down
- loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air

We will call an ambulance if:

- the reliever has no effect after five minutes;
- the child is either distressed, unable to talk or very pale
- the child is getting exhausted
- the child's condition is deteriorating
- we are in any way concerned about medical condition of the child
- we would consult the asthma plan and share this with the ambulance crew

At this point we will also notify the parent or carer, or contact the emergency number if the parent or carer is unavailable. Doses of the reliever will be repeated as needed while awaiting help, being aware of the possibility of overdosing and following the instructions from the emergency services.

Asthma and Sport in school

Full participation in all sport for all asthma sufferers is our aim, unless the child is a very severe sufferer and we are notified as such by the parents/carers.

We bear the following in mind when planning sports lessons, with asthma sufferers in mind:

- 15 minutes prior to the lesson if a child has exercise induced asthma, they take a dose of medication before exercise
- inhalers need to be speedily available when the child is out of the school building so all teachers will have an inhaler box to collect them in and to be placed at the location of the activity
- any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication, a First Aider will be notified to attend in order that their condition can be monitored
- we aim to ensure a warm-up period before full exercise
- we realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both

Some implications of implementing our Procedure

We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways, we understand this would not be harmful, although we would discourage the practice.

We would also discourage one child from using another child's inhaler, for reasons of hygiene and possible unsuitability. However, in an emergency, we regard it as more appropriate to use another child's inhaler, rather than none, despite the disadvantages.

We should have an asthma emergency kit available in school for emergencies.

Parents' permission is always sought prior to administering the inhaler and this can be seen on the child's individual Asthma Plan.



5. Intimate Care Procedure

Contents

- Introduction
- Aims
- Children's Needs
- Care Plans
- Care Plan Agreements
 - The Parent
 - The School
- Personal Care Procedures
- Health and Safety Procedures
- Child Protection
- Monitoring and Review

Introduction

St Thomas Catholic Academy Trust recognises that all children have different rates of development and differing needs during their time at school.

Most children achieve continence before starting full-time school. With the development of more early years' education and the drive towards inclusion, however, there are many more children in mainstream educational establishments who are not fully independent. Some children remain dependent on long-term support for personal care, while others progress slowly towards independence.

The achievement of continence can be seen as the most important single self-help skill, improving the person's quality of life, independence and self-esteem. The stigma associated with wetting and soiling accidents can cause enormous stress and embarrassment to the children and families concerned. Difficulties with continence severely inhibit a child's inclusion in school and the community. Children with toileting problems who receive support and understanding from those who act in loco parentis are more likely to achieve their full potential.

We are committed to ensuring that all children are able to access the whole curriculum and are able to be included in all aspects of school life. This includes providing suitable changes of clothing and attending to continence needs of our children where necessary.

Aims

All children have the right to be safe, to be treated with courtesy, dignity and respect and to be able to access all aspects of the curriculum. We will:

- work to ensure that children with continence difficulties are not discriminated against in line with the Equalities Act 2010
- work to provide help and support to children in becoming fully independent in personal hygiene
- work to treat continence issues sensitively so as to maintain the self-esteem of the child
- work with parents in delivering a suitable care plan where necessary
- work to ensure that staff dealing with continence issues work within guidelines that protect themselves and the children involved (link to Health and Safety (H&S) Procedure and guidelines and Safeguarding Children Procedure)

Children's Needs

The staff work to build effective relationships with the parents and carers of the children attending their school. Any particular needs that a child may have will be dealt with sensitively and appropriately, working with parents/carers to ensure that each child can access the curriculum. Any child who has personal care or continence needs will be attended to in a designated area within school. Parents will only be contacted in extreme cases where soiling is severe and/or linked to illness e.g. sickness and diarrhoea, or when a child refuses to let a member of staff help change their clothing.

Care Plans

Where a child has particular needs (eg wearing nappies or pull-ups regularly, or has continence difficulties which are more frequent than the odd 'accident', staff will work with parents/carers (and health visitors/school nurse, if appropriate) to set out a care plan to ensure that the child is able to attend daily.

The written care plan (below) will include:

- who will change the child including back-up arrangements in case of staff absence or turnover
- where any changing will take place
- what resources and equipment will be used (cleansing agents used or cream to be applied?) and clarification of who is responsible (parent or school) for the provision of the resources and equipment

- how any products (if used) will be disposed of and how wet or soiled clothes will be kept until they can be returned to the parent/carer
- an outline of infection control measures
- what the staff member will do if the child is unduly distressed by the experience or if the staff member notices marks or injuries
- training requirements for staff
- arrangements for school trips and outings
- Care Plan review arrangements



Intimate Care
Plan.docx

Care Plan Agreements

In these circumstances it may be appropriate for the school to set up an agreement that defines the responsibilities that each partner has, and the expectations each has for the other (Below). This will include:

The parent:

- agreeing to ensure that the child is changed at the latest possible time before being brought to school
- providing the school with spare nappies or pull ups and a change of clothing
- understanding and agreeing the procedures that will be followed when their child is changed at school –including the use of any cleanser or wipes
- agreeing to inform the school should the child have any marks/rash
- agreeing to a ‘minimum change’ Procedure i.e. the school would not undertake to change the child more frequently than if s/he were at home.
- agreeing to review arrangements should this be necessary

The school:

- agreeing to change the child during a single session should the child soil themselves or become uncomfortably wet
- agreeing how often the child would be changed should the child be staying for the full day
- agreeing to monitor the number of times the child is changed in order to identify progress made – see Appendix 5
- agreeing to report should the child be distressed, or if marks/rashes are seen
- agreeing to review arrangements should this be necessary.

This kind of agreement should help to avoid misunderstandings that might otherwise arise, and help parents feel confident that the school is taking a holistic view of the child’s needs.

Should a child with complex continence needs be admitted, the school will consider the possibility of special circumstances and/or provision being made. In such circumstances, an appropriate health care professional (School Nurse or Family Health Visitor) will be closely involved in forward planning.



Intimate Care Plan
Arrangements.docx

Personal Care Procedures

The staff at the school will follow agreed procedures (see below) when attending to the care or continence needs of any child within the school, whether this be a child with a care plan agreement or a child who has had an occasional 'accident'.



Personal Care
Procedures and Health

Health and Safety Procedures

When dealing with personal care and continence issues, staff will follow agreed health and safety procedures (see Appendix 4) to protect both the child and the member of staff.



Intimate Care and
Toileting Record.docx

Child Protection

We will always endeavour to have two members of staff present when changing a child. Only staff employed by the school will be involved in the changing of children and DBS checks are carried out to ensure the safety of children with all staff. If there is known risk of false allegation by a child then there will always be two members of staff to undertake changing.

Wherever possible, the same member of staff will change named children. This reduces the risk to the child and promotes their dignity. The care plan will outline back up and contingency measures in the event that the named member of staff is unavailable.

Monitoring and Review

- The SENDCO will undertake monitoring to ensure that agreed procedures are being followed and are meeting the needs of children and families.
- It is the SENDCO's responsibility to ensure that all practitioners follow the school Procedure.
- Any concerns that staff have about child protection issues will be reported to the Designated Safeguarding Lead (DSL) and subsequently the Head Teacher for further referral if appropriate.
- This procedure runs alongside other school policies, particularly Safeguarding Children, SEND and Health and Safety.



6. Supporting Children at School with Medical Needs Procedure

Contents

- Introduction
- Roles and Responsibilities
 - The Local Academy Committee
 - Headteacher
 - School Staff
 - School Nurses
 - Children
 - Parents/Carers
 - Local Authorities
- Transition Arrangements
- Individual Healthcare Plans
- Staff Training and Support
- The Child's Role in Managing Their Own Medical Needs
- Managing Medicines on School Premises
- Record Keeping
- Emergency Procedures
- Day Trips, Residential Visits and Sporting Activities
- Avoiding unacceptable practice
- Insurance
- Complaints
- Other Policies

Introduction:

The aim of our Procedure is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

We acknowledge and believe that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

The governing body will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. They therefore acknowledge that they do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Roles and Responsibilities

We acknowledge that supporting a child with a medical condition during school hours is not the sole responsibility of one person. We work cooperatively with other agencies.

The Local Academy Committee

- Will make arrangements to support children with medical conditions in school, and will make sure that this Procedure for supporting children with medical conditions in school is developed and implemented.
- Will ensure that a child with a medical condition is supported to enable the fullest participation possible in all aspects of school life.
- Will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Will ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

- Will ensure that this Procedure is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this Procedure for supporting children with medical conditions and understand their role in its implementation.
- Will ensure that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement this Procedure and deliver against all individual healthcare plans, including in contingency and emergency situations. The Deputy Head will support the implementation of the Procedure which will be overseen by the Headteacher who will have overall responsibility for the development of individual healthcare plans.
- Will make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School Staff

- Any member of school staff may be asked to provide support to a child with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of children with medical conditions that they teach.
- School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

School Nurses

We have access to the school nursing service. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Children

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

Parents/Carers

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.
- The local authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- The local authority should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Transition Arrangements

When notification is received that a pupil has a medical condition the school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put in place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place as soon as possible.
- Provide support to pupils where a condition is undiagnosed or difficult to diagnose but there is a possibility that a medical condition is causing difficulties. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right levels of support can be put into place.
- Any staff training needs are identified and met.

Individual Healthcare Plans

The purpose of individual healthcare plans is to help ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work closely with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The information recorded on individual healthcare plans will take into consideration the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the child's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete SATs, use of rest periods or additional support in catching up with lessons, counselling sessions, access arrangements e.g. use of scribe/laptop;
- level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

We would not necessarily wait for a formal diagnosis before providing support to a child. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

Staff Training and Support

Any member of school staff providing support to a child with medical needs will have received suitable training. This will be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to children with medical conditions should be included in meetings where this is discussed. We have several staff trained in different medical procedures, as required. We ensure that this training is kept up to date. Wherever possible 3 members of staff are trained in any one procedure. We will aim to ensure that each trained member of staff has the opportunity to carry out the procedures. Staff can discuss their training needs with the Inclusion Manager. Staff carrying out medical procedures will be monitored by line managers in addition to healthcare professionals. Any member of staff expressing any concerns whatsoever will be fully supported until they feel confident. Advice from our healthcare team will be sought whenever appropriate. There will be times when whole school awareness training needs to take place. This will be led by healthcare professionals whenever possible. There may be times when we choose to arrange training ourselves. The Head Teacher/Deputy will be responsible for ensuring any training remains up to date.

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).
- A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- As part of any care plan healthcare professionals, including the school nurse, may provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- Any training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

It is recognised that the family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will always be asked for their views. They will be able to provide specific advice but will not be the sole trainer.

The Child's Role in Managing Their Own Medical Needs

Wherever possible, children who are competent to manage their own health needs and medicines, in consultation with healthcare professionals and parents, will be encouraged to do so (under the supervision of school staff). This will be reflected within individual healthcare plans.

Wherever possible, children will be able to access their medicines for self-medication quickly and easily. They will be encouraged to take responsibility for any equipment they might need. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision which will be put in place and part of their care plan. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them, always with a view of developing ownership, responsibility and independence.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing Medicines on School Premises

See Medicines Procedure

Record Keeping

See Medicines Procedure

Emergency Procedures

Children requiring different procedures during any emergency situation will have a separate risk assessment. Healthcare plans will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school will also know what to do in general terms, such as informing a teacher immediately if they think help is needed. Parents will be kept informed of these arrangements.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The child will always be given options as to who they would like to accompany them. A member of the office staff will ensure siblings are kept informed.

Day Trips, Residential Visits and Sporting Activities

We fully understand the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of children in such activities with any adjustments as required wherever possible.

Individual risk assessments will be carried out by the members of staff who best understand the child's needs, so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This could include Inclusion Manager, Parents, the child, healthcare professionals and the teacher and support staff.

Avoiding unacceptable practice

We understand that the following behaviour is unacceptable:

- Assuming that children with the same condition require the same treatment.
- Ignoring the views of the child and/or their parents.
- Ignoring medical evidence or opinion.
- Sending children home frequently or preventing them from taking part in activities at school
- Sending the child to the school office alone if they become ill.
- Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

Staff who undertake responsibilities within this Procedure are covered by the school's insurance.

Full written insurance Procedure documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Headteacher.

Complaints

Should parents/carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Procedure .

Other Policies

This Procedure should be read in conjunction with:

- First Aid Procedure
- Medicines Procedure
- Asthma Procedure
- Allergies Procedure
- Intimate Care Procedure



7. Trust Incident/Accident Report Procedure **Incident Reporting Procedure (In Line with HSG245)**

Contents

Introduction

Why investigate?

A step by step guide to health and safety investigations

Gathering the information

Analysing the information

Identifying risk control measures

The action plan and its implementation

References and further reading

- Adverse event report and investigation form
- Adverse event report and investigation form: Blank form
- Adverse event analysis: Rooting out risk
- Adverse event analysis: Worked examples
- Adverse event analysis: Blank form
- **Trust Accident/Incident manual reporting form (when Smartlog not available)**
- **Trust Accident/Incident Investigation form**
- **Incident reporting in schools (accidents, diseases and dangerous occurrences) Guidance for employers (HSE)**

Introduction

Every year people are killed or injured at work. Over 40 million working days are lost annually through work-related accidents and illnesses.

The Trust is committed to reducing risks and protecting people. The Trust is committed to having a consistent and robust approach to reporting and investigating:

- **Accidents** - an event that results in injury or ill health;
- **Incidents:**
- **Near misses:** an event that, while not causing harm, has the potential to cause injury or ill health. (In this guidance, the term near miss will be taken to include dangerous occurrences)
- **Undesired circumstances:** a set of conditions or circumstances that have the potential to cause injury or ill health, eg untrained nurses handling heavy patients
- **Dangerous occurrence:** one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- **Major injury/ill health:** (as defined in RIDDOR, Schedule 1), including fractures (other than fingers or toes), amputations, loss of sight, a burn or penetrating injury to the eye, any injury or acute illness resulting in unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours;
- **Serious injury/ill health:** where the person affected is unfit to carry out his or her normal work for more than three consecutive days;
- **Minor injury:** all other injuries, where the injured person is unfit for his or her normal work for less than three days

Why investigate?

Legal reasons for investigating

- To ensure you are operating your organisation within the law.
- The Management of Health and Safety at Work Regulations 1999, regulation 5, requires employers to plan, organise, control, monitor and review their health and safety arrangements. Health and safety investigations form an essential part of this process.
- Following the Woolf Report on civil action, you are expected to make full disclosure of the circumstances of an accident to the injured parties considering legal action. The fear of litigation may make you think it is better not to investigate, but you can't make things better if you don't know what went wrong! The fact that you thoroughly investigated an accident and took remedial action to prevent further accidents would demonstrate to a court that your company has a positive attitude to health and safety. Your investigation findings will also provide essential information for your insurers in the event of a claim.

Information and insights gained from an investigation

- An understanding of how and why things went wrong.
- An understanding of the ways people can be exposed to substances or conditions that may affect their health.
- A true snapshot of what really happens and how work is really done. (Workers may find short cuts to make their work easier or quicker and may ignore rules. You need to be aware of this.)
- Identifying deficiencies in your risk control management, which will enable you to improve your management of risk in the future and to learn lessons which will be applicable to other parts of your organisation

Benefits arising from an investigation

- The prevention of further similar adverse events. If there is a serious accident, the regulatory authorities will take a firm line if you have ignored previous warnings.
- The prevention of business losses due to disruption, stoppage, lost orders and the costs of criminal and civil legal actions.
- An improvement in employee morale and attitude towards health and safety. Employees will be more cooperative in implementing new safety precautions if they were involved in the decision and they can see that problems are dealt with.

Which events should be investigated?

- Having been notified of an adverse event and been given basic information on what happened, you must decide whether it should be investigated and if so, in what depth. It is the potential consequences and the likelihood of the adverse event recurring that should determine the level of investigation, not simply the injury or ill health suffered on this occasion. For example: Is the harm likely to be serious? Is this likely to happen often? Similarly, the causes of a near miss can have great potential for causing injury and ill health. When making your decision, you must also consider the potential for learning lessons. For example, if you have had a number of similar adverse events, it may be worth investigating, even if each single event is not worth investigating in isolation.

Who should carry out the investigation?

- For an investigation to be worthwhile, it is essential that the management and the workforce are fully involved. Depending on the level of the investigation (and the size of the business), supervisors, line managers, health and safety professionals, union safety representatives, employee representatives and senior management/ directors may all be involved.
- As well as being a legal duty, it has been found that where there is full cooperation and consultation with union representatives and employees, the number of accidents is half that of workplaces where there is no such employee involvement. This joint approach will ensure that a wide range of practical knowledge and experience will be brought to bear and employees and their representatives will feel empowered and supportive of any remedial measures that are necessary. A joint approach also reinforces the message that the investigation is for the benefit of everyone.
- In addition to detailed knowledge of the work activities involved, members of the team should be familiar with health and safety good practice, standards and legal requirements. The investigation team must include people who have the necessary investigative skills (eg information gathering, interviewing, evaluating and analysing). Provide the team with sufficient time and resources to enable them to carry out the investigation efficiently.
- It is essential that the investigation team is either led by, or reports directly to someone with the authority to make decisions and act on their recommendations.

When should it start?

- The urgency of an investigation will depend on the magnitude and immediacy of the risk involved (eg a major accident involving an everyday job will need to be investigated quickly).
- In general, adverse events should be investigated and analysed as soon as possible. This is not simply good practice; it is common sense – memory is best and motivation greatest immediately after an adverse event.

What does it involve?

- An investigation will involve an analysis of all the information available, physical (the scene of the incident), verbal (the accounts of witnesses) and written (risk assessments, procedures, instructions, job guides etc), to identify what went wrong and determine what steps must be taken to prevent the adverse event from happening again. It is important to be open, honest and objective throughout the investigation process. Pre-conceived ideas about the process, the equipment or the people involved in an adverse event may blind you to the real causes. Question everything. Be wary of blaming individuals.

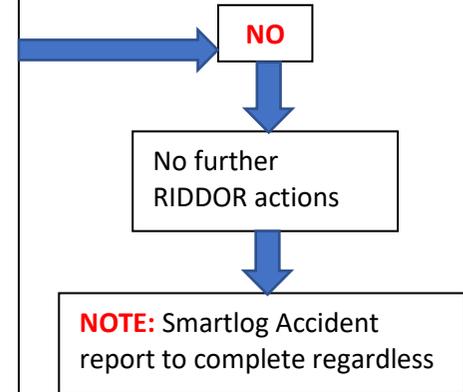
Accident Reporting – Smartlog <https://sl.safesmart.co.uk/auth/login>

All Accidents, Near Miss, Dangerous Occurrence (staff or Pupils) should be reported on Smartlog.

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Is the accident/incident/dangerous occurrence now RIDDOR Reportable?

1. All deaths to workers, which includes pupils, and non-workers
 - *All Headteachers must immediately contact Clark Campbell and email HealthandSafety@stcat.co.uk*
2. Fractures, other than to fingers, thumbs and toes
3. Serious burns (including scalding)
4. Any loss of consciousness caused by head injury or asphyxia
5. Any crush injury
6. Any injury likely to lead to permanent loss of sight or reduction in sight
7. Any scalping requiring hospital treatment
8. Amputations
9. Any other injury arising from working in an enclosed space
10. Injuries to workers which result in their incapacitation for more than 7 days
11. Injuries to non-workers which result in them being taken directly to hospital for treatment
12. Occupational diseases, where these are likely to have been caused or made worse by their work
13. Dangerous Occurrences
14. Was the incident the result of equipment failure, condition or design of building, the way we work or the supervision of an activity.



Injuries and ill health of Pupils

Injuries to pupils and visitors who are involved in an accident at school or on an activity organised by the school are only reportable under RIDDOR if the accident results in:

- The death of the person, and arose out of or in connection with a work activity; or
- An injury that arose out of or in connection with a work activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

If a pupil injured in an incident, remains at school, is taken home or is simply absent from school for a number of days, the incident is not reportable (unless over 7 days absence due to incident)

What about accidents to pupils in a playground?

Most playground accidents due to collisions, slips, trips and falls are not normally reportable.

Incidents are only reportable where the injury results in a pupil either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity. This includes incidents arising because:

- the condition of the premises or equipment was poor, eg badly maintained play equipment; or
- the school had not provided adequate supervision, eg where particular risks were identified, but no action was taken to provide suitable supervision.

Contact Jen Matthews jmatthews@stcat.co.uk 01582 361631 as **an investigation will need to be undertaken asap**

How long have we got to report an incident

Death Report of an Injury (hse.gov.uk)	Accidents resulting over 7 days off Report of an Injury (hse.gov.uk)	Dangerous Occurrence Report of a Dangerous Occurrence (hse.gov.uk)
Within 10 days of incident	Within 15 days of accident	Within 15 days of accident

Retention of Riddor/accident paperwork

Member of Staff	Pupil
Date of incident + 3 years	Date of incident + 12 years

Consequences of not achieving Riddor compliance

If a report is not sent and recorded, we could face a fine, a possible custodial sentence, a claim for accident at work compensation and impact our reputation.

Trust Accident/Incident manual reporting form (when Smartlog not available)



Accident Reporting
Form - Accident Incide

Trust Accident/Incident Investigation form



Trust Accident
Incident Investigation

Incident reporting in schools (accidents, diseases and dangerous occurrences) Guidance for employers (HSE)



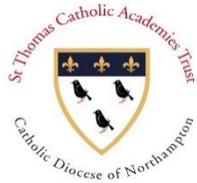
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Any Riddor Reportable Injuries

Any Riddor Reportable Injuries must be reported to Jen Matthews jmatthews@stcat.co.uk and Clark Campbell ccampbell@stcat.co.uk as an independent investigation needs to support any Riddor report.

Any Riddor Report (with Investigation Report) will be prepared and submitted by Jen Matthews

All accidents will be reported termly to the LAC



8. Trust Managing work related stress Procedure

Contents

1. Scope
2. Procedure statement
3. What is stress?
4. HSE Management Standards
5. Signs and symptoms of stress
6. Roles and responsibilities
7. Identifying the source of stress
8. Possible causes of workplace stress
9. Strategies for managers to manage stress in the workplace
10. Strategies for employees to manage stress in the workplace

Update Information

This model Procedure will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate)

1. Scope

This Procedure applies to all employees employed by schools and academies.

For academies, all reference to Headteacher should, where appropriate be replaced with Principal/Head of School, all reference to the Governing Body should where appropriate be replaced with the Academy Trust, and all reference to school should where appropriate be replaced with Academy.

The recognised trade unions have been consulted.

2. Procedure statement

The school places a high value on the health of its employees and is committed to take all reasonable measures to prevent stress in the workplace by assessing the causes and introducing measures to reduce stress at work. These guidelines will help in ensuring that staff who work for the school are effective in carrying out their duties.

Although guidelines in this Procedure deal mainly with the symptoms of stress from work related pressures, it also acknowledges that some employees may experience stress from situations at home or outside work which could affect their work performance. It is important that issues of concern are shared with managers so that appropriate support can be given.

3. What is stress?

Health and Safety Executive's (HSE's) formal definition of work-related stress is 'The adverse reaction people have to excessive pressures or other types of demands placed on them at work'.

Whilst the effects of stress are usually short lived and cause no lasting harm, where pressure is intense or prolonged the effects of stress can be more damaging and lead to mental and physical ill health.

4. HSE Management Standards

The [HSE's Management Standards](#) cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence. In other words, the six Management Standards cover the primary sources of stress at work. These are:

Demands – this includes issues such as workload, work patterns and the work environment

Control – how much say the person has in the way they do their work

Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles

Change – how organisational change (large or small) is managed and communicated in the organisation

5. Signs and symptoms of stress

There are many different ways that stress will show in an individual. Signs and symptoms can be behavioural, emotional or physical or a combination of these. Some examples to look out for might be:

Behavioural	Changes in eating habits Increased smoking, drinking or drug taking 'to cope' Mood swings affecting your behaviour Changes in sleep patterns Twitch, nervous behaviour Changes in attendance such as arriving later or taking more time off
Emotional/mental	Negative or depressive feeling Disappointment with yourself Increased emotional reaction – more tearful or sensitive or aggressive Loss of motivation, commitment and confidence Mood swings Confusion, indecision Lack of concentration Poor memory
Physical	Tiredness or lack of energy. High blood pressure. Pains or tightness in the chest.

6. Roles and responsibilities

6.1 School's responsibilities:

- ensure the school complies with the provisions of the Health and Safety at Work, etc Act and the associated regulations
- ensure that a continuing commitment is given to the reduction of work-related stress
- consider the impact on staff of any major change or restructuring
- provide an effective means of communicating and supporting staff and managers when a major change or restructuring is to take place and to ensure an implementation plan is produced
- integrate good practice in reducing stress at work into other policies and procedures e.g. sickness absence Procedure
- provide additional professional support in the form of an employee assistance programme (EAP).

6.2 Manager's responsibilities:

- Managers have an important role in identifying and reducing stress in the workplace, whether the stress is work induced or not
- Managers will monitor stress problems through sickness absence records, staff turnover statistics, exit interviews, number of complaints received, missed deadlines, work backlogs and a deterioration in work performance, increase in staff disputes, grievances and poor morale, changes in individual behaviour, attitudes and appearance
- Managers will seek advice from Schools HR and the occupational health when a stress case arises.

6.3 Employee's responsibilities:

It is the employee's responsibility and legal duty to:

- Take reasonable care of their own health and safety and that of other persons who may be affected by their acts or omissions at work [Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](#).
- Discuss their own stress related issues with their manager, the counselling service of the school's EAP provider (if applicable) or other appropriate person to enable early support or intervention, i.e. their GP
- Recognise their own training and development needs and take responsibility for their own well-being and development in their job
- Co-operate with managers to avoid or reduce work related stress, including supporting their colleagues
- Ensure they do not put other employees under undue pressure as a result of their own actions or negligence
- Inform their manager when they feel under undue pressure, which might affect their work performance whether the cause is work related or outside work.

1. Identifying the sources of stress

Managers will consider the following:

- Consider stress as an occupational hazard and include it in the stress risk assessment
- Use a variety of methods to identify pressure/stress including sickness returns, complaints, performance, incidents/accident reports, etc.
- When aware that an employee is suffering from the effects of stress, take action to address the situation, including supporting the individual, agreeing individual work programmes and referring the person to occupational health, or EAP services
- Where the cause of the stress is outside the control of the school, make the employee aware of both the internal and external support available and monitor the situation sensitively
- Be aware of the potential for stress after a violent/abusive incident, threat or witnessing of traumatic events. In these situations consider what help should be offered and a referral to occupational health or EAP counselling service might be appropriate.

2. Possible causes of workplace stress

If you feel any of the causes below might apply to you, please discuss them with your manager:

Physical environment	Insufficient space Lack of privacy Noisy environment Too hot/cold Equipment not suitable/poorly maintained Poor lighting/ventilation
The Organisation	Insufficient staff for size of workload/ unfilled posts Unclear expectations or objectives. Lack of prioritising Inconsistency in style & approach. Crisis management No time to adjust to changes No control over the workload Rigid working procedures

Personal & social relationships	Insufficient opportunities for social contact at work Sexual harassment Racial harassment Staff conflict/bullying Divided loyalties (personal vs. work)
Role in the Organisation	Role ambiguity/conflict Too much/too little responsibility Under/over promotion No participation in decision-making Lack of managerial support/feedback Lack of job security
Individual concerns	Difficulty in coping with change Not confident in dealing with personal problems Not assertive Difficulty in delegating Poor at managing time Lack of knowledge about managing stress.

9. Strategies for managers to manage stress in the workplace

9.1 Develop a supportive culture

- Create a climate of openness so that employees can discuss feelings of stress and support each other. Take any complaint of stress seriously
- Encourage staff to use outside help (their own GP, EAP counselling, Trade Union, family, friends)
- Identify ways to improve the working environment Communicate regularly through staff and team meetings Consider how you give positive feedback to employees
- Use team-building activities to promote a co-operative and supportive team
- Take complaints of bullying and harassment seriously and investigate fully in line with school's Bullying and Harassment Procedure.

9.2 Management style

- Analyse management style and its effects on a team
- Address staff performance issues openly and directly in a supportive and un-blaming way – do not avoid performance issues as that can in itself can lead to stress and poor service to customers
- Encourage a team problem solving approach to work issues
- Equip yourself with appropriate skills and knowledge to prevent stress and deal with it appropriately when it occurs in yourself and your staff.

9.3 Organisation of work

- Ensure employees have realistic work programmes and deadlines. Set clear priorities in consultation with staff
- Regularly review workloads and work programmes
- Consult employees on proposals to change work practices. Appraise employees regularly and agree development plans for individuals and departments
- Ensure effective communication between management team, departmental teams and staff especially during periods of organisational change.

9.4 Recruitment and Selection

- Ensure the full range of tasks and demands of the job are set out in the job description and person specification
- The person specification should indicate the requirement to be able to work under pressure if necessary and evidence should be sought through the application form and interview
- Employment references (including details of sickness and absence records) should be sought to ascertain the candidates' ability to handle pressurised situations
- Pre-employment health questionnaires will be scrutinised by occupational health to identify stress related health problems and any concerns would be discussed with potential staff on a confidential basis
- In jobs identified to have high pressure, care must be taken to demonstrate what support will be given to the employees.

9.5 Induction and promotion

- All new employees must receive induction into their new job. Existing employees can be at particular risk when they are promoted/acting into a temporary role or given significant new tasks. A review of that person's work programme and developmental needs must take place.

9.6 Absence management

- 9.7** If an absence is related to stress the manager will follow the Managing Attendance Procedure. If the cause of the absence is confirmed to be work related and the manager is satisfied that the cause is not due to poor performance of the individual, the job/role should be reviewed and action taken to reduce the level of pressure. Advice can also be sought from occupational health to support the employee
- The manager will also consider what arrangements can be made to their duties/workplace to minimise the risk of any such illness recurring
 - The manager will monitor how the arrangements work in practice. Are they being implemented on a daily basis? Are they satisfactory? Do alternative approaches need to be considered?

9.7 Development and training

- Ensure that staff are coached, trained and developed to carry out new and existing job responsibilities
- Ensure all staff achieve the required core competencies
- Ensure equality of access to training
- Review how training and development needs are met within your department/area of responsibility.

10. Strategies for employees to manage stress in the workplace

10.1 Monitor yourself and express your feelings:

- Learn to identify and acknowledge your feelings, both to yourself and others
- Tell your manager if you feel you are stressed
- Learn to recognise warning signals, monitor patterns
- Set time aside to reflect upon current stresses and balance your life
- Talk to colleagues, family and friends about how you feel.

10.2 Identify and develop appropriate support:

- Identify a particular person for mutual support
- Ask for help and be ready to accept it when you need it
- Give others positive feedback and tell them you value them.

10.3 Develop useful behavioural skills:

- Be assertive and take responsibility for your own behaviour and actions
- Learn to recognise negative thought patterns and replace them with constructive ones.

10.4 Manage your time:

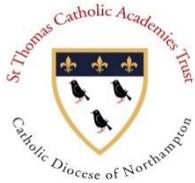
- Be realistic; set yourself short and long term goals
- Prioritise, plan and monitor your use of time
- Learn to say no to unreasonable demands and deadlines
- Avoid an imbalance between work and private life
- Try not to make too many major changes in your life at once.

10.5 Take exercise and relax:

- Choose some enjoyable exercise
- Learn to relax and practice regular relaxation techniques
- Take regular breaks/do something varied throughout the day
- Ensure you get the amount of sleep you need.

10.6 Develop healthy eating patterns:

- Reduce the buzz of stimulants e.g. alcohol, caffeine, tobacco
- Eat a healthy and well-balanced diet.



9. Trust Display Screen Equipment Procedure

1. Introduction

Incorrect use of display screen equipment (DSE), poorly designed workstations or work environments can lead to neck, shoulder, back, arm, wrist and hand pain or discomfort as well as fatigue and eye strain. This can lead to longer term ill health conditions.

The Trust is committed to fulfilling its duties under the Health and Safety (Display Screen Equipment) Regulations 1992 (referred to within this Procedure as the 'DSE Regulations') in order to ensure, so far as is reasonably practicable, the health, safety and wellbeing of DSE users.

These duties include:

- identifying DSE users;
- carrying out a DSE workstation assessment;
- reducing risks, including making sure employees take breaks from extended periods of DSE use;
- providing free eye tests to DSE users if requested;
- providing money towards the costs of corrective lenses where these are solely prescribed for use with DSE;
- providing information, instruction and training to DSE users.

2. Responsibilities

The Head Teacher is responsible for:

- the periodic review and amendment of this Procedure; and
- ensuring that all staff are aware of the requirements of this Procedure.

The School Business Manager is responsible for:

- authorising the purchase of equipment based upon the recommendations of the DSE Assessor; and
- putting in place a process for (and administering the provision of) eye tests and corrective lenses as required for DSE users.

DSE Assessors are responsible for:

- identifying those employees who are classified as DSE users;
- ensuring that DSE users have an up to date DSE Assessment and reviewing completed DSE Self-Assessment forms;
- providing appropriate information on DSE set up and assisting DSE users to set up their workstations as required;
- sourcing and providing equipment in conjunction with the School Business Manager; and
- referring recommendations for DSE-related eye tests to the School Business Manager.

All staff are responsible for following the processes outlined within this procedure, including the completion of DSE Self-Assessment forms.

3. DSE Users

A 'DSE user' is a member of staff who normally uses DSE as part of their work on most working days, for continuous or near-continuous spells of an hour or more at a time, and:

- has to transfer information quickly to or from the DSE; **and**
- needs to apply high levels of concentration; **or**
- is highly dependent on DSE; **or**
- has little choice about using the DSE; **or**
- needs special training or skills to use the DSE.

It is to these DSE users that the Trust has duties under the DSE Regulations.

Those not classified as DSE users (including staff and pupils) should still follow the set-up and use guidance within this procedure but are not required to complete a DSE Self Assessment form (although it might be helpful to do so in order to help with the correct set up and use of the equipment). Pupils should be encouraged to set up and use DSE appropriately.

4. DSE Self Assessment

DSE users must complete a DSE Self Assessment form annually (at a minimum) or following any significant changes to:

- circumstances (e.g. onset of discomfort or diagnosis of a medical condition which relates to / affects their use of DSE); and / or
- their job role (where this impacts upon their use of DSE); and / or
- equipment with which they've been issued or the workstation location or layout.

Staff should forward completed DSE Self-Assessment forms to a DSE Assessor for review. Staff should also contact a DSE Assessor if they encounter any difficulties in the set-up and use of DSE which they cannot resolve by following the guidance included on the DSE Self-Assessment form and within this Procedure.

Blank versions of DSE Self-Assessment forms are available [Display screen equipment \(DSE\) workstation checklist \(hse.gov.uk\)](https://www.hse.gov.uk/workstation/dse-checklist/)

5. DSE Assessors

DSE Assessors will assist users with any issues or concerns raised on the user's DSE Self-Assessment form and will make recommendations for set-up or equipment changes as required.

DSE Assessors have received appropriate training to enable them to fulfil their role. Ensuring that DSE use is as safe as possible may sometimes require users to change the way they work or the equipment they use. This may involve some trial and error until things are optimal. All DSE users are required to co-operate with DSE Assessors in this process, which will help avoid problems and ensure compliance with this procedure.

6. Requirements for a DSE workstation

DSE workstations are comprised of various components. The minimum requirements are outlined below:

- **Desk:** this must be large enough to safely accommodate the user and any papers or equipment required for the work they are carrying out (including computer peripherals such as the mouse and keyboard), with enough room for the user to rest their hands or wrists when not typing. There should be enough room beneath for the user's legs (without risk of entanglement with cables) and to allow the user to sit comfortably and periodically change position.

- **Chair:** as a minimum the chair must be equipped with mechanisms which allow the user to easily adjust the seat height and the backrest height and angle. The chair should also be stable and fitted with wheels appropriate to the surface on which the chair sits. Arms are not a requirement and should be used with care as their position may alter posture or position which prevents appropriate working practices.
- **Screen:** this must be of an appropriate size, have the facility for the user to adjust contrast and brightness, be positioned so as to minimise glare and be easily adjustable in terms of height, swivel and tilt. The image on the screen must be stable and free from flickering.
- **Keyboard:** this must be separate from the screen, non-reflective and with clearly legible markings on the keys. Keyboards must also feature a mechanism which allows the user to tilt and adjust the angle of use.
- **Pointing device:** this must be suitable to enable comfortable and efficient use of the equipment. Typically, this will be a mouse, which should be of a design suitable for the user's physical needs and work tasks. Other pointing controls such as trackpads, touch screens or pens may be available but must be used with care as they may not provide the ergonomic and postural benefits of a mouse.

In addition to the above, DSE workstations must be:

- adequately lit;
- free from excessive noise which would prohibit the user from working in reasonable comfort and without distraction; and
- comfortable in terms of temperature, humidity and general air quality.

Deficiencies noted by users should be relayed as soon as possible to the DSE Assessor.

7. Eye and eyesight tests

DSE users are entitled to request DSE eye and eyesight tests (sometimes referred to as 'sight tests'), paid for by the Trust. The frequency of any ongoing testing required will be determined by the clinical judgement of the optometrist or doctor who has carried out the test.

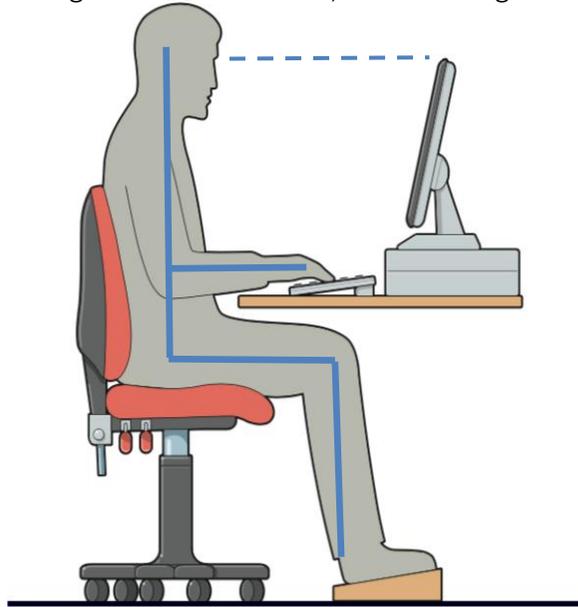
Where DSE users are prescribed 'special' corrective appliances (usually spectacles with lenses which are **solely prescribed for use with DSE**), the Trust will contribute toward the cost of a basic corrective appliance (i.e. one of a type and quality adequate for the user's work). Where the user would prefer to wear a more expensive appliance (e.g. designer frames, thinned / coated, etc. lenses, etc.) the Trust may choose to contribute a portion of the total cost (equal to the cost of a basic appliance) with the remainder of the cost falling to the user to meet.

Liability for the cost of 'normal' corrective appliances (i.e. those prescribed following an eye and eyesight test which determines lenses are required for **more than just DSE use**) rests with the member of staff.

The Trust **may** contribute a portion of the total cost (equal to the cost of a basic appliance) towards multifocal spectacles (i.e. bifocal or varifocal) where one of the lens powers has been **solely prescribed for use with DSE**. The decision on whether to do so will be made according to the DSE user's working requirements; for example by considering whether the user is required to mix their DSE tasks with other tasks which require a different viewing distance. If the user would repeatedly have to change from one pair of spectacles to another to cope with this, a pair with multi-focus lenses might be an appropriate solution.

8. Setting up and using a workstation

A user's position when using the DSE should be similar to that shown in the illustration below. For most people, good posture will be achieved by considering the vertical and horizontal alignments of the back, arms and legs in order to achieve a good 'balance':



** Image taken from L26: Work with Display Screen Equipment, published by the Health and Safety Executive and licensed under the Open Government Licence.*

The chair should be adjusted and positioned so that:

- the backrest promotes an upright posture, with the lower part of the backrest sitting in and supporting the curve of the user's lower (lumbar) spine;
- the seat is at a height (and the chair pulled in close enough to the desk) where the user's arms can hang loosely from the shoulder, bent 90 degrees at the elbow so that the forearms are roughly horizontal to (but not touching) the desk surface whilst typing;
- the seat is at a height where the user's thighs are level (rather than pointing down or up) and feet can rest flat on the floor or on a footrest to obtain this position (note that in this picture, the user requires a footrest – the need for a footrest will depend on the user);
- there is a gap of 2-3 fingers' width between the seat's front edge and the backs of the user's knees; and
- there's room for the user to rest their hands / wrists on the desk surface when not typing.

The screen should be:

- positioned at a height where, when in the recommended seated position, the user's eyes are roughly level with the top of the screen and enable a level head position (note that use of multifocal lenses may require this to be altered to maintain level head position, depending on which portion of the lenses the user looks through to read the screen);
- angled to reduce glare and reflections from light sources;
- positioned at roughly an arm's length away; and
- adjusted (in terms of brightness, contrast and font size) to suit the user's eye comfort and prevent the tendency towards leaning forward to see small text.

When using the keyboard, the user should:

- not rest their hands / wrists on the desk surface whilst typing, but 'float' over the keys like a pianist, keeping their wrists straight (i.e. in line with their forearms rather than bending and twisting at the wrist);
- avoid excess pressure, force or stretching of the fingers when pressing keys; and
- position the keyboard so as to avoid excess reaching.

When using the mouse, the user should:

- keep their wrist straight (i.e. in line with their forearm rather than bending and twisting at the wrist);
- avoid excess pressure or force when clicking the mouse buttons;
- position the mouse so as to avoid excess reaching; and
- set cursor / pointer at a manageable speed which reduces the physical movement required to reach all parts of the screen.

DSE users should take regular breaks from extended DSE work by:

- varying tasks to break up DSE work (e.g. filing, photocopying, standing whilst on the phone, etc.); and
- taking regular 'micro-breaks' every 30 minutes or so where they stand and stretch before sitting and resetting to a good workstation posture.

To avoid headaches, visual fatigue and discomfort, DSE users should also:

- periodically look away from the screen, focus on a distant object and blink to refresh their eyes; and
- aim to remain well hydrated as this can help to avoid the headaches which can sometimes be attributed to work with DSE.

9. Using portable DSE

Prolonged use of mobile devices can lead to pain and discomfort. When using a **laptop, tablet** or **smartphone** to read and edit documents, write notes, etc., it's essential to ensure that these are used safely.

Laptops

Whenever possible, laptops should be used at a desk and connected to an external monitor, full-sized keyboard and mouse. Where work directly on a laptop is unavoidable, users must:

- angle the screen so that they may sit comfortably and reflection is minimised;
- attach an external mouse if possible;
- maintain an upright posture, as if they were using a full workstation; and
- restrict continuous use to a maximum of one hour at a time.

Where extended, direct use of a laptop is identified, the DSE Assessor will decide whether it might be appropriate to provide additional support devices (e.g. laptop stand, external keyboard, mouse, etc.).

Tablets

Whenever possible, place the tablet on a desk-high table rather than holding it. Whilst using the tablet, users must:

- use a stand or tilt the tablet to reduce the need to bend their head forward to read;
- avoid leaning forwards to view the screen - maintain as upright a posture as possible, as they would if using a full workstation;
- use a light touch when using the touchscreen; this will mean fewer errors, help to avoid frustration and improve comfort. Vary the fingers used and stop frequently to stretch;
- use a wireless external keyboard if inputting for more than a few minutes;
- enlarge the image or text if it is difficult to see and also keep the screen clean; and

- restrict continuous use to a maximum of 20-30 minutes at a time.

Smartphones

At most, displays should be used for reading messages and sending very short responses. Restrict reading time to a maximum of 15-20 minutes at a time.

General tips

- The **DSE Self-Assessment** should include a user's use of portable devices, if they are used regularly as part of the job. In particular, it should identify **any health conditions** (for example muscular or skeletal pain, eyestrain or headaches, etc). The DSE Assessor will need to review the DSE Self-Assessment and determine if the device is right for the user and if any additional precautions might be necessary.
- **Don't ignore discomfort.** When performing repetitive activities on portable devices, users may experience discomfort in hands, arms, wrists, shoulders, neck, or other parts of the body. If this happens, user must stop using their device and report the issue to a DSE Assessor immediately.
- **Portable DSE use sessions add up.** Even sticking to the maximum durations of continuous use listed above, users may still end up using portable devices for many hours if they are a regular user. This should be avoided for safety and comfort. Users must plan their day, think carefully about the tasks required and select the right tool for that job. If extended IT use is necessary, use a full workstation.
- **Portable devices provide quick, 24/7 access.** All users must consider a healthy work-life balance and the Senior Leadership Team and managers are responsible for monitoring and supporting this balance.

10. Home working

Whether working at home or on school premises, the same rules apply for DSE use as detailed within this procedure.

Where users regularly work from home, a DSE Self-Assessment form [Display screen equipment \(DSE\) workstation SELF ASSESSMENT checklist \(hse.gov.uk\)](#) must be completed. Where users do not have the necessary equipment and workstation set up to allow them to work as safely at home as they would at school, then home working will not be permitted until such time as suitable arrangements are in place.

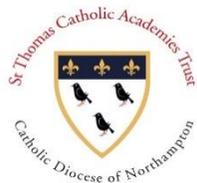
11. Further information

The display screen equipment pages of the Health & Safety Executive website:

- <http://www.hse.gov.uk/msd/dse/>

L26: Work with display screen equipment:

- <http://www.hse.gov.uk/pubns/priced/l26.pdf>



10. Trust Manual Handling Procedure

Information

St Thomas Catholic Academies Trust recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice.

As an employer, the Trust must protect workers from the risk of injury from hazardous manual handling in the workplace.

Manual handling means transporting or supporting a load by hand or bodily force. It includes lifting, putting down, pushing, pulling, carrying or moving loads. A load can be an object, person or animal.

The law sets out how employers must deal with risks from manual handling:

- Avoid hazardous manual handling, so far as is reasonably practicable
- Assess the risk of injury from any hazardous manual handling operations that cannot be avoided
- Reduce the risk of injury from hazardous manual handling to as low as reasonably practicable

Manual Handling is covered specifically by the following legislation:

- The Health and Safety at Work, etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Lifting Operations and Lifting Equipment Regulations 1998.

The Manual Handling Operations Regulations 1992 were the end result of a European directive, issued in 1990, and are firmly based on a “minimal handling” approach to manual handling. Under the Regulations, employers are required to avoid the need for employees to undertake any manual handling operations which involve a risk of them being injured and where such activities cannot be immediately eliminated a “suitable and sufficient assessment” of all such operations is mandatory. Having carried out this assessment, employers must take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable.

Aim of the Procedure

This procedure is intended to set out the values, principles and policies underpinning the Trust’s approach to manual handling

Contents

1. Manual Handling at Work Procedure	2. Risk Assessments
3. Duties of Staff	4. Staff injured at Work
5. Lifting Equipment	6. Training

Manual Handling at Work Procedure

The Trust recognises its responsibility under the Health and Safety at Work, etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 (MHSWR) to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. Employees, service users and contractors are expected to abide by safety rules and to have regard to the safety of others. The Trust understands manual handling as the transporting or supporting of loads by hand or by bodily force without mechanical help. This includes activities such as lifting, carrying, shoving, pushing, pulling, nudging and sliding heavy objects.

The Trust is committed to ensuring the health, safety and welfare of its staff, so far as is reasonably practicable, and of all other persons who may be affected by our activities including service users, their visitors and contractors. As all of these manual handling activities obviously carry the risk of injury if they are not performed carefully, then the Trust will take the following steps to ensure that its statutory duties to protect staff and service users are met at all times.

- Each employee should be given such information, instruction and training as is necessary to enable safe manual handling.
- All processes and systems of work should be designed to take account of manual handling.
- All processes and systems of work involving manual handling should be assessed

Risk assessments

All potential lifts or manual handling tasks should be fully assessed first using the following process.

- A moving and handling risk assessment should be undertaken, by a member of staff who is trained for the purpose, whenever staff are required to help a service user with any manual handling task, as required under the Manual Handling Operations Regulations 1992.
- Staff should always consider each manual handling task for risk of injury. If the activity involves occasional lifting of small, regular-shaped, lightweight items, the risk can be deemed to be negligible. If, however the task involves repeated movement of a heavier item, or one that is an odd, uncomfortable shape, then the risk is increased and should be identified as a potential risk.
- If a risk is identified, Trust staff should next consider whether there is a way to eliminate the need for manual handling altogether. For instance, can equipment be used instead?
- If the manual handling task cannot be eliminated completely, the specific risks involved must next be assessed. This is done in a similar way to any other health and safety risk assessment but the assessment does not need to be recorded provided it is easy to repeat.
- Where a specific risk of injury is identified and manual handling is unavoidable, then measures to reduce the risk must be introduced. Examples of these are the use of mechanical aids, changing the task to minimise the risk or altering the working environment to make manual handling less awkward.
- Any measures taken to ensure manual handling safety must be in proportion to the risk and the cost-benefit involved.

Staff should never, in any circumstances, attempt to lift a weight where they believe that there is a significant risk of injury involved.

St Thomas Catholic Academies Trust will, so far as is reasonably practicable:

- Provide and maintain lifting equipment such that they are safe and healthy to use
- Provide the information, instruction, training and supervision required to ensure the health and safety, at work, of employees and others
- Control and maintain the place of work in a safe condition

In the event of any accident or incident (including a near miss) involving injury to anybody on work premises, to make a full investigation and to comply with statutory requirements relating to the reporting of such incidents.

Duties of Staff

The Manual Handling Operations Regulations 1992 set out an obligation upon employees to make full use of systems of work laid down for their safety in manual handling operations. This is in addition to their obligations under other health and safety legislation including making proper use of equipment provided for their safety. To conform with the Manual Handling Operations Regulations 1992, the Trust requires its staff to adopt the following three-stage model.

- Staff should avoid hazardous manual handling as far as is reasonably practical.
- Where hazardous manual handling cannot be avoided, staff should assess the risk first.
- Depending on the result of the assessment, staff should reduce the risk involved to the lowest level reasonably practicable.

The successful implementation of this procedure requires total commitment from all employees. Each individual has a legal obligation to take reasonable care for their own health and safety, and for the safety of other people who may be affected by their acts or omissions.

It is also the procedure of the Trust that, under s.7 of the Health and Safety at Work, etc Act 1974, it is the duty of every employee at work:

1. To take reasonable care of their own health and safety and those of any other person who may be affected by their acts or omissions at work
2. As regards any duty or requirement imposed on their employer by or under any of the relevant statutory provisions, to co-operate with the employer, so far as is necessary, to enable that duty or requirement to be complied with.

In addition, no person within the Trust shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare in pursuance of any statutory provisions.

Staff injured at work

Manual Handling accidents are covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). According to RIDDOR, all manual handling accidents and injuries should be recorded and also reported to the HSE, especially if they result in staff being off work for three days or more or involve faulty equipment.

All staff injured at work should be given appropriate support and any staff who have suffered from a manual handling injury should see their GP as soon as possible. All staff returning from work after a prolonged absence with a musculoskeletal injury or disorder should have a return to work plan and an interview which may include occupational health input if appropriate.

Staff should be encouraged and supported to come back to work where possible and this may often involve some temporary or longer-term adjustment on the part of the Trust to ensure that they do not suffer a recurrence of their injury.

Any necessary alterations to a member of staff's job after an accident should be made in line with current Disability Discrimination Act 1995 guidelines.

Lifting equipment

Any manual handling equipment provided should be maintained in a safe condition to use and be subject to regular inspections by the manufacturers. Records of all such equipment and their maintenance schedules are kept in the central office.

Training

Everyone within the Trust should be given adequate training and information on manual handling risks and how to avoid them. Such training should focus on specific tasks and equipment as well as on the more general information required to carry out safe manual handling. All staff should be trained to assess whether or not a load is too heavy to carry.

All new staff should be encouraged to read the procedure on Health and Safety and on manual handling as part of their induction process. Existing staff will be offered training to National Training Organisation standards covering basic information about health and safety. All staff are expected to attend annual manual handling refresher training. In addition, all staff will be appropriately trained to perform their duties safely and competently and those staff who need to use specialist equipment will be fully trained and supervised while they are developing their competency.

HSE guidance: <https://www.hse.gov.uk/pubns/indg143.htm>

Lifting and lowering risk filter

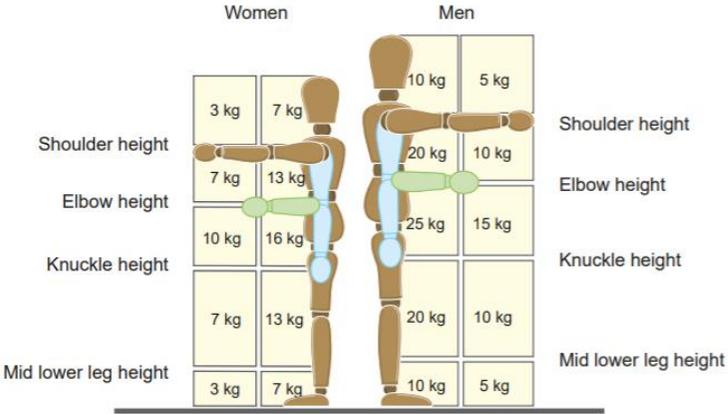


Figure 1 Lifting and lowering risk filter

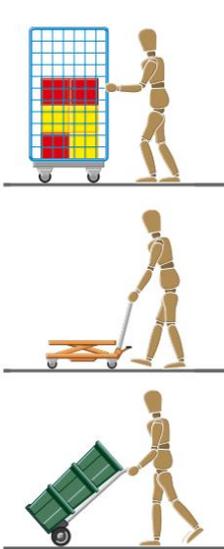


Figure 2 Acceptable push/pull postures

Pushing and pulling risk filter
 In pushing and pulling operations, the load might be slid, rolled or moved on wheels. Observe the worker's general posture during the operation. Figure 2 shows some acceptable push/pull postures. The task is likely to be low risk if:

- the force is applied with the hands;
- the torso is largely upright and not twisted;
- the hands are between hip and shoulder height;
- the distance moved without a pause or break is no more than about 20 m.

Pushing and pulling: Do I need to make a more detailed assessment?

If the load can be moved and controlled very easily, for example with one hand, you do not need to do a more detailed assessment. You should make a more detailed assessment using, for example, the RAPP tool or full risk assessment checklists (or equivalent) if:

- the posture shows that the task requires significant forces, for example, leaning;
- there are extra risk factors like slopes, uneven floors, constricted spaces or trapping hazards.

Handling while seated

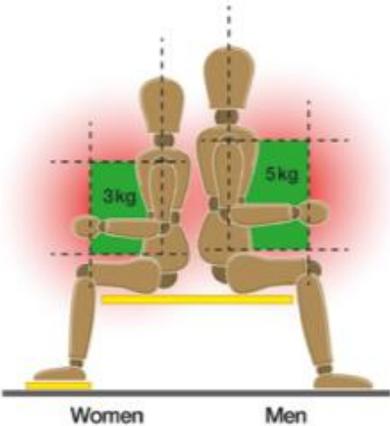


Figure 3 Handling while seated



11. Trust Noise Procedure

INTRODUCTION

If noise levels are considered to be causing a risk to a person's hearing, or if the levels are likely to reduce the audibility of any emergency warning sound, then a school should take any necessary action to reduce this noise. These measures may include:

- Assessing risks from noise
- Taking measures to reduce noise exposure where a risk assessment shows that this is necessary
- Ensuring the level of noise generated is considered when a new piece of equipment is purchased or hired
- Providing hearing protection where necessary if risk cannot be adequately reduced by other means
- Providing training and information for employees on the risks from noise and the measures in place to reduce noise
- Providing health surveillance ([See Section 32](#)) where the risk assessment shows this is appropriate.

The majority of Trust staff do not require assessments as stipulated by the Noise at Work Regulations, due to the low noise levels or short duration of exposure of their working pattern. However, there are some staff who work with machinery or equipment, who may require noise monitoring and controls to reduce their exposure whilst working. i.e.-

- D&T teachers and technicians
- Maintenance / Facilities staff
- ICT staff working with or near servers

RESPONSIBILITIES

Head Teachers and Governors

- Support the implementation of the noise regulations within the school and ensure staff have the necessary skills and competence.
- Support in the implementation of measures to comply with the Noise at Work Regulations.
- Ensure noise factors are taken into account when hiring or purchasing new equipment
- Ensure that the necessary risk assessments have been undertaken for any equipment used by their staff
- Implement and enforce noise control measures
- Ensure that staff are suitably trained in all aspects of operating equipment, including noise control.

Employees

- Use all equipment and noise control measures in accordance with instructions
- Wear hearing protection where required
- Maintain hearing protection and any other noise control equipment
- Report any defects or difficulties with hearing protection or any other noise control equipment
- Co-operate with any programme of health surveillance which is identified as necessary following risk assessment.

NOISE LEVELS

Action values are usually determined over an average noise level throughout the day, except where there may be loud impact and/or explosive noises.

The Lower Exposure Action Value (LEAV) means a daily personal exposure level of 80-85 dB(A)

The Upper Exposure Action Value (UAEV) means a daily personal exposure level in excess of 85 dB(A)

The Exposure Limit Value (ELV) is a peak sound pressure of 87dB(A)/140 dB(C), (the peak pressure is the highest pressure reached by the sound wave). This measurement is taken at the ear taking into account the reduction of noise levels afforded by hearing protection.

Personal exposure is a combination of noise level and length of exposure. The following limits will therefore be applicable:

Maximum Sound level dB(A)	Exposure Duration (Hours per day)
85	8
88	4
91	2
94	1
97	30 minutes
100	15 minutes
115	28 seconds

NOISE RISK ASSESSMENTS

A noise risk assessment is required whenever it is likely that exposure will occur at or above the LEAV. If you are likely to be exposed to noise at work, a competent person must carry out a noise assessment.

A guide to this is the following:

If noise is intrusive but normal conversation is possible, likely noise level is approximately 80dB

If you have to shout to someone 2 meters away, likely noise is approximately 85dB

If you have to shout to someone 1 meter away, likely noise level is 90dB

The risk assessment requires:

- An assessment of the type and level of noise; this may come from manufacturers data for individual pieces of equipment, or from sound level measurement, especially where multiple pieces of equipment operate in an area simultaneously. Additional noise e.g. background music should also be included.
- Identify who might be affected
- The likely exposure time of an individual; taking into account their working patterns and noise exposure, during breaks etc.
- Assessment of indirect risk e.g. the risk of the individual's not hearing warning alarms due to the noise levels
- Consideration for any additional risk factors, such as the presence of vibration, or a solvent.

The risk assessment should include an action plan which documents the measures already in place to reduce the risk from noise exposure and any further measured planned. The assessment can be either a stand alone document or incorporated into the overall risk assessment for a process if this is more appropriate.

The assessment must be reviewed at least every 2 years and if necessary more frequently when there have been changes.

If no significant changes have been identified, the noise level measurements must be re-evaluated no longer than 5 years after the initial measurement.

HEARING PROTECTION

Hearing protection is required as a supplementary measure when noise levels cannot be efficiently controlled at source, or by the use of other methods. The hearing protection supplied must be suitable for the conditions in which they will be used.

Consideration must be given to:

- The job or task involved and the working environment.
- The level and nature of the noise exposure.
- The compatibility with other protective equipment which may need to be worn.

Hearing protection should be readily available and provided on a personal issue basis.

If disposable hearing protection is to be worn, hearing protection dispensers should be readily available and kept topped up at all times.

Hearing protection should also be stored properly, well maintained and regularly inspected by a competent person.

TRAINING AND INSTRUCTION

It is the Head Teacher's responsibility to advise people about the risk of damage to hearing when exposed to loud noise and the steps that should be taken to minimise this risk.

The Head Teacher will be required to provide the person with information about hearing protection, including:

- The adverse effects if noise
- Why they are being issued with hearing protection.
- When they should wear hearing protection
- How the hearing protection should be worn
- How the hearing protection should be worn with other protective equipment, if applicable.
- How factors such as long hair, spectacles, earrings, hats or leads from personal stereos can reduce the effectiveness of their hearing protection.
- Where to store the hearing protection after use.
- The need for health surveillance
- When and where replacements can be obtained from.

HEALTH SURVEILLANCE

Under the Management of the Health and Safety at Work Regulations 1999, employees exposed to certain types of health risks should be provided with appropriate health surveillance. **Please See Section 32**

Employees are encouraged to seek advice from a doctor where hearing loss is suspected.



12. Trust Vibration Procedure

Controlling the risks from vibration at work Contents

1. Scope
2. Introduction
3. Vibration health effects
4. Roles and responsibilities
 - 4.1 The Trust (the employer)
 - 4.2 Manager/Supervisor
 - 4.3 Occupational Health Service
 - 4.4 Employees
5. Exposure levels
 - 5.2 Levels for hand-arm vibration
 - 5.3 Levels for whole-body vibration
6. 5 Steps to Risk Assessment
 - Step 1- Identify the hazards
 - Step 2 - Identify all persons who may be at risk
 - Step 3 - Assess whether current controls are adequate
 - Step 4- Record the findings
 - Step 5 - Monitor and review the risk assessment
7. Health surveillance

1. Scope

This guidance is applicable to all Trust Schools that have members of staff in roles that involve them using hand-held power tools and equipment and/or regular driving of off-road vehicles that could lead to a range of vibration related health conditions. Examples of roles within the Trust which require frequent and regular use of vibrating tools and equipment include those involved in the maintenance of grounds and buildings and DT departments.

2. Introduction

The Control of Vibration at Work Regulations 2005 impose duties on the Trust to protect employees who may be exposed to risks from either hand-arm or whole-body vibration at work, and others who might be directly affected by the work. This guidance outlines measures that need to be in place to protect employees from the risks of Hand Arm Vibration Syndrome (HAVS) and an increased risk of back pain which can be caused by exposure to vibration.

These measures will include assessing the risks from vibration exposure and taking steps to reduce vibration exposure. Providing training and information for employees on the risks from vibration and the measures in place to reduce these and providing health surveillance ([See Section 32](#)) where the risk assessment shows that this is appropriate.

3. Vibration health effects

3.1 Hand-arm vibration

Hand-arm vibration is vibration transmitted from work processes into workers' hands and arms. It can be caused by operating hand-held power tools such as chainsaws or powered lawnmowers.

Regular and frequent exposure to hand-held vibration can cause permanent health effects causing a range of conditions collectively known as hand-arm vibration syndrome (HAVS), as well as specific diseases such as carpal tunnel syndrome.

3.2 Whole-body vibration

Whole-body vibration is shaking or jolting of the human body through a supporting surface which is usually a seat or the floor, for example when driving on a vehicle off road including tractors or fork-lift trucks.

In some cases, whole-body vibration can aggravate a back problem caused by another activity, it is unlikely that exposure to whole-body vibration at work on its own will cause back pain.

4. Roles and responsibilities

4.1 The Trust (the employer)

The Trust is responsible for ensuring that arrangements are in place to eliminate the risk from vibration at work where possible and effectively control measures are in place in their areas of responsibility and that these arrangements are communicated to all staff, students and volunteers via the local rules document.

4.2 Line Manager/Supervisor

Line Managers/Supervisors have a responsibility to ensure that;

- There is a procedure in place to ensure that vibration risks are assessed and that employees are not exposed to vibration above the exposure limit value.
- Ensure if daily exposure action levels are likely to be exceeded that action is taken to ensure that;
 - there are controls in place to eliminate the risk or to reduce exposure to as low a level as reasonably practicable, and
 - those staff requiring health surveillance ([See Section 32](#)) are identified through risk assessment and are referred to the Occupational Health Service.
- Staff are provided with information and training on health risks and control measures in place.
- Ensure vibration factors are considered when hiring or purchasing new equipment
- The risk assessment is reviewed and updated on a regular basis.

4.3 Occupational Health Service

The Trust's Occupational Health Service is responsible for ensuring that;

- Organising and carrying out appropriate health surveillance ([See Section 32](#)) programmes and associated training and education as required. Ensuring that health surveillance records are confidentially maintained.

- Notifying the Line Manager of health surveillance results and any resulting recommendations.

4.4 Employees

Members of staff have a responsibility to ensure that they;

- Comply with control measures outlined in risk assessment
- Use all equipment in accordance with instruction
- Report to their line manager immediately any symptoms that associated with hand-arm vibration or whole body vibration
- Cooperate with health surveillance (**See Section 32**) programmes
- Report any defects or difficulties with any equipment

5. Exposure levels

5.1 Levels for hand-arm vibration

Exposure action value

The exposure action value (EAV) is a daily amount of vibration exposure above which employers are required to take action to control exposure.

Exposure Action Value (EAV) – $2.5 \text{ m/s}^2 \text{ A}(8)$ (exposure averaged over a day)

Wherever exposure at or above this level occurs, actions (including health surveillance) are required to control the risk.

Exposure Limit value

This is the maximum vibration exposure permitted for any individual on a single day.

Exposure Limit Value (ELV) – $5 \text{ m/s}^2 \text{ A}(8)$ (exposure averaged over a day)

5.2 Levels for whole-body vibration

Exposure action value

The exposure action value (EAV) is a daily amount of vibration exposure above which employers are required to take action to control exposure.

Exposure Action Value (EAV) – $0.5 \text{ m/s}^2 \text{ A}(8)$ (exposure averaged over a day)

Exposure Limit value

This is the maximum vibration exposure permitted for any individual on a single day.

Exposure Limit Value (ELV) – $1.15 \text{ m/s}^2 \text{ A}(8)$ (exposure averaged over a day)

6. 5 Steps to Risk Assessment

The following outlines the five steps to complete an assessment of the risk to health created by vibration;

Step 1- Identify the hazards

In order to identify whether there is a significant risk from vibration the following should be considered;

- Ask employees which if any tools, machines, processes involve regular exposure to vibration. This will lead to a list of tools and jobs.

- Consult equipment handbooks which should declare vibration emission values. This may be provided by the manufacturer: however, manufacturers' data will often come from testing under specific controlled conditions which are very different from normal working practices and therefore may significantly underestimate exposures in practice. Additional information may be sought from equipment suppliers. Page 5 of 7 Safety and Health Services Guidance on Controlling the Risks from Vibration at Work Version 2.0
- Alternate sources of data include websites which have measured vibration levels of equipment in real use, these include <http://www.operc.com/havtec/default.asp>
- Ask members of staff if they have any symptoms associated with hand-arm vibration or with whole-body vibration.
- Observe specific working practices.
- Vibration measurements can be taken for specific tools or equipment, if specific measurements are required, ensure that these are carried out by a competent person using specialised equipment.

Step 2 - Identify all persons who may be at risk

If there is likely to be a risk the next stage is to identify who may be at risk. This can be achieved by making a list of employees who use vibrating machinery or equipment and which jobs they do. Employees use equipment/tools/vehicles in different ways, their posture or technique may increase their vibration exposure from a particular activity by up to 50% compared to colleagues.

Some members of staff may be at particular risk. These would include employees with existing HAVS or other diseases of the hands, arms, wrists or shoulders. Also those with existing back conditions.

Step 3 - Assess whether current controls are adequate

In order to assess whether control measures are adequate an indication on whether individuals are exceeding EAV's and ELV's is required. In order to do this the Health and Safety Executive (HSE) have produced a 'calculator' tool which calculates the daily vibration exposure that an employee is subjected to. A separate HSE calculator is available for both hand-arm vibration and for whole-body vibration, these resources can be accessed via the Health and Safety Executive website at; <http://www.hse.gov.uk/vibration/hav/vibrationcalc.htm> & [Hand arm vibration - Publications \(hse.gov.uk\)](http://www.hse.gov.uk/publications/handarmvib.htm)

Action should be taken to reduce risks from vibration to as low as reasonably practicable, even if vibration levels are below the Exposure Action Level. These controls should include the following;

- Consider whether the work can be done another way which then eliminates or reduces exposure to vibration. Workstations may be able to be improved to minimise for example loads on employee's hands, wrists and arms caused by poor posture.
- Replacing tools/equipment/vehicles with alternatives which produce lower magnitudes of vibration.
- Ensuring work activities are designed to take into account ergonomic principles, and to encourage good posture.
- Ensuring all equipment/vehicles are properly maintained.
- Reducing time exposed to vibration e.g. regular breaks, job rotation etc
- Providing suitable clothing to protect employees from cold and damp.
- Providing suitable training and information for all those exposed to vibration. Training should include health effects of vibration, how to recognise and report symptoms, significant findings of risk assessments, ways to minimise risk and the purpose and delivery of health surveillance (**See Section 32**) programmes.

Wherever vibration levels may exceed the EAV, advice should be sought from Safety and Health Services to assist with risk assessment and reduction of vibration exposure. Personal vibration exposure must not exceed the Exposure Limit Value (ELV), the only exception to this is for occasional (e.g. emergency work) where the ELV is exceeded on one day.

Step 4- Record the findings

The risk assessment should include an action plan which documents the measures already in place to reduce the risk from vibration exposure and any further measures planned.

The vibration risk assessment can be a stand-alone document, or can be incorporated into the overall risk assessment document for a school or service.

Step 5 - Monitor and review the risk assessment

It is the responsibility of the Line Manager to regularly check that controls introduced are effective. This will involve talking to employees and monitoring health surveillance results are necessary. It is strongly recommended that the risk assessment should be reviewed if there is any change in vibration exposure and on an annually basis.

7. Health surveillance

See Health Surveillance – Please see section 32



13. Trust Legionella Management Plan

Introduction

Legionnaire's disease is a potentially fatal pneumonia caused by legionella bacteria. It is the most well-known and serious form of a group of diseases known as legionellosis. Other similar (but usually less serious) conditions include Pontiac fever and Lochgoilhead fever. Infection is caused by breathing in small droplets of water contaminated by the bacteria.

Everyone is potentially susceptible to infection but some people are at a higher risk, e.g. those over 45 years old, smokers and heavy drinker, those suffering from chronic respiratory or kidney disease, and people whose immune system is impaired. Legionella bacteria are common in natural water courses such as rivers and ponds. Since legionella are widespread in the environment, they may contaminate and grow in other water systems such as cooling towers and hot and cold-water services.

They survive low temperatures and thrive at temperatures between 20-45 degrees Celsius if the conditions are right, e.g. if a supply of nutrients is present such as rust, sludge, scale, algae and other bacteria. The bacteria is killed by high temperatures, or through suitable chemical control.

Plan Statement

The St Thomas Catholic Academies Trust recognises its statutory duties under the Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations 1999 and the Control of Substances Hazardous to Health Regulations 2002.

The intention is to use the requirements of these Regulations as a minimum standard for the prevention of bacterial growth from within buildings and building services and adhere to all of the guidance within the HSE document, "Legionnaires' disease, The control of legionella bacteria in water systems" Approved Code of Practice and guidance L8. [Legionnaires' disease. The control of legionella bacteria in water systems \(hse.gov.uk\)](https://www.hse.gov.uk/legionnaires/)

Objectives

- To manage the St Thomas Catholic Academies Trust Sites in order to prevent the growth of legionella bacteria in hot and cold-water services.
- To have in place a contingency plan for an unexpected outbreak.
- To have reporting procedures for an outbreak to the relevant Authorities and under RIDDOR.

To prevent an outbreak St Thomas Catholic Academies Trust will ensure:

- That all buildings have an up-to-date legionella risk assessment, that these assessments are reviewed regularly (minimum two yearly or when there are significant changes to the water systems or their use)
- That regular monitoring as defined with the ACOP L8 is carried out by competent persons and is documented in a suitable Water Log Book.
- That suitable staff are in place with known responsibilities, competent to do their specific management roles.

Responsibilities

The Statutory Duty Holder, The Governing Directors are ultimately accountable for all Health and Safety issues but their primary role with regard to legionella control is to appoint a responsible person. In addition to the responsible person, there also needs to be at least one deputy and persons responsible for the day to day actions (physical monitoring etc).

Legionella Management Title	Person	Brief Outline of Responsibilities
Statutory Duty Holder	Headteacher	Responsible for appointing a manager to be responsible for the day to day running of legionella management. Ultimately accountable for all Health and Safety issues
Appointed Responsible Person	Chief Operating Officer	Responsible for organising suitable water risk assessments and implementing the action plans, including remedial works, documentation and training. Carries out an annual review of all systems and documentation
Deputy Responsible Person 1	Trust Compliance Manager	Oversees specific building operations, fills in on holiday periods.
Deputy Responsible Person 2		Spot checks of testing procedures and records. Support in the absence of the Site Agent
Site Task Agent	Site Agent's for each school site in the Trust	Carries out day to day tasks such as monitoring. Responsible for maintaining records
Site Task Agent		Carries out day to day tasks such as monitoring. Responsible for maintaining records
Specialist Water Treatment Company	Each Trust School has their own specialist water treat company	Provide technical support and back up. Sampling where necessary.

Legionella management

The Chief Operating Officer is responsible for ensuring that:

- Water risk assessments are in place for each school site and that these are reviewed at least every three years and in the event of any change or incident relating to the sites' water systems;
- The findings of water risk assessments are acted upon within the recommended timescales;
- The requirements for temperature monitoring, flushing and descaling identified within risk assessments are translated to operational monitoring schedules and maintained within Legionella monitoring folders at each site;
- Equipment and substances required for carrying out monitoring and water hygiene activities are provided and maintained;
- Staff carrying out Legionella risk management activities are provided with appropriate information, instruction, training and supervision;
- Sufficient staff are appointed and trained to carry out monitoring and water hygiene activities, to ensure that schedules are maintained.

Site Agents for each school site are the operational leads for monitoring and water hygiene activities on their sites, and for maintaining Legionella management folders.

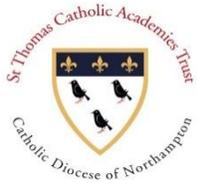
Maintenance of Records

The Water Log Books will be maintained and must contain:

- Schematic diagrams of water services will be updated to show any alteration or modification subsequently carried out.
- A record of inspections including full details of corrective action including cleaning and disinfection procedures completed.
- A copy of annual inspections.
- A description of maintenance, repairs and alterations carried out.
- A copy of the results of water samples.

Operation and Maintenance

- Cold water will be stored and distributed at temperatures <20oC.
- Water stored in all calorifiers must be 60oC or greater.
- Water returned to the calorifier must be 50oC or greater.
- The temperature of hot water at the outlets must be 50oC or greater within one minute of running.
- Water systems with chemical control should be maintained within manufacturer operating parameters
- Any infrequently used outlets should be flushed weekly
- All showers and spray generating taps with be cleaned and de-scaled quarterly



14. Trust Exams Fire/Bomb/Lockdown Procedure

EXAM PROCEDURE FOR FIRE, BOMB THREAT AND LOCKDOWN EVACUATIONS

In the event of an Evacuation for Fire alarm or Bomb Threat

In the event of an emergency evacuation in response to fire there will be an emergency intermittent bell. In the event of an emergency evacuation in response to a Bomb threat there will **not** be an emergency bell. The invigilator will make a note of the time of the alarm and stop the exam, instructing candidates to close their papers and put their pens down. The invigilators will be responsible for taking a copy of the attendance lists to the evacuation point.

The Exam Manager will advise Invigilators and candidates of the evacuation and the above procedures and in these circumstances all examinations rooms will evacuate a safe distance from all school buildings. Candidates will be asked to stand behind their desks, leaving their exam papers behind, file out one row at a time to the assembly point. They will be accompanied by the invigilators. The exam room will be locked. Students must line up at the appropriate assembly points.

A register will be taken from the attendance list to establish that all candidates are present. The Exam Manager or member of SLT will contact each invigilator at their assembly point to instruct them when to return to the building. When it is safe to return to the building, the candidates will be led back to their examination room and wait for further instructions from the Exam Manager.

The candidates must remain under examination conditions during emergency evacuation procedures and must not attempt to contact another candidate or any other member of the school community. The Exam Manager will contact the Examination Board in accordance with JCQ regulations.

Smaller Exam rooms – Resources and Computer rooms – go directly down the playing field via the

Candidates who require assistance

If a candidate is present who may need assistance in the event of an emergency evacuation, a named invigilator will be asked to take responsibility for escorting/aiding this candidate to the above assembly point.

Before an examination

In the event of a Lockdown

In the event of a Lockdown there will be an emergency continuous bell. If candidates are entering/waiting to enter the exam room, the following procedure will be employed:

- Exam Manager/SLT will be present around exam room areas
- Candidates will be instructed to enter the exam room immediately
- Candidates will be instructed to remain silent, hide under exam desks or sit against a wall/around a corner but not near the door and to ensure mobile phones are on silent and non-vibrate mode
- Where safe/possible, the SLT member will communicate (via mobile phone) the situation to the Exam Manager
- The Exam Manager will collate the information from all exam rooms and forward this to the Headteacher immediately.

All Invigilators are to contact the Exam Manager to confirm relevant information. The Exam Manager will provide all Invigilators with the relevant door and padlock keys

· **Invigilators will**

1. Lock all windows and close all curtains/blinds	2. Switch off all lights
3. Lock all doors and/or use tables, or any other furniture, to barricade the entrance to the examination room	4. Take an attendance register/head count if possible
5. If the threat is a chemical or toxic release instruct candidates to cover their nose and mouth (their own clothing can be used) and attempt to use anything to hand to seal up cracks around doors and any vents into the room	

During an examination

If a lockdown is required during the exam/when candidates are in the exam room, the following procedure will be employed:

· **Invigilators will:**

1. Tell candidates to stop writing immediately and close their answer booklets	2. Collect the attendance register
3. Make a note of time when the examination was suspended	4. Instruct candidates to remain silent, leave all examination materials on their desks and hide under desks
5. Where safe/possible, communicate (via mobile phone) the situation to the Exam Manager (ensuring that all mobile phones are on 'silent' mode).	6. Lock all windows and close any/all curtains/blinds
7. Switch off all lights	8. Lock all doors and/or use tables, or any other furniture, to barricade the entrance to the examination room

(If the threat is a chemical or toxic release) instruct candidates to cover their nose and mouth (their own clothing can be used) and attempt to use anything to hand to seal up cracks around doors and any vents into the room

- Where safe/possible, the Exam Manager will collate the information from all exam rooms and forward this to the Headteacher immediately
- The Headteacher will make informed decisions on alerting parents/carers, awarding bodies and emergency services
- If appropriate, where safe/possible, the Exam Manager (or invigilators in the absence of the Exam Manager) will initiate the emergency evacuation procedure
- The Exam Manager will collect all examination papers and materials for safe/secure storage following advice from the appropriate awarding bodies

After an examination

If a lockdown is required after the exam/as candidates are leaving the exam room, the following procedure will be employed:

· **Invigilators will:**

1. Stop dismissing candidates from the exam room	2. Instruct candidates who have left the room to re-enter the exam room
3. Instruct candidates to remain silent and hide under desks/tables	4. Where safe/possible, communicate (via mobile phone) the situation to the Exam Manager (ensuring that all mobile phones are on silent and non-vibrate mode)
5. Lock all windows and close any/all curtains/blinds	6. Switch off all lights
7. Lock all doors and/or use tables, or any other furniture, to barricade the entrance to the exam room	8. If the threat is a chemical or toxic release, instruct candidates to cover their nose and mouth (their own clothing can be used) and attempt to use anything to hand to seal up cracks around doors and any vents into the room

- Where safe/possible, the Exam Manager will collate the information from all exam rooms and forward this to the Headteacher immediately

Ending a lockdown

The lockdown will be ended by either

the sound of a defined alarm, or the identification/authorisation of Emergency Service officers/SLT/Headteacher entering each exam room

· Invigilators will undertake a head count/register and confirm attendance with the Exam Manager/SLT

· Where applicable and if advised to do so by SLT/Headteacher, and following JCQ guidelines, if there is sufficient time remaining, candidates may restart their examination

· **Invigilators will then:**

1. Ask candidates to return to their desks, remind them they are under formal exam conditions and allow a settling down period	2. Allow candidates the full working time remaining to do their examination
3. Recalculate the revised finish time(s)	4. Tell the candidates to open their answer booklets and re-start their exam
5. Amend the revised finish time(s) on display to candidates	6. Note how long the lockdown lasted on the exam room incident log (to later inform a report to the awarding body/bodies)

· **The Exam Manager will**

1. Provide a report of the incident for the awarding body/bodies (via the special consideration process or as advised by the awarding body/bodies)	2. Safely/securely store all collected exam papers and materials pending awarding body advice/guidance
3. Where applicable/possible/available, SLT/Exam Manager will discuss any alternative exam sittings with the awarding body/bodies	4. Offer, arrange and provide support services to staff and candidates

- At the earliest opportunity, SLT/Headteacher/Exam Manager will prepare a communication to parents/carers advising them of events (including relevant actions and outcomes)



15. Trust Fire Management Plan

STATEMENT OF INTENT

St Thomas Catholic Academies Trust believes that ensuring the health and safety of staff, visitors, service users and all relevant persons is essential to our success.

We are committed to:

- Preventing accidents and work-related ill health.
- Compliance with statutory requirements as a minimum.
- Assessing and controlling the risks that arise from our work activities.
- Providing a safe and healthy working and learning environment.
- Ensuring safe working methods and providing safe working equipment.
- Providing effective information, instruction and training.
- Consulting with employees and their representatives on health and safety matters.
- Monitoring and reviewing our systems and prevention measures to ensure their effectiveness.
- Setting targets and objectives to develop a culture of continuous improvement.
- Ensuring adequate welfare facilities exist throughout the department.
- Ensuring adequate resources are made available for health and safety issues, so far as is reasonably practicable.

A Fire Safety Management System will be created to ensure the above commitments can be met. Employees throughout all Trust schools must play their part in the creation of a safe and healthy working environment for all.

1 INTRODUCTION AND SCOPE

- 1.1 Fire is a hazard in any part of the premises. Its consequences include the threat to the lives or health and safety of relevant persons, damage to or loss of property and severe interruption to normal business activities or opportunities.
- 1.2 Managing the risk of fire demands fire safety precautions based on a combination of appropriate prevention and protection measures depending upon building use and occupancy, the inherent fire risks and the legal obligations laid on St Thomas Catholic Academies Trust as the employer, occupier / owner or *'responsible person'*.
- 1.3 This fire safety management and fire emergency plan applies to all premises which are to any extent under the control of the St Thomas Catholic Academies Trust as the employer, owner or principal occupier. Its requirements extend to all persons at those premises including staff, visitors and contractors whether permanently or temporarily engaged.
- 1.4 Where premises are jointly occupied or shares control of premises with other employers then the arrangements for fire safety and maintenance will be coordinated, communicated and documented. In these premises the fire safety arrangements and procedures of the principal or host occupier shall apply or local variations agreed by all relevant parties and relevant persons.

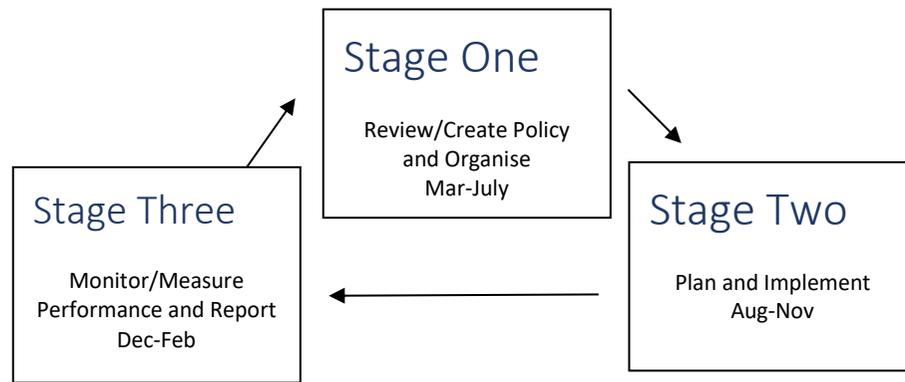
- 1.5 This fire safety management and fire emergency plan applies to all other staff working in premises employed by any other employer. In this respect other staff will comply with these relevant fire safety arrangements and procedure.
- 1.6 The St Thomas Catholic Academies Trust will, so far as is reasonably practicable, and in accordance with legal obligations and standards, in respect of every premises to:
- provide and maintain passive and active fire prevention, protection and measures according to the purpose or use of the building, the numbers of occupants and the activities or processes undertaken therein;
 - provide comprehensible and relevant information to staff and others, through the provision and availability of emergency instructions or fire safety plans and the risks identified by relevant risk assessments
 - provide a programme of fire safety training;
 - carry out and keep under review a fire risk assessment to analyse building and process fire risks, the existing preventive and protective measures and to identify areas for improvement;
 - have in place a programme of works to improve or maintain the existing fire safety specifications;
 - identify a sufficient number of persons, whether staff, security or others, to be present at all times the building is occupied with responsibility for initiating the fire evacuation procedure and provide information and assistance to the fire service;
 - where appropriate, to prepare and keep under review risk assessments in relation to the use, storage, handling, disposal and transportation of dangerous substances and ensure that, so far as is reasonably practicable, the risks associated with dangerous substances are reduced or controlled.
- 2.1 As part of a holistic fire safety management system, in addition to the management action outlined below, considerations of passive and active fire precautions are essential.
- 2.2 Passive fire precautions are concerned with the physical conditions in premises which are designed to facilitate containment of fire by design, construction and layout, effective communication and safe evacuation. In particular the:
- materials specification, design, construction and inspection of buildings, fire doors and escape routes considering the needs of pupils, service users, people with disabilities, contractors, the public, etc;
 - appropriate safe and secure location of building services e.g. gas and electricity;
 - provision of clear fire safety signage for escape routes and final exits in conformity with the Health and Safety (Safety Signs and Signals) Regulations 1996 and The Equality Act 2010, except in Northern Ireland where The Disability Discrimination Act 1995 Act still applies.
 - provision of prominently located fire action notices (e.g. by fire alarm manual break glass points) to inform people of the action to be taken in the event of fire; and
 - education and training of staff in fire safety arrangements, in particular evacuation procedures and drills.
- 2.3 Active fire precautions are those features of the fire safety management system that detect and operate in the event of a fire, including fire alarm systems, emergency lighting systems and fire fighting equipment. In particular:
- the installation, maintenance, inspection and weekly testing of fire alarms;
 - the appropriate design, location, operation, monthly inspection and annual testing of adequate (emergency) lighting systems for fire escape routes;
 - the provision, use, appropriate type and location, and annual maintenance of portable fire extinguishers.
 - A quarterly / six monthly / annual premises fire safety inspection will be carried.

- 2.4 The fire safety arrangements will be based on HSG 65 *Successful Health and Safety Management* <https://www.hse.gov.uk/pubns/books/HSG65.htm> and the Fire Safety Management Plan Strategy (see Appendix 1). The main strands of the strategy involves: -
- Effective planning, organisation, control, monitoring and review of protective and preventative measures
 - Fire safety risk assessments and building audits
 - Fire safety systems and maintenance
 - Fire warden and staff training
 - Fire evacuation drills
 - Building design, alterations and commissioning

3. PLANNING

- 3.1 Fire risk assessments are a requirement of the Regulatory Reform (Fire Safety) Order 2005 and are a structured approach to determining the risk of fire occurring in a premises or from a work activity, and identifying the precautions necessary to eliminate, reduce or manage the risk. The outcome of the risk assessment must be incorporated in the fire emergency plan (see Section 7).
- 3.2 Fire Risk Assessments must be carried and reviewed regularly out (recommended to be annually) or when there is any building alteration or change of occupation and use of the premises, or following a fire incident/emergency, etc.
- 3.3 The risk evaluation and appropriate control measures to be taken into account will include those practical fire safety arrangements outlined above. The methodology adopted will be:
- | | | |
|--------------------|---|--|
| High Risk | = | Work to be completed within 4 to 8 weeks |
| Medium Risk | = | Work to be completed within 6 months |
| Low Risk | = | Work to be completed within 1 year |
- 3.4 Risk assessments must consider those who could be affected, e.g. numbers involved, their location, physical and mental capabilities and employees of organizations with whom a workplace is shared. The significant findings of the fire safety risk assessment will be made known to all other responsible persons as appropriate.
- 3.5 Where appropriate, an individual Personal Emergency Evacuation Plan (PEEP) must be developed for staff, pupils or service users who have known disabilities that will impact on their ability to evacuate the particular premises.
- 3.6 Maintenance of fire safety systems falls under the umbrella of the Fire Maintenance Contract. The provisions of the contract ensure maintenance on fire systems and equipment is carried out in compliance with the Regulatory Reform (Fire Safety) Order 2005 and Approved Codes of Practice and other associated legislation. The contract will ensure that Fire Maintenance Contractors are fully inducted for safe work practices and are fully qualified to carry out maintenance on fire safety systems and will include: -
- Fire detection and warning system
 - Emergency lighting
 - Fire fighting facilities
 - Emergency routes and exits
 - Fire safety signs and notices
 - Portable electrical appliances (PAT) and premises installation testing (5 yearly)

- 3.7 The fire safety maintenance programme will follow the guidelines suggested in HM Government Fire Safety Risk Assessment guidance and can be found in Appendix 2.
- 3.8 Fire Warden and staff training are provided through Smart Log training provision and other face to face professional training as required in each Trust School, who conducts a number of courses annually. It is the responsibility of all Fire Wardens to attend one refresher training annually on one of the dates available. A sample fire safety training programme and staff training record can be found in Appendix 3 and 4 respectively.
- 3.9 Fire evacuation exercises will be carried out each term / 3 monthly 6 monthly / annually within individual premises. The purpose of these exercises is to educate premises occupants in the correct manner of evacuating a building in the event of an emergency situation and to meet legal obligations. All evacuations will be conducted by the Fire Wardens under the guidance of a Fire Safety Officer. Pre and post de-briefing sessions will accompany each evacuation drill.
- 3.10 Provisions will be made for the safe evacuation of disabled people.
- 3.11 Fire evacuation of a building will be in accordance with established procedures in the fire emergency plan (Section 7). In the event of a fire alarm outside of normal business hours, building occupants are to evacuate the building. All staff, visitors and contractors will be made aware of the fire procedures.
- 3.12 All building design work shall comply with relevant codes and standards. New building works and refurbishment projects that include fire safety equipment and systems will be sanctioned prior to any work being carried out by the Chief Executive.
- 3.13 Testing of building passive and active fire evacuation systems are to be conducted by Trust School Site Agents at agreed appropriate times during normal hours and in line with current British or European test standards. All building fire wardens will be trained in the use of the evacuation system and operate from pro-forma instructions based on Section 7.
- 3.14 Fire wardens will report any faults or problems to their respective Chief Wardens who will forward the details to the Fire Safety Officer / Health and Safety Manager.
- 3.15 A fire safety log book will be kept at each Trust School to record the details of all tests on passive and active preventative and protective measures, as well as training and fire drills.
- 3.16 To help make it manageable throughout the year an annual management cycle reflecting these elements. The cycle timetable is recommended below and information on each stage follows.



4 ORGANISATION AND CONTROL

4.1 Specific named individual responsibility for overall responsibility for Fire Safety, maintenance, Emergency Plans and Staff Training can be found in Appendix 5

4.2 The Chief Executive / Headteachers will:

- ensure that this Procedure and/or any departmental fire safety policies/codes of practice that complement this Procedure are in place, properly implemented and reviewed.
- ensure that a Responsible Person is appointed for all of their premises to oversee and implement fire safety arrangements, and ensure that they are competent and appropriately trained to undertake their duties;
- ensure that arrangements are in place for the completion of fire risk assessments, including, where appropriate, technical surveys in respect of fire protection;
- ensure that fire, security, and health and safety arrangements at each premises are complementary.

4.3 The Chief Executive / Headteachers with responsibility for premises or parts of premises will:

- ensure that fire risk assessments are carried out for all their workplaces, and for specific activities such as hot working involving welding, cutting, work with bitumen, etc;
- ensure, in conjunction with the outcome of the fire risk assessment that the optimum number and type of fire extinguishers are installed in appropriate locations;
- ensure that fire alarm and detection systems, emergency lighting and fire extinguishers are appropriately located and properly maintained;
- ensure that a robust and effective emergency plan is in place at each location to safely evacuate all persons, whether employees, visitors or service users. this emergency plan must consider people with mobility, some sensory and some learning impairments, including those with temporary impairments, which will affect their ability to use stairs or otherwise evacuate premises promptly. the plan must be internally deliverable and not reliant on the Fire and Rescue Service to complete the evacuation;

- arrange for the emergency plan to be issued to their employees, visitors, etc. to inform them what to do in the event of fire, particularly safe evacuation;
- arrange for a competent responsible person (who may also be the premises coordinator) to be nominated to oversee and implement fire safety arrangements at their workplace(s) on their behalf;
- ensure that if there is any doubt about the provision of new or replacement fire extinguishers;
- ensure that staff are appropriately trained in fire safety procedures to reflect the requirements of the fire risk assessment;
- ensure that a copy of the current fire risk assessment for their premises is readily accessible, its provisions complied with;
- ensure that fire risk assessments are reviewed at least annually or whenever there is any building alteration, change of occupation or use of the premises or following an incident involving fire;
- ensure that effective arrangements are in place for contacting the emergency services;
- ensure that the Fire and Rescue Service are aware of any significant hazards associated with the premises e.g. chemicals, oxygen cylinders, storage of petrol, etc;
- confirm that their six-monthly premises fire safety inspections address fire safety arrangements; and
- liaise with the local trade union safety representative, where appointed, on all aspects of the above arrangements.

4.4 The Competent Persons (who must be competent to carry out this role) must:

- assist and support with the preparation and review (at least annually) of fire safety risk assessments;
- ensure compliance with the outcomes of the Fire Risk Assessment and that the necessary control measures are implemented;
- prepare and review the emergency plan issued to all staff;
- ensure information on fire safety arrangements is available to service users and visitors;
- ensure all staff and, where appropriate, contractors are instructed in the emergency plan.
- arrange and review fire drills at a frequency of not less than six months;
- specify and rehearse the arrangements for assisting visitors, disabled people or those with temporary physical impairments to safely evacuate the premises. Where appropriate, a PEEP must be developed;
- ensure Fire Alarms are regularly tested at the recommended frequency e.g. weekly;
- monitor that fire alarm systems, detection devices, emergency lighting and fire extinguishers are appropriately and regularly maintained;
- keep the fire log book or equivalent up to date;
- ensure that fire action notices (displayed as a minimum at fire alarm call points) and fire signage are appropriate and kept up to date;
- ensure all escape routes are kept clear of obstructions and that access to fire extinguishers and fire alarms is not impeded;
- ensure that the annual testing of portable electrical equipment and periodic testing (5 yearly) of the fixed electrical installations has been carried out, and
- ensure that six monthly fire safety inspections of the premises are carried out and that these address fire safety arrangements.

4.5 Employees must:

- ensure they are familiar with the emergency plan for their workplace and co-operate by participating in fire evacuation/drill procedures and by observing practical fire safety arrangements;
- know, and co-operate with, the responsible person for their workplace;
- report to their manager or supervisor any concerns about fire safety;
- be familiar with all escape routes;

- not wedge fire doors open, nor block or obstruct them;
- be aware of the action to be taken on discovering a fire, hearing a fire alarm, for raising the alarm (including the location of fire alarm call points) and calling the fire and rescue service;
- promptly evacuate the premises, in accordance with the emergency plan, to a place of safety without putting themselves and others at risk, and NOT attempt to extinguish a fire unless they have been specifically trained; and
- comply with the No Smoking legislation.

5 MONITORING

5.1 The following Key Performance Indicators will be used to monitor the effectiveness of the Fire Safety Management Plan: -

- i. Number of fires recorded annually / number of fire related incidents.
- ii. achieving set schedules and time frames (evacuation drills and building audits).
- iii. Measuring the number of Fire Service call outs against cause.
- iv. Number and nature of enforcement, alterations or prohibition notices from statutory authorities.
- v. Six monthly/ annual premises inspection and meetings to ensure actions and progress are made.
- vi. Annual audit of all fire systems by the chief executive / Headteachers.

6 REVIEW

- 6.1 Annual audit of all fire systems by the Chief Executive / Headteachers to ascertain compliance with not only statutory provisions but with this Fire Safety Management Plan.
- 6.2 Active reviews will take place quarterly prior to any likely accident or event
- 6.3 Reactive reviews will take place following a fire safety event occurring
- 6.4 A review will also be undertaken following a fire, changes to the premise's construction and facilities, new procedures, new equipment, new materials and changes in staff numbers and roles

7 FIRE EMERGENCY PLAN

All aspects of the plan will consider out of hours occupation and identify where there would be differences e.g. personnel; locked doors; different escape routes etc.

7.1 Training and Training Provision

Identify any training needed and how it will be provided. This should include the following: -

- Staff identified as trained in the use of fire equipment.
- Staff identified as trained in the use of the fire panel.
- Staff identified as trained for Fire Warden duties.
- Staff identified to register visitors at the assembly point(s).
- Staff identified as having duties specific to the type of evacuation.
- Method of ensuring everyone understands how to operate the fire alarm.
- Method of ensuring everyone has sufficient instruction and training for fire evacuation.
- Method of ensuring visitors / contractors have sufficient information on procedures in the event of an emergency evacuation.

7.2 Information Distribution

Detail the method(s) of informing personnel (incl. visitors / contractors) of escape routes. This should include the following: -

- Instruction
- Training
- Emergency exit / route signage
- Fire action Notices
- Include method of informing personnel of an alternative escape route should the main one be blocked or inaccessible. (Consideration should also be given to a route that leads past a potential arson attack area, such as near rubbish skips.)
- The Emergency Plan

7.3 What People / Staff Should Do If They Discover a Fire

- Raise the alarm by operating the nearest fire alarm call point
- Evacuate to a safe place
- DO NOT USE ANY LIFT/S (unless it has been designated as a refuge or part of the emergency escape route and conforms to the criteria given in the British Standard BS5588: Fire Precautions in the Design and construction of Buildings.
- Trained personnel to tackle the fire only where appropriate.
- Where appropriate check toilets and close windows and doors on the way out.
- If have responsibilities for assisting persons with Personal Evacuation Plans respond as required following the actions as identified in the Plan.
- Leave the building by the nearest exit.
- Do not stop or return to collect personal belongings.
- Ensure visitors are escorted from the building to the assembly point.
- Close any doors en-route without delaying your escape.
- You must remain at the assembly place.
- Return to the building only when authorised to do so.

7.4 What People / Staff Should Do If They Hear the Fire Alarm

If you also have responsibilities for assisting persons with Personal Evacuation Plans respond as identified in the Plan. If not then:-

- Leave the building by the nearest exit.
- Close any doors en-route without delaying your escape.
- Do not stop or return to collect personal belongings.
- Do not use any firefighting equipment unless you have been trained.
- Do pass any information to the building responsible person at the assembly point.
- You must remain at the assembly place.
- Return to the building only when authorised to do so.

7.5 Contacting the Emergency Services

Detail: -

- Who will contact the emergency services?
- What are the means of calling the emergency services? For example, by mobile telephone or landline
- Include a method in the event of a power failure

7.6 Identify Processes, Machines or Power That Must Be Shut Down

This should include the following where appropriate: -

- Staff responsible for ensuring any hot work equipment is turned off
- Science labs
- Technology departments
- Welding
- Cookery
- Kitchen

7.7. Specific Arrangements for Any High-Risk Areas

For Example: -

- Boiler room
- Chemical storage areas
- Gas storage
- Generators
- Work processes

7.8 Emergency Services Liaison Procedures

- Who will liaise with the emergency services on arrival?
- What information will they have and how will they get it?
- How will the person, identified above, direct the emergency services to the emergency? i.e. will they meet them at the gate or at a pre-determined place?
- How will the emergency services be able to identify this person? e.g. hi-viz vest, armband etc
- If anyone is missing and where they were last seen

7.8.1 Specific Information for the Emergency Services

How will the emergency services be given specific information such as: -

- Type of emergency
- Location of the fire / incident
- Missing persons
- Flammable material stores
- Location of high-risk areas
- Any unusual activities such as building works or temporary structures
- Hazardous work process

7.8.2 Location of information

Detail: -

- Where will the information be kept on risks
- E.g. Maps / sketches / alarm identification?
- For example - held near the fire panel.

7.8.3 Accounting for Personnel

- How will all people be accounted for?
- Staff; pupils; Visitors; Contractors
- How will the Emergency situation manager be informed?
- Who will ensure that all personnel are accounted for?
- How will this be managed if there is more than one assembly area?
- What is the procedure if someone is missing?
- How are the emergency services informed? (Note: Only the Fire Service personnel with appropriate breathing apparatus can enter the building if there is a person identified as missing)

7.9 Escape Routes

A map or diagram should be included for ease of reference. Include other relevant information such as details of fire fighting equipment provided, location of designated 'Safe Refuges', types and location of emergency exit signs, locations of manual break glass points and emergency lighting.

7.10 Assembly Points

Give the locations of assembly points, including: -

- the point where visitors / contractors must assemble
- Identify how each assembly area is recognised
- Identify who should be in each assembly area e.g. groups or departments or sections
- Identify the locations of any designated safe refuges
- Where possible provide plans or schematic diagrams

7.11 Identify Persons Especially at Risk

- Identify lone workers, contractors and the areas where they may be at risk
- Include methods of escape and identify how they will be located
- If there is sleeping accommodation on site, identify the method of ensuring that they are safely out of the building and accounted for

7.12 Evacuation Arrangements for Disabled People

The safe and effective evacuation of disabled people needs careful thought. Management procedures need to be in place which takes account of the various scenarios that may arise. For example, the procedures adopted for people with a disability are employed in the building will be different to those for person with a disability visiting the building that will be unfamiliar with its layout.

Systems of evacuation that may be implemented include: -

- **Progressive Horizontal Evacuation.** This system can be used in buildings with a phased alarm system. It involves a person passing from one 'fire compartment' into another that is not part of the initial evacuation zone. A 'fire compartment' is a part of a building separated from other parts of the same building by fire-resisting walls, ceilings, floors and doors of 60 minutes fire resisting construction.
- **Evacuation by Lift.** This method is only possible where lifts have a secondary power supply/battery backup and a structurally protected lobby shaft (often called 'fire-fighting lifts'). These are specially constructed lift with special features and are not the same as ordinary lifts in most buildings.
- **Evacuation by Stairs.** This method involves the use of equipment such as special evacuation chairs, but is usually only possible if people are being evacuated downwards or horizontally.
- **Use of Refuges.** BS5588: Part 8 defines refuges as: 'Relatively safe waiting areas for short periods. They are not areas where disabled people should be left alone indefinitely until rescued by the fire brigade or until the fire is extinguished'. (This should not be confused with the use of refuges in progressive horizontal evacuation)

A refuge is an area that is separated from the fire by a fire-resisting construction and has access via a safe route to a final fire exit and be clearly marked up with appropriate signage. It provides a temporary space for people to wait for others who will then help them evacuate.

Identify the method of ensuring that persons with any disability (permanent or temporary) are evacuated or taken to a designated 'Safe Refuge' (if one is in place), until they can be evacuated in safety. Identify what communication channels will be used to ensure that persons in the 'Safe Refuge' are kept informed about what is happening.

Designate responsibilities for persons at special risk and: -

- Who is responsible for ensuring that personnel at special risk are conducted to a place of safety or refuge until they can be evacuated in safety?
- Have they had any specific training e.g. using the 'evacuation chair'?

7.13 Visitors and / or Contractors

In many buildings, visitors will be present on a regular basis. Other people, such as contractors, cleaners, etc. may be present on a regular, or ad-hoc basis. Any of these people could require assistance to evacuate the building and they all need to be considered when defining emergency procedures and responsibilities.

In buildings not open to the public, arrangements should be made to ensure that visitors are logged in and out of a building, using a visitor's book or similar. The person hosting the visitor should ensure that they are made aware of fire evacuation procedures for the premises. In the event of a fire evacuation, the person hosting the visitor(s) is responsible for escorting them to the fire assembly point.

Contractors should also be logged in and out of premises. Unless they are to be constantly supervised by staff or nominated personnel, they should also be given information about the site's fire evacuation procedures that they should then follow in the event of a fire evacuation.

This should include the following: -

- Visitors on site for Lettings, Open Evenings, School Plays etc.
- A method of ensuring that all visitors are evacuated and accounted for.
- Methods of control for example: using fire marshals, registers / head count, buddy system for personnel with disabilities etc.)

7.14 Staff with Specific Responsibilities

Give the name (post) and duties of identified personnel in the event of a fire or other emergency. E.g. the fire marshals / fire wardens

This should include backup personnel in the event that identified personnel are not available.

7.15 Overall Control

- Who is in overall control of the emergency situation and what are their responsibilities?
- Who records the emergency situation and actions taken?

A senior person should be nominated to: -

- Take overall control of the evacuation
- Ensure that other people with specific duties have taken relevant action
- Account for all persons in the premises
- Liaise with the Fire and Rescue Service
- Initiate any additional response in relation to the care of people with special needs

7.16 Fire Marshals and Fire Wardens

Fire marshals / fire warden are valuable in any premises and vital in large ones. Fire Marshals / Fire Wardens should always be given responsibility for a specific area, i.e. a floor or a section, and will have general duties in an evacuation such as: -

- Who are the Fire Marshals / Fire Wardens and what are their responsibilities?
- Do they 'sweep' the building on their way out?
- Do they carry out 'first aid' firefighting if trained and safe to do so
- How do they ensure they do not work alone and put themselves at risk?
- Proceed to the assembly point close doors on route
- Helping the person in overall control of the evacuation by confirming their area has been checked

7.17 Fire Fighting

- Who is trained to use the firefighting equipment?
- What are their responsibilities?
- Where is firefighting equipment located?

7.18 Fire Control Panel

- Who will check the fire panel?
- What is their next step?
- What do they do with the information?
- Who is responsible for silencing and resetting the panel and on what occasions?

7.19 Contingency Plans

Have contingency plans for when life safety systems such as evacuation lifts, fire-detection and warning systems, sprinklers or smoke control systems, emergency lighting or building power system are out of order.

As part of your emergency plan it is good practice to prepare post-incident plans for dealing with situations that might arise such as those involving: -

- unaccompanied children;
- people with personal belongings (especially valuables) still in the building;
- people wishing to re-join friends;
- getting people away from the building (e.g. to transport);
- inclement weather; or
- the building cannot be re-entered / reoccupied.

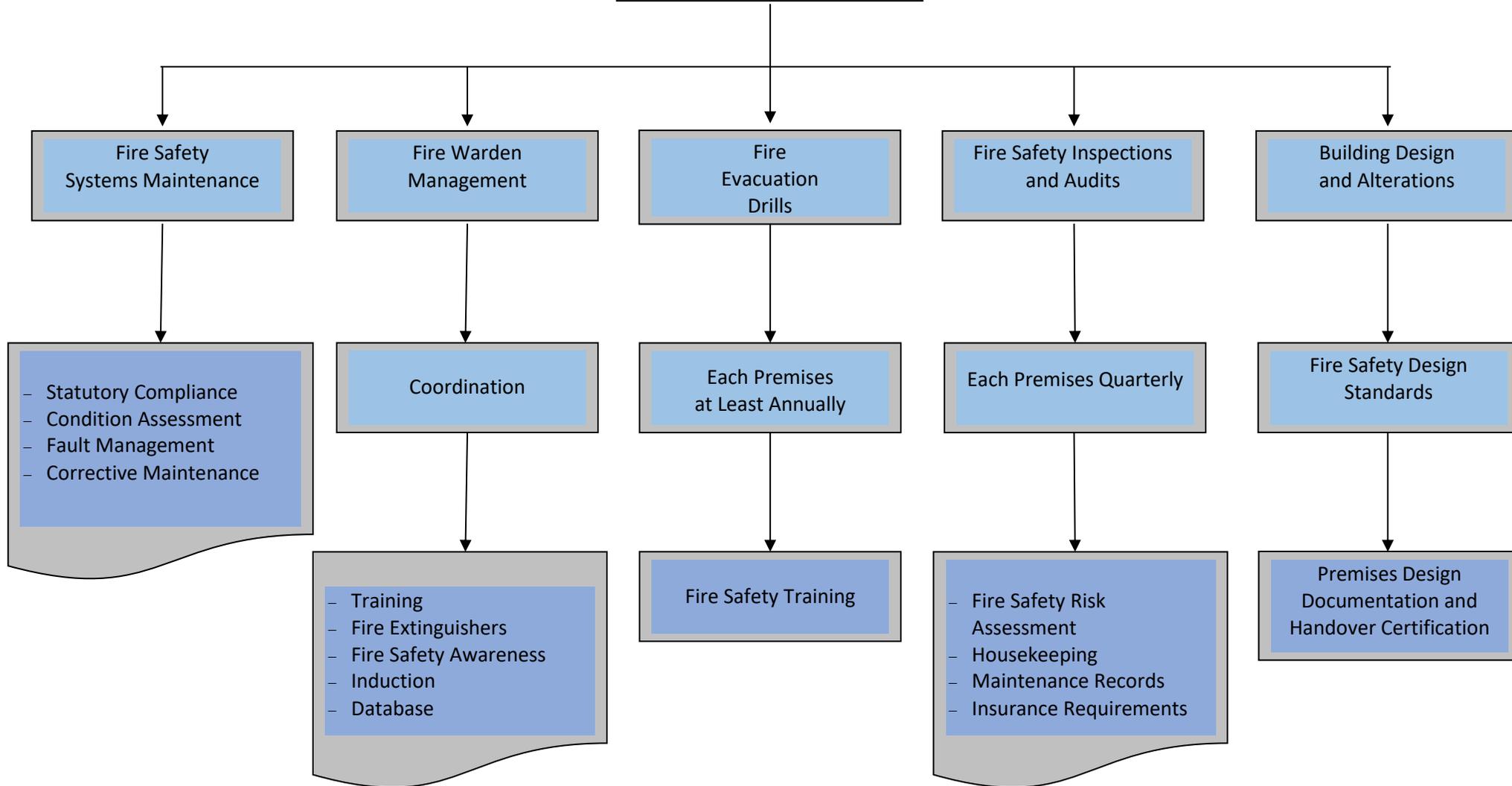
7.20 Re-Entering the Building

- How people be prevented from re-entering the building?
- How will people know when they can re-enter the building?
- Note: If the emergency services have been called then the Senior Fire Service Officer is responsible for giving permission for re-entry to the building

7.21 Contingencies If Not Re-Entering the Building

- Are there arrangements in place if the building cannot be re-entered?
- Consider weather conditions, time of year, length of time before re-entry is possible etc.
- Personnel will remain in the assembly area or be relocated to.....
- Staff identified to monitor / escort the pupils / service users during this time are.....
- Staff identified to ensure that all pupils / service users have arrived at the relocation point are.....
- Method of contacting parents or guardians if the pupils are sent home is.....
- Procedures to ensure the safety of pupils / service users that cannot be sent home or relocated

**EXAMPLE FIRE SAFETY
MANAGEMENT STRATEGY**



EXAMPLE FIRE SAFETY MAINTENANCE CHECKLIST

	YES	NO	N/A	COMMENTS
Daily Checks (not normally recorded)				
Escape Routes				
Can all fire exits be opened immediately and easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire doors clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are escape route clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Warning Systems				
Is the main indicator panel showing "normal"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escape Lighting				
Are luminaries and exit signs in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the emergency lighting and signs working normally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire fighting Equipment				
Are all fire extinguishers in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all fire extinguishers clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weekly Checks				
Escape Routes				
Are fire doors clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all external escape routes clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Warning Systems				
Did the fire alarm work correctly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did staff and all others hear the alarm working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did any linked fire protection system operate correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did visual alarms, pagers or vibrating pads work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do voice alarms work and was the message understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escape Lighting				
Are charging indicators visible and illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire fighting Equipment				
Are all fire fighting equipment in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all fire extinguishers mounted 1 - 1½ metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Checks				
Escape Routes				
Do all electronic release mechanisms work correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all automatic doors "failsafe" in the open position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all self-closing devices working correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all door seals and intumescent strips in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all external stairs in good condition and non-slip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all roller shutters for compartmentation working correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all internal fire doors close against their rebate / stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escape Lighting				
Do all luminaries and exit signs work when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire fighting Equipment				
Is the "pressure" in stored pressure extinguishers correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N/A	COMMENTS
Three Monthly Checks				
General				
Additional items from manufacturers requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Six Monthly Checks				
General				
Has the emergency evacuation lift (if fitted) been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have release and closing mechanisms on fire resisting compartment doors and shutters been tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Warning Systems				
Has the system been checked by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escape Lighting				
Do all luminaries work for a third of their rated value?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Checks				
Escape Routes				
Do all fire doors work correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is escape route compartmentation in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Warning Systems				
Has the system been checked by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escape Lighting				
Do all luminaries operate on test for their full duration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the system been checked by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire fighting Equipment				
Has all equipment been checked by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous				
Has smoke control systems been tested by a competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has external access for the fire and rescue service been checked for availability at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are fire assembly points clearly indicated by signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EXAMPLE FIRE SAFETY TRAINING PROGRAMME

All employees will receive adequate fire safety training and all fire safety training sessions will be delivered by a competent person. There will one / two fire drills per year to test the fire safety training.

Fire Safety Training Sessions

New Employees:	Induction Programme
Current Employees:	One / Two training session per year
Fire Wardens:	One / Two training session per year specific to their duties
Managers:	One / Two training session per year specific to their duties and including fire safety risk assessment, responding to fire hazards, fault reporting procedures, liaising with the fire service, record keeping, induction of new staff, fire safety policies and procedures.

Fire Safety Training Topics

- The significant findings from the fire risk assessment and fire safety policies;
- What to do on discovering a fire;
- How to raising the alarm, including the locations of fire alarm call points (break glass points);
- The action to take upon hearing the fire alarm;
- The evacuation procedure for alerting guests, residents and visitors including, where appropriate, directing them to exits and assembly points at a place of total safety;
- The arrangements for calling the fire and rescue service;
- The location and, where appropriate, the correct use of portable fire extinguishers and fire-fighting equipment;
- Knowledge of escape routes including stairways and especially those not in regular use;
- How to open all emergency exit doors;
- The appreciation of the importance of fire doors, keeping them closed and not wedged open to prevent the spread of smoke and heat, keeping escape routes unobstructed;
- Where appropriate, isolating electrical power and gas supplies and stopping machines and processes;
- The reasons for not using lifts (except those specifically constructed as evacuation lifts);
- The safe use of and risks from storing and working with highly flammable and explosive substances;
- General fire precautions, fire awareness and good housekeeping practices;
- The no smoking procedure (where applicable);
- Special provisions for assisting disabled people and any training needed;
- Identifying fire hazards and fire incidents reporting procedures; and
- Equipment fault reporting procedures.

Fire Safety Training Records

All fire safety training will be recorded to include the date of instruction; the duration, name of the person giving the instruction, names of persons receiving the instruction; and the nature of the instruction and / or, drill.

EXAMPLE FIRE SAFETY TRAINING RECORD

Date: _____ Duration: _____

Given By: _____ Session For: _____

Subjects Covered

- The significant findings from the fire risk assessment and fire safety policies
- What to do on discovering a fire
- How to raising the alarm, including the locations of fire break glass points
- The action to take upon hearing the fire alarm
- The evacuation procedure for alerting guests, residents and visitors including, where appropriate, directing them to exits and assembly points at a place of total safety
- The arrangements for calling the fire and rescue service
- The location and, where appropriate, the correct use of portable fire extinguishers and fire-fighting equipment
- Knowledge of escape routes including stairways and especially those not in regular use
- How to open all emergency exit doors
- The appreciation of the importance of fire doors, keeping them closed and not wedged open to prevent the spread of smoke and heat, keeping escape routes unobstructed
- Where appropriate, isolating electrical power, gas supplies, stopping machines and processes
- The reasons for not using lifts (except those specifically constructed as evacuation lifts)
- The safe use, risks from storing and working with highly flammable/ explosive substances
- General fire precautions, fire awareness and good housekeeping practices
- The no smoking procedure (where applicable)
- Special provisions for assisting disabled people and any training needed
- Identifying fire hazards and fire incidents reporting procedures; and
- Equipment fault reporting procedures.

Names of those attending:

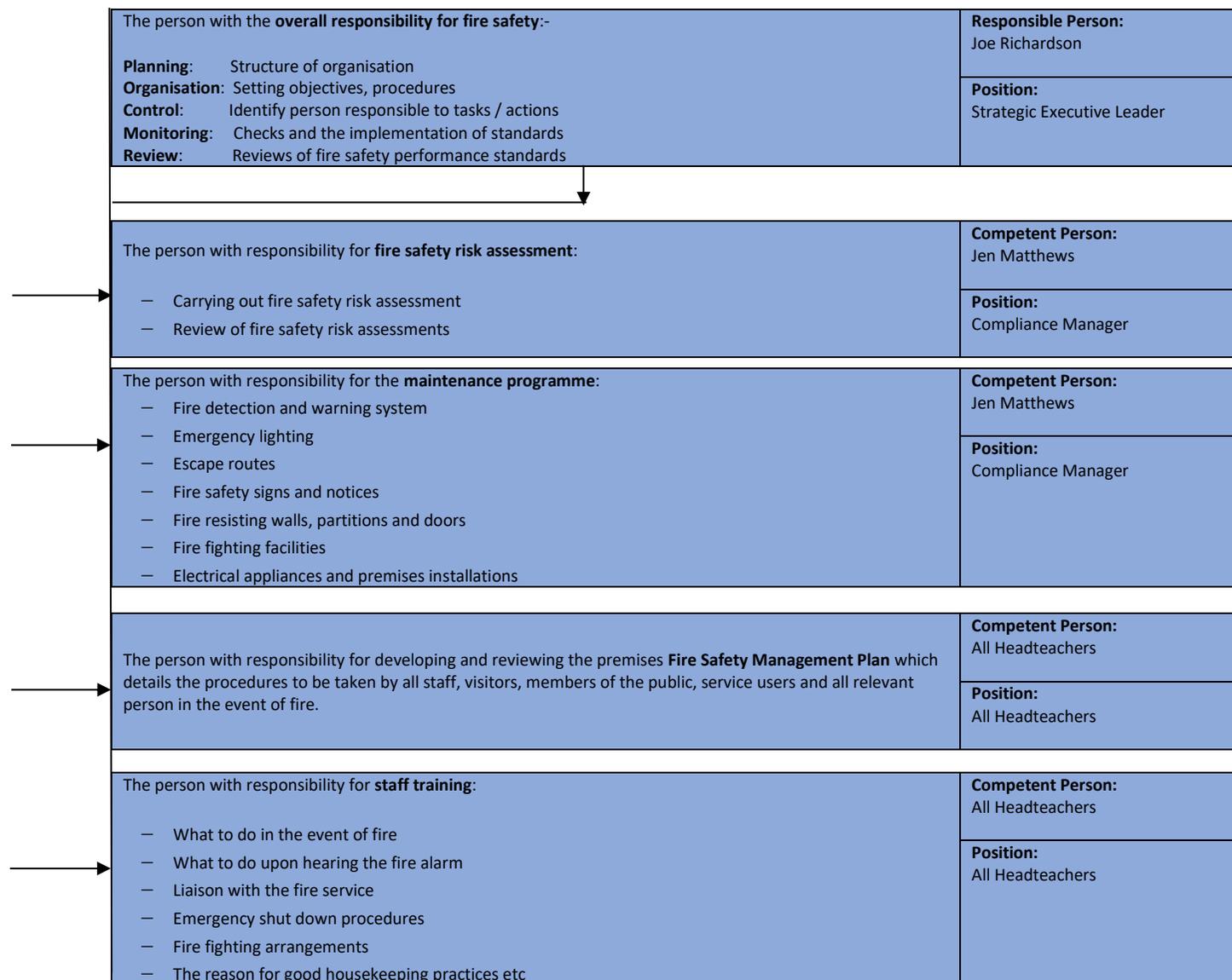
PRINT NAME	SIGNATURE

I confirm that I have delivered the above subjects to those named above as attending.

Name: _____ Date: _____

Signed: _____ Position: _____

FIRE SAFETY MANAGEMENT STRUCTURE





16. Trust Evacuation Plan (PEEP) Guidance and PEEP

Where an employee/pupil regularly uses a building, it is important that emergency evacuation issues are properly identified and arrangements documented in a 'Personal Emergency Evacuation Plan' (PEEP). It is the responsibility of Headteacher to ensure that a PEEP is produced for any disabled employee/pupil working within their area of responsibility. In schools and other establishments line managers should involve Site Agents as necessary, (e.g. to identify suitable refuge areas, to communicate any issues with the premises management that have been identified, etc). A copy of the agreed PEEP should always be sent to the site agent in control of the premises.

Writing a PEEP

The following factors need to be considered when writing a PEEP. A form for recording the PEEP is provided with this guidance.

1. The individual's disability

- What is the nature of the individual's disability?
- What problems does the individual feel they would encounter if they were evacuating the building in an emergency?

2. What buildings or areas of the building, does the individual commonly use?

- Each area may require slightly different arrangements.

3. What are the current general provisions for fire evacuation within the building, or areas of the building identified above?

- Does the building have refuge areas in quickly accessible locations?
- Are the Fire Wardens aware of any potential problems evacuating the building?
- Is the means of raising the alarm consistent with the individual? E.g. a person with a hearing impairment may not be able to hear an audible alarm.

4. What are the current evacuation arrangements for the individual?

- Are there any people appointed to assist the individual in an evacuation?
- Is there adequate 'cover' at all times the person is at work, cover for absence etc?

5. What is the individual's current awareness of evacuation procedures? Do they know:

- The exit routes that can be used?
- Action to take on alarm activation (including recognition of alarm)?
- The location of refuge areas?
- How and where to report to designated personnel?
- What equipment is needed and where is it located?

6. What additional measures are required?

- Means of alerting the individual to the alarm activation?
- Is there a need for improved awareness of procedures? (This could include the awareness of the individual, their appointed assistants, Fire Wardens etc.)
- Training for 'assistants'?
- What equipment is needed and where should it be located?

Systems of evacuation

The safe and effective evacuation of people with disabilities needs careful thought. Management procedures need to be in place, which take account of the scenarios that could foreseeably arise. For example, the procedures adopted for disabled people employed in a building, will be different to those for disabled people visiting the building who may be unfamiliar with its layout.

Systems of evacuation that may be implemented include:

- **Progressive horizontal evacuation.**

This system can be used in buildings with a phased alarm system. It involves a person passing from one 'fire compartment' into another that is not part of the initial evacuation zone. A 'fire compartment' is a part of a building separated from other parts of the same building by fire-resisting walls, ceilings, floors and doors.

- **Evacuation by lift.**

This method is only possible where there are special 'fire-fighting lifts' with a secondary power supply/battery backup and a structurally protected lobby shaft.

- **Evacuation by stairs.**

This method involves the use of equipment such as 'Evac Chairs'. It is usually only possible if people are being evacuated downwards, or horizontally.

- **Using refuges. BS5588:**

Part 8 defines refuges as: 'Relatively safe waiting areas for short periods. They are not areas where disabled people should be left alone indefinitely until rescued by the fire brigade, or until the fire is extinguished. (This should not be confused with the use of refuges in progressive horizontal evacuation.)' A refuge is an area separated from the fire by a fire-resisting construction, which that also has access to a final fire exit via a safe route. It provides a temporary space for disabled people to wait for other people, who will then help them evacuate.

Evacuation Chairs

A common method of evacuation is 'evacuation by stairs'. Where this method is used, it is the responsibility of line managers to ensure that an adequate number of employees are trained in the use of evac-chairs, and where necessary trained in assisting individuals into the evac-chair. Line managers should also ensure that evac-chairs are readily available. If there are concerns about location or availability, line managers should inform the manager in control of the premises. Please contact your premises manager or the H&S team for further information on evac chair training.

Visitors

It would be difficult to create a PEEP for every visitor who could require assistance during an emergency. However, general arrangements should be in place to address any issues arising. For example:

- Check that exit routes from areas open to the public are easily accessible.

- If a meeting or event is being organised, ensure that the location is suitable for the likely attendees.
- **When planning meetings or events, ask people to inform you before the event/meeting if they require any assistance in an emergency.**
- Posting notices in reception areas asking visitors to contact a member of staff if they require any assistance in an evacuation. Reviewing PEEPs, A PEEP should be reviewed on an annual basis, or sooner where appropriate, for example, changes to the layout of the building, where a (real or practice) evacuation has revealed problems in the PEEP, there have been changes in personnel providing assistance, etc., following an office move, relocation to another building

Trust Personal Emergency Evacuation Plans (PEEP)



TRUST PEEP -
Reviewed October 23.



17. Trust Asbestos Management Procedure

Introduction

The purpose of this procedure is to provide advice and instruction for all persons involved in work with asbestos containing materials (ACM) in connection with St Thomas Catholic Academies Trust. The management of the Trust recognises and accepts its responsibilities to ensure the effective and safe management of ACM within its premises in accordance with current Health and Safety (H&S) legislation.

The School will make use of information gathered from the latest asbestos survey that identifies the location, type and condition of ACM with the premises. Such information has been recorded in a register and will be relayed to employees, contractors and occupiers as necessary to ensure the Health, Safety and Welfare of all persons who may be affected by work that may present a risk of asbestos fibre release.

The register must be available in the Front Reception Office where contractors (and Site Agent) arrive and sign in.

Only persons who have received adequate information, instruction and training will be authorised to carry out sampling, encapsulation and removal work involving ACM. Where the presence of ACM is found or strongly suspected, a hierarchy of control measures will be followed;

- Any asbestos products that are undamaged (as determined by a suitably qualified person on an individual basis), such as roofing sheets, guttering and flue pipe, which do not constitute a hazard, may remain in place but their condition must be monitored on a regular basis by the person(s) nominated as responsible for the building.
- If the material is slightly damaged, but otherwise in a sound condition (as determined by a suitably qualified person on an individual basis) or located in such a position that it may present a future risk to health if it is left untreated, it may be repaired and/or sealed by an approved method and periodically re-inspected to ensure its condition has not deteriorated. All work carried out must be recorded in the register.
- If the material is in such a condition that it presents a risk to health, or may be disturbed by maintenance work, it should be removed by an approved method. All work involving such materials will be subject to a Permit to Work system to ensure all necessary precautions are taken and qualified persons carry out the work

Statement of Intent

It is the purpose of the School to ensure that, as far as is reasonably practicable; no persons are exposed to risks to their health due to the exposure of any ACM that may present within the premises. This includes pupils, teachers, staff, parents, visitors, contractors and others who are reasonably expected to be present on the premises.

Procedure Statement

- The School's Asbestos Procedure conforms to the Health and Safety at Work Act 1974, the Asbestos (Licensing) Regulations 1983 and the Control of Asbestos at Work Regulations 2006. The procedure and procedures will apply to all buildings and all individuals therein, without exception. The School's procedure on asbestos and ACM is:
 - To ensure the prevention of exposure to hazards associated with ACM to pupils, teachers, staff, parents, visitors, contractors and others who are reasonably expected to be present on the premises.
 - To ensure that all buildings are surveyed to identify any ACM that may be present therein and to prepare and maintain an asbestos register for all buildings (including regular reviews and to update records of any treatment and/or removal works undertaken).
 - All buildings will be assumed to contain ACM unless there is evidence to prove otherwise.
 - To ensure that an appropriate system is installed, maintained and implemented for the management of all ACM identified in the register
 - To implement an effective management strategy in order that appropriate measures such as encapsulation, labelling, inspection and working with or removal of the material can be undertaken.
 - To provide information on ACM to contractors and others who may be working in areas with, or near, asbestos as identified in surveys or assumed to be present. This may include a separate signing in book for contractors that requires them to consult the ACM register.
 - To annually review the Asbestos Management Procedure and Procedures.
 - To promote awareness of the risks from ACM and the School's management procedures and induction of relevant staff.
 - To ensure that all contractors and subcontractors engaged to carry out work on any of the school's buildings are provided with a summary listing of all locations that contain, or are strongly suspected of containing, asbestos to ensure that the appropriate procedures and precautions are followed.
 - To ensure that any ACM that may be present in any of the buildings are maintained in a condition so as to prevent the possibility of any harm to health occurring.
 - Ensure a commitment to comply with all relevant asbestos legislation, Approved Codes of Practice, Health and Safety Guidance Notes and to commit to the safe disposal of any asbestos waste in accordance with the appropriate legislation.
 - Provide adequate resources to ensure the provision of appropriate information, instruction and training.
 - Ensure that only licensed contractors and/or subcontractors, in accordance with HSE recommendations, carry out all work to the ACM, irrespective of the length of time any job is to take or the type of ACM to be worked on.

Management of ACM Responsibilities and Arrangements

The School acknowledges the health hazards arising from exposure to asbestos and its responsibility to ensure that at far as reasonably practicable no persons are exposed to risks to their health due to the exposure to any ACM that may be present in any of the buildings.

This procedure will apply to all buildings and all individuals without exception.

The Governing Body shall be tasked with reviewing and revising the procedure to meet with continuing requirements in accordance with appropriate legislation as necessary. This procedure document should be read in the context of the School Health and Safety Procedure. All those who have responsibility for the control and

maintenance and/or repair of the school premises have a duty to manage the ACM present in the premises. Therefore, the Head Teacher, on behalf of the Governing Body will ensure that:

- Reasonable steps are taken to determine the location and condition of materials likely to contain asbestos;
- That in all cases where works are proposed, it will be presumed materials contain asbestos unless there is strong evidence that they do not;
- An up to date record of the location and condition of the ACM or presumed ACM in the premises is created and maintained;
- The risk of the likelihood of anyone being exposed to ACM is assessed and the risk managed safely;
- A plan is prepared setting out how the risks from the ACM is to be managed;
- The necessary steps are taken to put the plan into action;
- The plan is reviewed and monitored periodically;

Asbestos Incidents – Emergency Action

In the event that damage occurs to known ACM, the Headteacher (or Deputy Headteacher in their absence) will ensure that all staff, pupils and visitors within the areas must vacate the area immediately and the Headteacher must be notified without delay. The Headteacher will assess the situation and take appropriate action with advice from consultants and in the light of the risk set out in the register. Where there is risk of fibres being released or having been released into the air he will arrange for the affected area/s to be evacuated, locked and sealed off using asbestos hazard tape and polythene sheeting to minimise any possible spread of asbestos fibres into adjoining areas. In such cases:

- At no time should any person enter the contaminated area.
- The Headteacher in consultation with senior personnel will then contact the school's approved Asbestos Removal Contractor for attendance on site to decontaminate the affected area/s and remove ACM as deemed necessary.
- The Headteacher will also contact the school's approved asbestos consultant/analyst and instruct them to undertake air tests and visual inspections. The area will remain closed until a certificate of reoccupation is issued by the consultant/analyst.
- The Head Teacher will investigate the circumstances of the uncontrolled release of asbestos fibres to ascertain that this Asbestos Management Procedure has been adhered to.

Record of exposure and health checks

Should it become necessary, the Head Teacher will maintain a health record and medical surveillance/screening programme approved by the HSE, in the event that person/s are exposed to asbestos fibres due to an uncontrolled escape; in accordance with the guidelines set out in the Control of Asbestos at Work Regulations 2006 – where exposure to asbestos exceeds the action levels.

Screening and counselling will be arranged by the Head Teacher for staff known or suspected to have been exposed to asbestos materials.

The School's insurers should be notified of any such incidents as soon as possible.



18.Trust Asbestos authorising procedure

Contents

1. Introduction
 2. Asbestos information this school site
 3. Asbestos Authorising Officers (AOs)
 3. Asbestos log books
 4. Asbestos authorisation process
 5. Dealing with emergencies
 6. Reviewing condition
 7. Filing and storage
 8. AAO training
- APPENDIX 1: Worked examples for AAOs



Asbestos Authorising
Procedure - reviewed



19.Trust Asbestos Permit to Work



Asbestos Permit to
work Log reviewed O



20. Trust Working at Height Procedure

RATIONALE

The overriding principle of the Working at Height Regulations is that the Trust must do all that is reasonably practicable to prevent anyone falling whilst working at a height. The guiding principles for managing work at height are as follows:

- Avoid work at height where possible;
- Where the risk of falling cannot be eliminated, use work equipment or other measures to minimise the likelihood and consequences of any fall.

Work at height means work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury.

The best way to avoid a fall from height is to make sure that nobody ever undertakes working at height. Therefore, working at height should always be avoided where possible by asking 'do we need to do the work?' If the work must be carried out, can it be completed in a controlled manner from a safe place? For example, if a gutter need to be inspected and cleaned, can it be done from a powered access platform rather than a ladder?

This Procedure should be read in conjunction with:

- **Trust Working at Height Risk Assessment**
- **Trust Working at Height Permit**

RELEVANT DOCUMENTS:

- HSE – Safe Use of Ladders and stepladders – A brief Guide INDG455, published 01/14 [Safe use of ladders and stepladders: A brief guide \(hse.gov.uk\)](https://www.hse.gov.uk/ladders/)
- HSE – Working at Height a brief guide INDG401(rev2), published 01/14 [Working at height: A brief guide \(hse.gov.uk\)](https://www.hse.gov.uk/working-at-height/)

AIMS & OBJECTIVES

- To create a healthy school environment free from accidents; an environment in which no individual is asked to do dangerous works without the required training.

PLANNING FOR WORKING AT HEIGHT

All work at height must be properly planned and organised to:

- Ensure that no work at height is carried out, except where it is not reasonably practicable to complete it by any other method;
- Ensure that the work at height is properly supervised and carried out as safely as is reasonably practicable;
- Ensure that emergencies and rescue procedures are planned for;
- Ensure controls identified within the activity risk assessment are implemented.
- These precautions are required for all working at height. It is the responsibility of the Headteacher or authorising person to ensure all aspects of this section have been carried out prior to work commencing and to ensure that a safe system of work to include a working at height permit (as required) is fully implemented.

- The only exclusion to a working at height permit is when site agents use a Fibreglass 4 tread swing back step ladder at 1.12M <https://www.screwfix.com/p/werner-fibreglass-4-tread-swingback-stepladder-1-12m/6008x> .

- Include using the right type of equipment for working at height.

- **RISK ASSESSMENT, METHOD STATEMENTS AND WORKING PERMITS**

Prior to working at height, a risk assessment must be undertaken by a competent person.

- Any person requested to assist in the risk assessment process must be competent in the activity being assessed. It is the responsibility of Head Teachers to ensure that such persons receive appropriate information, instruction and training in risk assessment as required.
- The risk assessment must identify a safe system of work that is specific and relevant to the work to be undertaken. The risk assessment and method statement must be signed by the competent person and communicated to all those involved in the working at height activity.

PERMIT TO WORK

A permit to work system is a formal written system used to control certain types of work that are potentially hazardous. It is a document which specifies the work to be done and the precautions to be taken and forms an essential part of safe system of work for many maintenance activities.

- They allow work to start only after safe procedures have been defined and **they provide a clear record that all foreseeable hazards have been considered.**
- Any person requested to work at height will be physically fit and provided with suitable PPE to include non-slip footwear as appropriate, identified via the risk assessment process.
- When moving/carrying activities of step ladders, etc. is identified via the risk assessment process, individuals should receive manual handling training and an appropriate manual handling risk assessment should be completed by the Head Teacher and fully communicated to the person undertaking the work. Please obtain a signature confirming that the person has read and understood the risk assessment.

PPE Duties unchanged but extended

- Under PPER 2022, the types of duties and responsibilities on employers and employees under PPER 1992 remain unchanged but are extended to [limb \(b\) workers](#), as defined in PPER 2022.
- If PPE is required, employers must ensure their workers have sufficient information, instruction and training on the use of PPE.
- A limb (b) worker now has a duty to use the PPE in accordance with their training and instruction, and ensure it is returned to the storage area provided by their employer.
- You can find guidance on the PPE duties in:
[Personal protective equipment at work \(L25\)](#)
[Risk at work - personal protective equipment \(PPE\)](#)

INSPECTIONS

Equipment used for working at height must be appropriately inspected

- Ensure that each location where work at height is to be undertaken is checked on every occasion before that place is used;
- Ensure that any access equipment is inspected after assembly or installation and as often as is necessary thereafter to ensure safety;
- Any access equipment which belongs to another organisation must be accompanied with a clear indication that inspections have been carried out.
- Any work platform where someone could fall must be inspected in-situ prior to use daily. The person inspecting the access equipment must record the inspection and retain the report until the work is completed; the report should be kept on file for another 3 months.

To resource a programme of working at Height Training for those staff within the trust to become competent and compliant

TRAINING

Everyone involved in working at height must be competent and appropriately trained

- If a person is being trained they must be supervised by a competent person;
- Training must be provided to anyone involved in the organisation, planning and supervision of equipment in respect of working at height;
- Where a risk of falling remains, ensure that those persons working at height are trained in how to avoid falling and how to avoid or minimise any injuries should they fall.

- The individual undertaking the work at height must have the appropriate knowledge, information, instruction, skills, training and experience to work safely. Their competence must be assured in the following areas:
 - Be able to recognise the risks and necessary controls to complete the work safely;
 - Be fully conversant with the agreed safe system of working, including where necessary the installation/wearing of safety harnesses, requirements/installation of edge protection and operation of mobile access platforms, etc;
 - Know the safe operation of equipment they are using for access.
 - Any training should be recorded and repeated as necessary. CBC does not provide health and safety training. All training courses must be sourced by the school.

1. To follow the key messages from the HSE guidance in terms of working from height:

Do....

As much work as possible from the ground	Provide protection from falling objects
Ensure workers can get safely to and from where they work at height	Consider emergency evacuation and rescue procedures
Ensure equipment is suitable, stable and strong enough for the job, maintained and checked regularly	Take precautions when working on or near fragile surfaces

Don't...

Overload ladders – consider the equipment or materials workers are carrying before working at height.	Overreach on ladders or stepladders
Check the pictogram or label on the ladder for information	Rest a ladder against weak upper surfaces, eg glazing or plastic gutters
Use ladders or stepladders for strenuous or heavy tasks, only use them for light work of short duration (a maximum of 30 minutes at a time)	Let anyone who is not competent (who doesn't have the skills, knowledge and experience to do the job) work at height

Success criteria:

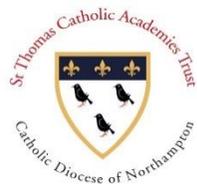
- Zero accidents**
- Understanding from all staff that working from height is a planned piece of work.**
- Following a risk assessment and sign off from appropriate member of staff, only then can working from height begin.**

WORKING AT HEIGHT - THE LEGAL POSITION FOR STAFF

The law calls for a sensible, proportionate approach to managing risk, and further guidance on what you should do before deciding if a ladder is the right type of equipment for a particular task is provided in Working at height: A brief guide (see 'Further reading').

Take a sensible, pragmatic approach when considering precautions for work at height. Factors to weigh up include the height of the task; the duration and frequency; and the condition of the surface being worked on. There will also be certain low-risk situations where common sense tells you no particular precautions are necessary.

Any person using a ladder must be trained. Any working from height requires risk assessment sign off and permit to work before work begins, in essence, all working from height must be planned and not ad hoc. **The only exclusion to a working at height permit is when site agents use a Fibreglass 4 tread swing back step ladder at 1.12M:** <https://www.screwfix.com/p/werner-fibreglass-4-tread-swingback-stepladder-1-12m/6008x> .



21.Trust Working at Height Permit

Permit to work (PTW) working from height

This Permit to work is used to review and manage St Thomas Catholic Academies Trust staff conducting work at height on Trust school sites. The PTW must be completed by a trained 'working at height' member of staff and authorised by either The Headteacher or Trust Compliance Manager



Working at Height
Permit to work - Revisi



22.Trust Lone working Procedure

Lone working Procedure

Lone working activities are a necessity for certain roles in school. The Trust recognises its health and safety responsibilities towards employees who are involved in lone working processes and others who may be affected by these activities. Lone workers should not be put at more risk than other employees and specific control measures may be necessary in order to achieve this.

This document outlines a sensible risk based approach towards lone working. Safe lone working can be achieved by ensuring that safe systems of work are made available through management processes and used by all employees.

All employees are expected to report all incidents which occur in relation to lone working in order to ensure that the organisation can prevent future events by risk assessing appropriately in each case.

Definition of lone working

The Health and Safety Executive (HSE) defines lone workers as those who work by themselves without close or direct supervision.

This can be split into two main groups

- People who work in fixed establishments e.g. site agents, cleaners, staff working after normal hours.
- Remote Workers working away from fixed base e.g. music teachers, etc.

There is no general legal prohibition on lone working, however the employer must identify the hazards, assess the risks involved, and put measures in place to avoid or control the risks. If the risk assessment shows that it is not possible for the work to be done safely by a lone worker, then other arrangements need to be put in place.

Classification of Lone Workers

To assist in determining the level of risk the Health and Safety Team have identified examples of Low, Medium and High risk.

Category 1 - **Lower risk** situations includes:

- Staff working outside normal school office hours, e.g. cleaners, caretakers, staff working through holidays.
- Staff who travel alone for significant periods or in circumstances that may give rise to additional risks

Category 2 - **Medium risk** situations includes:

- Use of receptions, neutral rooms, or similar where risk of violence and aggression or dangerous situation is reasonably foreseeable and where colleagues cannot be readily called on by the lone worker in the event of an adverse situation arising.

Category 3 - **High risk** situations included: -

- Visiting domestic houses where risk of violence and aggression or dangerous situation is reasonably foreseeable.
- Working out of hours (not in a school controlled facility)
- Working alone with hazardous plant, tools, equipment or chemicals
- Where serious injury may be incurred by the type of work being carried out

Health & Safety Procedures and Templates Reviewed October 23

- NOTE: Young or inexperienced employees who require direct supervision due to the nature of the task should not be permitted to work alone

RESPONSIBILITIES IN RELATION TO LONE WORKING

Head teacher responsibilities

Key responsibilities are:

- To identify lone workers and hazards
- To carry out a lone working risk assessment for staff or department.
- To implement suitable control measures as identified in risk assessment.
- To distribute and monitor lone working device usage (if necessary)
- Ensure that any accident, hazard and violent incidents are reported and any control measures identified are implemented.
- Ensure staff that are deemed competent to lone work and receive adequate training
- Ensuring that identified lone working staff, attend relevant training.
- Ensure that permanent staff, agency or voluntary workers, during their induction period, have adequate additional controls in place.
- To ensure procedures are in place in an emergency.

Employees responsibilities

- Take reasonable care of themselves and others affected by their actions.
- To assist their Line Manager in completing a lone working assessment.
- Follow guidance and procedures designed for safe working.
- Report all incidents that may affect the health and safety of themselves or others.
- Take part in training designed to meet the requirements of the Procedure; and
- Report any dangers or potential dangers they identify or any concerns they might have in respect of working alone.

Training and information

Training to ensure competency is particularly important where assistance is limited, and may be critical to avoid panic reactions in unusual situations.

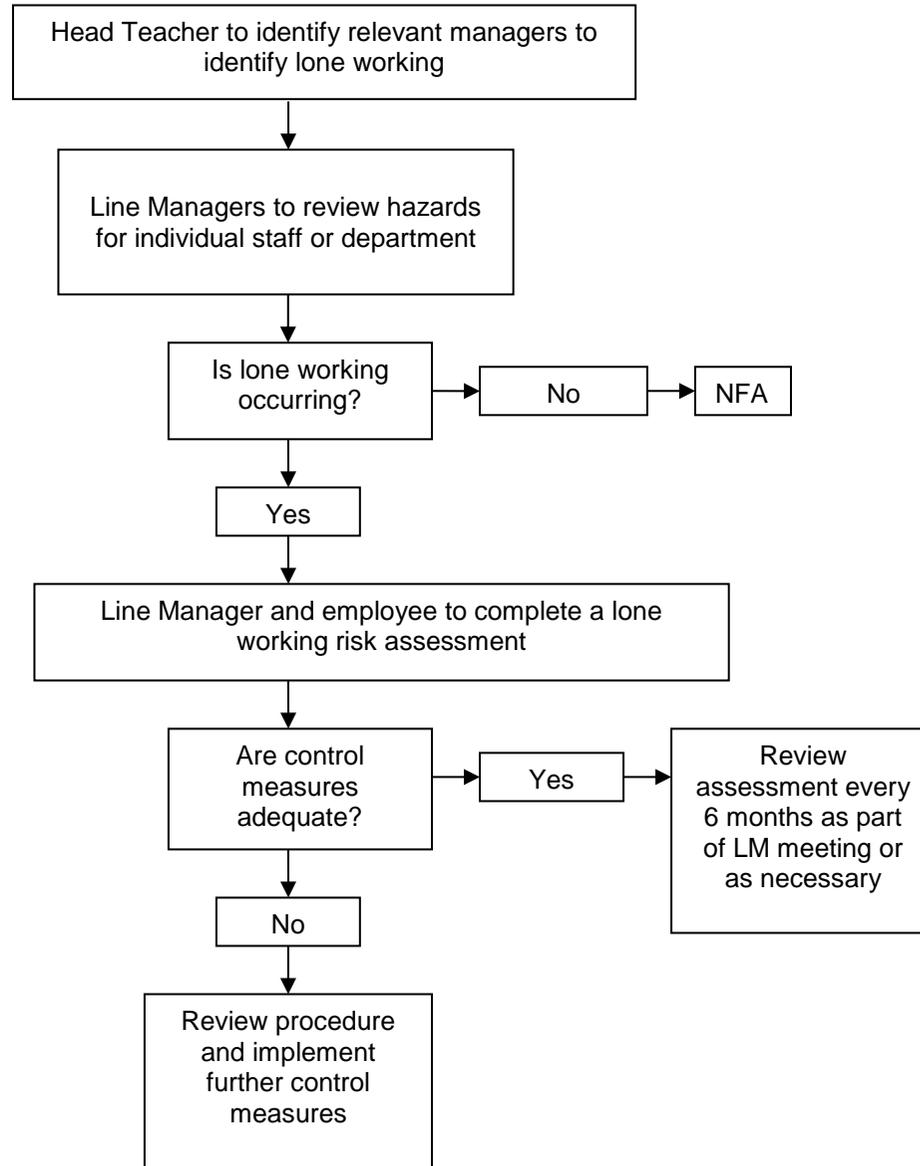
Personal safety training available to staff lone working should cover:

- Advice and guidance not to go into a situation if they feel at risk.
- The use of conflict resolution or defusing techniques. These include being aware of non-verbal communication; how to behave in a non-confrontational way; the importance of empathy; being polite; and listening.
- To be aware of surroundings, your own actions and how others may perceive you.
- Dynamic risk assessments

Risk assessment procedure

Risk assessment is an integral management tool that should be completed to ensure that staff are safe in their work. Normal school risk assessments should be completed in accordance with the risk assessment guidance

Lone worker identification and risk assessment flow chart



Assessment of risk

Employees involved in lone working must have access to all available relevant information in order to make a reasoned judgement of any potential risk.

The following issues should be considered, as appropriate to the circumstances:

- The environment – location, security, access
- The context – nature of the visit, special circumstances, likely outcomes
- The individuals concerned – indicators of potential or actual risk
- Any other special circumstances

The environment

- It is the responsibility of the Line Manager to assess the risks presented by the location of any meeting – access, layout, furnishings, lighting and temperature control – and to take appropriate action.
- If pupils are being accompanied on transport or in a public place, or visited at home, there must be an appropriate assessment of the risks this might present.

Personal

- In order to make a complete assessment, any history of challenging behaviour (i.e. a potentially violent parent) should be investigated.
- Any information regarding known triggers must be recorded.
- Staff must be aware of the effect they may have on the situation through their verbal and non-verbal communication, and take steps to avoid provocation.

Planning

- If visiting a property or individual as part of a teaching role, where a risk has been identified, always consider a visit with two staff members or a school-based meeting as alternatives. In some cases it may not be appropriate to hold a face-to-face meeting, and a telephone meeting may have to do.
- Ensure there are agreed contacts in case of an emergency and a system for reporting back at the end of a visit.
- Take into consideration the current situation and any previous events, which have caused problems.

Dynamic risk assessment

Whilst a lone worker risk assessment has been carried out during the period of lone working the staff member should be constantly reviewing the situation as part of a dynamic risk assessment.

If at any time the lone worker is uncomfortable with their position they should call for assistance or remove themselves from the risk. Personal safety training will cover dynamic risk assessments.

Review of risk assessment

All risk assessments must be reviewed at least annually or following a change in circumstance e.g. as reported incident, change in work pattern etc.

Accident/incident and near miss reporting

Any accident/incident or near miss and this includes threat of violence and aggression whilst lone working should be reported to the Compliance Manager and recorded in accordance with the Cardinal Newman procedure. All incidents of violence or aggression must be recorded and reported.

Health & Safety Procedures and Templates Reviewed October 23

Lone Worker Protection Aide Memoir

Before any Lone Working Undertaken

All lone working should have a risk assessment, and any staff identified as risk should undertake relevant training.

Head Teachers should hold a record of all lone working staff including photograph, personal details (inc Next of Kin) and vehicle details.

Prior to a visit

CHECK THE FOLLOWING:

- Schools prior experience
- Any other known source if information

Do:

- Let someone know that you are going out.
- When you expect to return
- The location and work to be undertaken, including who you are going to meet.
- How to contact you
- Ensure any lone worker protection procedures are in place and working

Working outside the school

Ensure lone working monitoring systems are not too obvious but readily accessible and operational e.g. mobile telephones / radios



On arrival at the property or in a lone working situation you should undertake a dynamic assessment of the risk this need NOT be documented.

Factors such as unexpected visitors, strange behaviours, layout of the area or any other factors that give rise to your concern



If you are uncomfortable or have concern for yourself or others safety, use the skills taught (eg. Conflict Resolution skills) to try and diffuse the situation. If in doubt make an excuse to leave e.g. need to contact school

If you are at risk call for assistance immediately and remove yourself from the area by any safe means.

Contact your Compliance Manager /Police (if not already done) / report the incident and raise an immediate violence and aggression report.

APPENDIX 1 – INFORMATION TO SUPPORT LONE WORKERS

BE AWARE OF THE ENVIRONMENT

- Know what measures are in place at the school: Procedures, exits and entrances, and the location of the first aid supplies.
- Make sure that your car and mobile phone are in good working order.
- If a potentially violent situation occurs, be aware of what might be used as a weapon by the aggressor and of possible escape routes.
- Try to maintain a comfortable level of heating and lighting in the school building.

BE AWARE OF YOURSELF

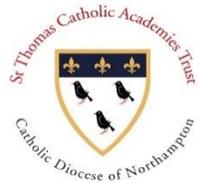
- Think about your body language. What messages are you giving?
- Think about your tone of voice and choice of words. Avoid anything, which could be seen as sarcastic or patronising.
- Think about what you are wearing. Is it suitable for the task? Does it hamper your movement? What signals does it send out? In a potentially risky situation, does a scarf or tie offer an opportunity to an assailant?
- Be aware of your own triggers – the things that make you angry or upset.

BE AWARE OF OTHER PEOPLE

- Take note of non-verbal signals from others.
- Be aware of the other person's triggers.
- Don't crowd people – allow them space.
- Make a realistic estimate of the time you will need to do something, and don't make promises which can't be kept, either on your own or someone else's behalf.
- Be aware of the context of your meeting – are they already angry or upset before you meet, and for what reason?
- Listen to them, and show them you are listening.

Always report any incidents of violence and aggression to the Compliance Manager.

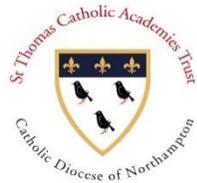
<http://www.suzylamplugh.org> has various information and tips on how to reduce risk to you.



23. Trust Risk Assessments

All Trust Risk assessments are on the Health & Safety one drive

Please contact Jen Matthews jmatthews@stcat.co.uk for assistance and any new risk assessments needed.



24. Trust COSHH Procedure

Purpose

In recognition of COSHH legal obligations and the potential adverse health effects to staff and others from exposure, the Trust will implement appropriate arrangements to ensure that no work activities are carried out without first considering the risks and necessary precautions, and any other action necessary to comply with the Regulations. This will be achieved by carrying out an assessment of the risks to health and implementing appropriate control measures to either prevent exposure, or where this is not reasonably practicable, adequately control.

The COSHH Regulations only apply to substances which are hazardous to health. There may, therefore, be other hazards associated with properties of the substance (e.g. explosive, flammable, oxidising), which will also need to be considered and measures taken to control any risks, as required by the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002.

This Procedure aims to ensure that:

- The least hazardous substances are purchased and used within the Trust
- Hazardous substances are procured through the approved purchasing process.
- **COSHH Risk Assessments are carried out for all hazardous substances, or groups of substances, to which a person may be exposed before the substances are used.**

Objectives

Compliance with the requirements of this Procedure will ensure:

- The Trust meets its obligations in respect of legislation
- The safe management of hazardous substances
- That exposure to hazardous substances is prevented, or, where this is not reasonably practicable, adequately controlled.
- Everyone is aware of their roles and responsibilities
- The safety and health of staff and students whilst working with hazardous substances
- The safety and health of others (including contractors, visitors, members of the public) is not compromised by those persons working with hazardous substances
- That staff, students and others who work with hazardous substances are appropriately informed, instructed, and where necessary trained and supervised

COSHH covers substances that are hazardous to health. Substances can take many forms and include:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Nanotechnology

- Gases and asphyxiating gases and
- Biological agents (germs). If the packaging has any of the hazard symbols then it is classed as a hazardous substance.
- germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories

Definition of hazardous substances

The COSHH Regulations define the following as hazardous substances:

- Chemicals or mixtures of chemicals listed in the Classification, Labelling and Packaging of Substances Regulations (the CLP Regulation), and for which an indication of danger is specified as serious long-term health hazard, acute toxicity, harmful, corrosive, or irritant. See Appendix 1 Guidance on the CLP Regulations.
- Substances that have been assigned a Workplace Exposure Limit (WEL). These are listed in the HSE publication EH40.
- A dust of any kind, if its average concentration in air exceeds the levels specified in the COSHH Regulations (i.e. >10mgm³ of inhalable dust or 4mgm³ of respirable dust, time-weighted average exposures over an 8-hour period).
- Biological agents which are directly connected with work (e.g. used in laboratories) or a work activity or process (e.g. Legionella bacteria from water aerosols). COSHH applies to incidental exposure as well as deliberate work with biological agents.
- Any other substance hazardous to health, but which does not fall into the above categories. This category includes:
 - carcinogens and mutagens;
 - substances that cause occupational asthma;
 - asphyxiant gases and vapours;
 - pesticides;
 - products or by-products of chemical reactions;

What is not covered by the COSHH Procedure

- Special Cases
- New and expectant mothers
- Young persons employed by the Trust will require individual risk assessments to be completed before use or exposure to any substance hazardous to health.
- Some substances such as Lead, Asbestos and Radiations are subject to their own Regulations and are not covered by this Procedure.

Roles and responsibilities

In meeting its statutory obligations, the Trust has instituted the following organisation arrangements:

Head of Department/School/Directors (hereafter referred to as 'managers') have overall responsibility for implementing the requirements of this Procedure, including:

- Informing their staff and others within their area of responsibility that they must comply with the requirements of this Procedure.
- Ensuring that risks associated with hazardous substances are assessed and managed.
- Ensuring that roles and responsibilities for the safe use and management of hazardous substances are clearly defined. The provision of appropriate information, instruction, and where necessary training and supervision to users of hazardous substances.
- Ensuring effective control measures are in place to prevent or adequately control exposure to hazardous substances, including the implementation of appropriate safe systems of work.
- Preparing plans and procedures to deal with accidents, incidents and emergencies involving hazardous substances.
- Ensuring security arrangements are in place to control unauthorised access to regulated chemicals.
- Ensuring appropriate hazard warning signs are displayed where appropriate.

- Ensuring any departmental arrangements are outlined within local departmental procedures and are communicated to staff and others who may be directly or incidentally exposed to hazardous substances.
- Ensuring staff (and others) attend any required appointments associated with health surveillance.

Line Managers/Supervisors/Laboratory Managers (within their area of responsibility) are responsible for:

- Ensuring the risks presented by the use and handling of hazardous substances are assessed before starting work and that action is taken to either prevent exposure, or where this is not reasonably practicable, adequately control.
- Ensuring personnel, they manage/supervise are competent to work with hazardous substances and have been provided with information instruction and, where necessary, training on the risks presented by the substances they use and the use of the control measures.
- Ensuring the requirements of this College COSHH Procedure and local department procedures are complied with. Implementing measures to ensure that Workplace Exposure Limits (where applicable) are not exceeded.
- Ensuring any control measure to protect health is used correctly and maintained in an efficient state and good working order, and when there is a failure of deterioration in that control measure that could result in a health effect, the work/activity is either stopped or a suitable alternative protection measure implemented.
- Providing suitable personal, protective equipment (PPE) where appropriate, including implementing effective arrangements to ensure it is maintained (including replaced or cleaned as appropriate) in an efficient state, in efficient working order and in good repair.
- Initiating the provision of health surveillance, where the COSHH assessment identifies this to be necessary.
- Initiating the provision of workplace monitoring, where the COSHH assessment identifies this to be necessary. Ensuring that COSHH assessments are reviewed and updated at least every 2 years or when there has been a significant change, reason to suspect it is no longer valid, and following any incident.
- Ensuring that equipment and work areas are maintained in a clean state and free from any contamination and, where necessary, effective procedures are implemented for decontamination.
- Ensuring that on completion of a project or when employees leave the department, all hazardous substances they are responsible for are either disposed of appropriately using departmental procedures, or ownership is transferred to another responsible person.

Health and Safety Co-ordinators are responsible for:

- Undertaking on behalf of their Head of Department, the co-ordination of compliance with the COSHH Regulations, maintenance of departmental COSHH standards, and liaison with line managers and other employees, both within their department and outside e.g. Health and Safety Office personnel.
- Monitoring that appropriate COSHH assessments are being carried out and that adequate control measures are in place and their effects monitored.
- Ensuring that all engineering control measures are properly maintained.
- Ensuring that dangerous occurrences e.g. major spillages and breaches to safe working procedures are reported immediately to Health & Safety Office.
- Undertaking and documenting periodic departmental health and safety inspections.

Members of staff (employees) and students have a responsibility to:

- Comply with control measures outlined in the COSHH assessment and other safe working procedures.
- Use work equipment in accordance with instruction.
- Store, label, transport and use hazardous substances safely, and use them only for department approved activities. Follow the appropriate waste procedures to dispose of hazardous substance waste.
- Wear personal protective equipment in accordance with instruction.
- Report unintentional exposure to hazardous substances.
- Report defects in equipment used with hazardous chemicals.
- Report defects in personal protective equipment.

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- Attend Health Surveillance programmes where required.

How is a COSHH Risk Assessment carried out

- Hazardous substances are procured through the approved purchasing process.
- COSHH Risk Assessments are carried out for all hazardous substances, or groups of substances, to which a person may be exposed.
- These assessments must be undertaken prior to the Trust staff commencing any work activities that might cause such exposure.

Use and maintenance of control measures

Control measures must be properly used if they are to be effective, and departments must have adequate supervision arrangements in place to ensure compliance. Employees also have a duty to use control measures properly and to report any defects (in equipment, PPE or working practices) to their supervisor. Control measures also need to be maintained to ensure they are still effective.

- Users should check before use that there is an inward airflow to their LEV (e.g. by using a tissue), or that any displays or indicators provided on the equipment are confirming proper operation.
- LEV must be maintained in accordance with the manufacturer's instructions.
- LEV must be thoroughly examined and tested at least every 14 months by a competent person. The examination and test should ensure that the equipment can meet its intended operating performance for controlling hazardous substances.
 - In the case of ducted fume cupboards, this service is provided through the Estates Team.
 - In the case of microbiological safety cabinets, regular tests are the responsibility of the department, which must be carried out in accordance with BS EN 12469: 2000 and using a competent contractor.
- Where RPE (other than disposable RPE) is provided, then this must also be maintained, examined, and tested according to the manufacturer's recommendations.

Health surveillance (See Section 32)

Health surveillance is intended to protect individual employees by the early detection of work-related adverse health changes; to help evaluate the efficiency of control measures; and to evaluate hazards to health by collecting and analysing data.

When is health surveillance required?

Health surveillance will be required in the following circumstances:

- where employees are exposed to a hazardous substance that is linked to an identifiable disease or adverse health effect; and
- where there is a reasonable likelihood that the disease or health effect may occur under the particular conditions of their work; and
- where there are valid techniques for detecting the disease or health effect

Please see Section 32 for full Health Surveillance Procedure and questionnaire

Information, instruction and training

Managers must ensure that employees (and others) working with hazardous substances are provided with the information contained in the COSHH assessments relating to their work. Where applicable, they must also be provided with information about the health surveillance process (purpose of health surveillance, their duty to attend, and arrangements for being informed of the results, and access to their health surveillance records).

Departments must also provide information and training so that employees know:

- When and how to use the control measures provided;
- How to use PPE, and especially RPE, correctly (e.g. How to fit and remove gloves, and how long to use disposable gloves and masks, before they must be replaced);

- How to clean and storage arrangements for reusable PPE, including PPE;
- How to act in an emergency involving hazardous substances (e.g. How to deal with spillages, or any first aid arrangements to be taken if there is personal exposure).

Procedure in the Event of an Accidental Release of a Hazardous Substance

Each department holding substances hazardous to health, must have procedures in place for the inadvertent spillage or other release arising either from storage, use or transportation. Procedures must be in writing, and refer to COSHH Assessments.

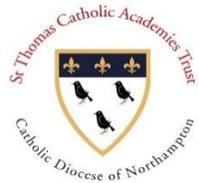
All appropriate staff and students, must be trained in the operation of the procedures, including the use of control measures e.g. spillage kits. Emergency procedures must be co-ordinated by the departmental Health and Safety Co-ordinator.



25. COSHH Risk Assessment template



COSHH RISK
ASSESSMENT review



26.Trust Lettings Procedure



07. STCAT Lettings
Policy V1 28.09.22.doc

School and Applicant documents



APPLICATION FOR



HIRE AGREEMENT



SCHOOL LETTER

USE OF SCHOOL PREFORM FOR THE USE (TEMPLATE TO CONFII



27.Trust Vehicle Segregation Procedure (segregation control and pedestrian safety)

Introduction

St Thomas Catholic Academies Trust recognises their responsibilities in keeping pupils, staff and visitors safe on and around any school site. One of the most frequently expressed road safety concerns is that of the safety of children outside schools. At school drop-off and pick-up times, the roads in the immediate vicinity of schools are especially busy and there is usually a high level of vehicle, pedestrian, and cyclist activity. This causes congestion and very often leads to frustration from residents and motorists at the apparent chaos caused by parents and children arriving or leaving the school. Although relatively few incidents occur on or near the school site, it is important that school leaders have taken all reasonable steps to avoid them.

By law, pedestrians or vehicles must be able to use a traffic route without causing danger to the health or safety of people near it.

- Roadways and footpaths should be separate whenever possible.
- By law, traffic routes must also keep vehicle routes far enough away from doors or gates that pedestrians use, or from pedestrian routes that lead on to them, so the safety of pedestrians is not threatened.

Guidance in line with HSE & Rospa Guidance

Pedestrians and cyclists

- A driver, pedestrian or cyclist needs enough time to react successfully if they meet one another (for example, where there is limited visibility or where other noise might mask the approach of a vehicle)
- Wherever it is reasonable to do so, you should provide separate routes or pavements for pedestrians to keep them away from vehicles. The most effective way to do this is to separate pedestrian from vehicle activity, by making routes entirely separate. Where possible, pedestrian traffic routes should represent the paths people would naturally follow (often known as 'desire lines'), to encourage people to stay on them.

Limited access

- Pedestrians should be kept away from areas where vehicles are working unless they need to be there. A good example of this is when contractors' vehicles are on a school site.

Barriers and markings

Effective ways to keep vehicles away from pedestrian areas include:

- protective barriers;
- clear markings to set apart vehicle and pedestrians' routes; and
- raised kerbs to mark vehicle and pedestrian areas.

Where needed, provide suitable barriers or guard rails:

- at entrances and exits to buildings;
- at the corners of buildings; and
- to prevent pedestrians from walking straight on to roads.

Crossing points

- Where pedestrian and vehicle routes cross, provide appropriate crossing points for people to use. Pedestrians, cyclists and drivers should be able to see clearly in all directions. Crossing points should be suitably marked and signposted, and should include dropped kerbs where the walkway is raised from the driving surface.
- Where necessary, provide barriers or rails to prevent pedestrians from crossing at dangerous points and to direct them to the crossing places. Similarly, you can use deterrent paving to guide pedestrians to the crossing points.
- At busy crossing places, consider, zebra crossings (or other types of crossing), or suitable bridges or subways as a way of segregating pedestrians from moving vehicles.
- Where vehicle roadways are particularly wide, you may need to consider 'island' refuges to allow pedestrians and cyclists to cross the road in stages. In some cases, subways or footbridges could be necessary.
- Where the number of vehicles, pedestrians or cyclists using a route is likely to change at regular times, consider preventing pedestrians or vehicles from using the routes at these times, to keep them apart. An example might be limiting the use of vehicles on a roadway during the beginning and end of school times, when many pupils will be exiting the school building.

Segregation

- Find out more about pedestrian routes
- Provide enough clearance between the vehicles and pedestrians

[Separating pedestrians and vehicles - Vehicles at work \(hse.gov.uk\)](https://www.hse.gov.uk/publications/ps26.htm)
[home-to-school-travel-guide.pdf \(rospa.com\)](https://www.rospa.com/health-safety/road-safety/road-crossings/home-to-school-travel-guide.pdf)



28. Trust Permission to Works Procedure (Contractors/Site Staff controlled works)

This has been created but is not currently implemented



1 Permission to work
Procedure St Thomas



2 Site Induction
Information.docx

29. Trust Permit to Work

This has been created but is not currently implemented



3 Permit to Work
Form.docx



5 Permit to work -
Reference Number sh

30. Trust Hot Works Permit



Hot Works Permit
Form reviewed Ocotb



31. Events and Shows and Checklist

It is very important to plan and risk any show or event at your school especially if members of the public will be present.

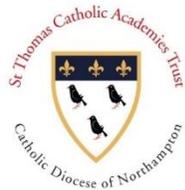
Ensuring you

- do not exceed the fire capacity of the room/hall that you are using
- ensuring you have fire wardens at the events
- ensuring you have a first aider at the event
- ensuring your event is risk assessed

Events checklist



EVENTS CHECKLIST –
HEALTH & SAFETY rev



32. Health Surveillance

What is a Health Surveillance?

To help us comply with our legal obligations, St Thomas Catholic Academies Trust will undertake health surveillance for employees exposed to physical, chemical and biological hazards in the workplace. Health and safety law requires health surveillance when your workers remain exposed to health risks even after you have put controls in place. This is because control measures may not always be reliable, despite appropriate checking, training and maintenance.

Health surveillance allows for early identification of ill health and helps identify any corrective action needed.

Health surveillance is putting in place systematic, regular and appropriate procedures to detect early signs of work-related ill health among workers who are exposed to certain health risks and acting on the results. Health surveillance information is particularly important where there is an identifiable disease or adverse health condition associated with the work. The means of determining when health surveillance is necessary is via risk assessment. The risk assessment process should identify if health surveillance is necessary, and this must be identified and recorded.

Health Surveillance aims to:

- Protect the health of all Trust employees. Identifying and protecting individuals at risk.
- Prevent disabling illness/disease
- Detect adverse health effects at an early stage
- Check the effectiveness of the control measures in place.
- Assist in the evaluation of control measures. Assist in evaluating the effectiveness of existing risk management measures and identify where any further action may be necessary
- Keep up to date and retain data and information for determining and evaluating risks to health.

Health Surveillance Responsibilities

Heads of Schools have overall responsibility for ensuring local arrangements are in place that:

- Ensure appropriate risk assessments take account of health surveillance requirements.
- Identify and inform staff groups for whom health surveillance is required.
- Ensure liaison with the Trust Compliance Manager to assist in identifying where health surveillance requirements are necessary or have been identified.
- Immediately advise the Trust Compliance Manager of any event resulting in the accidental release of, or exposure to, substances hazardous to health.
- Ensure those with the responsibility for carrying out risk assessments are fully aware of health surveillance requirements and the arrangements to follow where a need, or potential need, is identified.
- Ensure staff requiring health surveillance are able to complete Health Surveillance Questionnaires and get occupational assistance if needed.
- Ensure adequate and up to date records are maintained.

Occupational Health Provider

The Trust has the services of The Schools HR Co-operative Ltd: [The Schools HR Co-operative \(schoolshrcooperative.co.uk\)](http://schoolshrcooperative.co.uk)

Who does Health surveillance apply to:

The requirement for health surveillance will be identified through risk assessments of work activities being undertaken by staff.

Health Surveillance is generally required where staff are engaged in work activities which involve exposure to or work with:

Asbestos	Hand Arm Vibration Syndrome (HAVS)
Spirometry	Biological agents
Audiometry	Dusts
Skin Surveillance	Noise or vibration
Solvents	Work in compressed air
Fumes	Other substances hazardous to health
Occupational asthma	

Particular Health Surveillance areas in Trust schools to cover:

Asbestos

Asbestos can be found in any building built before the year 2000 (houses, factories, offices, schools, hospitals etc) and causes around 5000 deaths every year. The duty to manage asbestos is directed at those who manage non-domestic premises: the people with responsibility for protecting others who work in such premises, or use them in other ways, from the risks to ill health that exposure to asbestos causes.

Spirometry

Under the Control of Substances Hazardous to Health Regulations 2002 (Amended 2004), employees working with substances hazardous to the lungs and breathing will need to complete a questionnaire and undergo a clinical test if there are any changes in health.

Audiometry

The Control of Noise at Work Regulations 2005/Noise Regulations 2005 require employers to prevent or reduce risks to health and safety from exposure to noise at work.

Skin Surveillance

Under the Control of Substances Hazardous to Health Regulations 2002 (COSHH), employees working with substances hazardous to skin are required to complete a questionnaire and undergo a clinical examination on a periodic basis as necessary.

Hand Arm Vibration Syndrome (HAVS)

Regular and frequent exposure to hand arm vibration can lead to permanent health effects.

Occupational asthma

Occupational asthma is an allergic reaction that can occur in some people when they are exposed to substances, for example flour or wood dust in the workplace. These substances are called 'respiratory sensitisers' or asthmagens. They can cause a change in people's airways, known as the 'hypersensitive state'. Not everyone who becomes sensitised goes on to get asthma. But once the lungs become hypersensitive, further exposure to the substance, even at quite low levels, may trigger an attack.

The main causes of occupational asthma are set out in Section C of HSE's [Asthmagen Compendium. \(PDF\)](#)

This [list of substances](#) is a useful summary. Also look for the risk phrase R42 'May cause sensitisation by inhalation' on product labels or safety data sheets.

What Senior and Line Managers are responsible for:

- Identify staff that may be at risk of work-related ill health on the basis of pre-employment health declarations.
- Identify the health hazard, who is at risk from the health hazard, what are the current control methods – are they suitable to control the risk, what more should be done – action plan, health checks etc and monitor and review
- Ensuring that a risk assessment is carried out of all work activities that may require staff to undergo health surveillance
- Follow the risk assessment, to incorporate suitable health surveillance requirements, including on an individual's commencement of employment or assignment to a particular activity.
- Providing facilities and working arrangements that minimise the likelihood of health problems, and prevent health problems that can be anticipated
- Ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction, training and supervision to minimise the risk to health
- Ensuring that staff comply with the requirements of the agreed health surveillance
- Work with Trust Compliance Manager and others to advise on adjustments and modifications to the work of individuals aimed at protection of health.
- Review health surveillance following any untoward occurrence within the Trust working environment.
- Maintain awareness of health and safety legislation, guidelines and evidence for health surveillance programmes, and advise of any changes.
- Ensuring that all staff are aware of this procedure, understand its content.
- Identify complex cases where a Health Surveillance Questionnaire is necessary and possible referral to the Occupational Health provider or other relevant specialist is necessary to underpin advice to management
- Advise the Trust Compliance Manager of health surveillance regarding outcomes, fitness for work status and any recommended restrictions in work practice.
- Advise the Trust Compliance Manager of any health surveillance staff failing to complete surveillance requirements
- Maintain health surveillance records in accordance with current legislation and guidelines.
- Trust Compliance manager to report the relevant outcomes of health surveillance status to the Health and Safety Committee and to refer to the School HR employee to refer to the Occupational Health provider.

Employees responsibilities:

- Cooperating with health surveillance programmes and other risk reduction measures for the protection of their health.
- Reporting any significant changes in their health to their line manager and Trust Compliance Manager in intervals between health surveillance sessions.
- Taking reasonable care of themselves and others who may be affected by their actions
- Co-operating by working in a manner which controls risk to as low a level as is reasonably practicable
- Reporting all unsafe conditions, incidents (including near misses) that did or could result in loss, injury or damage
- Taking part in training, education and any health surveillance programme designed to meet the requirements of this Procedure

How often should Health Surveillance questionnaires be completed:

Health surveillance will normally be undertaken annually, but frequency may vary dependent upon risk assessment, exposure levels and Occupational Health outcomes.



HEALTH

SURVEILLANCE SCORE

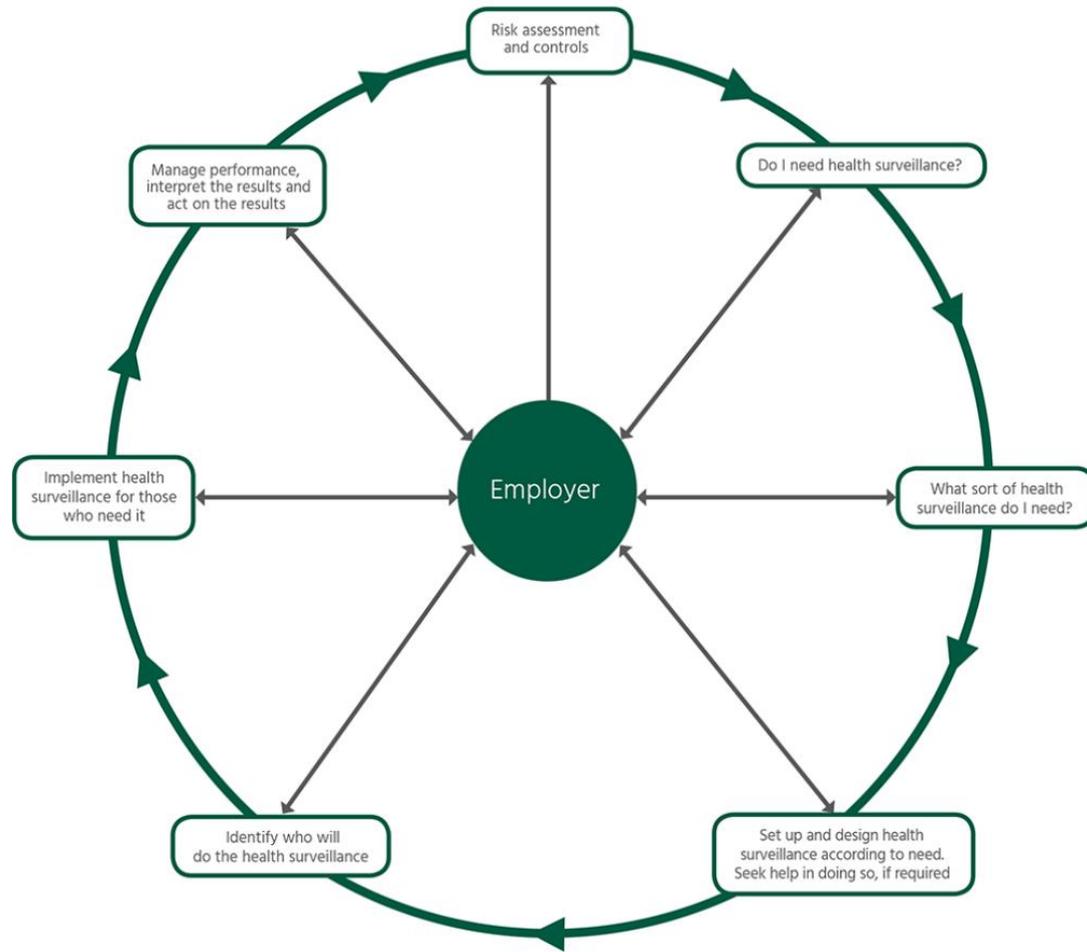
Record Keeping

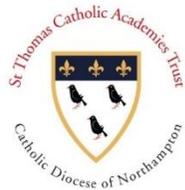
A health record must be kept for all employees under health surveillance. Records are important because they allow links to be made between exposure and any health effects. Health records, or a copy, should be kept in the employee's personnel file for at least 40 years from the date of last entry because often there is a long period between exposure and onset of

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ill health.

Health Surveillance process:





33. Trust Lightning Guidance

The Health and Safety at Work Act, 1974 is the primary piece of legislation covering occupational health and safety in Great Britain.

Lightning strikes the ground in Britain about 300,000 times a year. For the climber, fisher, walker, golfer, and other exposed persons, this is a risk that must be considered. Although there is no absolute protection from lightning, measures can be taken to reduce the risk of getting struck and the injury severity. This guidance provides information about lightning and precautions to take.

The most common type of lightning is in-cloud lightning. These lightning strikes bolt from cloud to cloud and make up nearly 80% of all lightning strikes. While these aren't immediately dangerous to pupils or staff on your field or playground, they are a tell-tale sign of other forms of severe weather.

There are three different ways of being struck by lightning:

1. Direct strike: the lightning hits you and goes to earth through you.
2. Side Flash: the lightning hits another object and jumps sideways to hit you.
3. Ground strike: the lightning strikes the ground then travels through it hitting you on the way. When you think of lightning, you think of a bolt striking the ground, an object, or a person. That type of lightning is called cloud-to-ground lightning. Cloud-to-ground lightning is exactly what it sounds like: Bolts of lightning that go from the cloud to the ground, or an object that is on the ground. However, this type of lightning only makes up about 20% of all lightning strikes.

Lightning is likely to strike the tallest objects in a given area—you should not be the tallest object.

- Avoid isolated tall trees, hilltops, utility poles, large equipment, ladders, scaffolding, or rooftops.
- Avoid open areas, such as fields. Never lie flat on the ground.
- Avoid water, and immediately get out of and away from bodies of water (e.g., pools, lakes).
- Avoid objects that can conduct or attract lightning, for example, umbrellas, bicycles, wire fencing and rails. If you have a metal object that is not necessary for your safety put it aside.
- Some Trust Schools have lightning Rods. A lightning rod or lightning conductor is a metal rod mounted on a structure and intended to protect the structure from lightning strikes. The lightning protection system needs to be inspected and tested, at least once a year, in accordance with BS EN/IEC63205 2008.

Seeking shelter

- Seek shelter quickly if your hair begins to stand on end and nearby appliances begin buzzing - it may mean lightning is about to strike.
- Ideally, seek shelter inside a large building or a motor vehicle keeping away from, and getting out of wide, open spaces and exposed hilltops.
- The inside of a car is a safe place to be in a storm, lightning will spread over the metal of the vehicle before earthing to the ground through the tyres.
- Retreat to dense areas of smaller trees that are surrounded by larger trees, or retreat to lowlying areas (e.g., valleys, ditches) but watch for flooding.
- If you are exposed to the elements with nowhere to shelter, make yourself as small a target as possible by crouching down with your feet together, hands on knees and your head tucked in. This technique keeps as much of you off the ground as possible.
- Do not shelter beneath tall or isolated trees, it has been estimated that one in four people struck by lightning are sheltering under trees.
- Inside a house, lightning can be conducted through television aerials, piping or other wires. Except in cases of emergency, don't use your telephone (land-line or mobile) until the storm is over.

What to do if someone is struck.

Often, people think that they will be fine when severe weather approaches. However, lightning is extremely dangerous. Lightning kills approximately 2 people in the UK each year.

- Call 999. People struck by lightning may suffer cardiac arrest. Immediate and aggressive resuscitation greatly improves survival rates.
- Perform CPR right away (and know you are not in danger, as no electric charge remains in their body). If the person is unconscious, does not have a pulse, and does not appear to be breathing normally, use an automated external defibrillator (AED), if one is on hand,
- If multiple people were struck, help those who are unconscious first, and keep in mind they may initially appear dead. Tend to anyone who was struck but remains conscious next, but be advised their wounds may include burns and fractures.
- Move the person to a safer location if there is an ongoing danger of lightning strikes.
- Cover the person in a jacket or blanket to prevent hypothermia.

What to do if you are struck by lightning

It's possible you'll be knocked unconscious by a lightning strike, so hopefully someone is nearby to assist you. If you manage to remain conscious, call 999 right away.

The effects of a lightning strike can be pretty brutal, so the most important thing is to get help as soon as possible.

Please take preventative steps

When thunder roars, go indoors!

If you hear thunder, even a distant rumble, get to a safe place immediately. Thunderstorms always include lightning. Any thunder you hear is caused by lightning! Staying inside is advised until 30 minutes past the last clap of thunder. This ensures that any distant strikes at the beginning of the storm (lightning can travel up to 10 miles), or trailing storm clouds at the back of the storm do not take anyone by surprise.

Information obtained from:

- Rospa - Royal Society for the Prevention of Accidents
- Occupational Safety and Health Administration