



Health and Safety Policy

1. Aims

Our school aims to:

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

2. Legislation

This policy is based on the Act no. 561/2004 Coll., as amended, School Act, Methodological Instruction of the Ministry of Education, Youth and Sports no. 37 014/2005-25 and no. 1981/2015-1, the Act no. 262/2006 Coll., as amended, the Labour Code, the Act no. 309/2006 Coll., as amended on securing other conditions related to Occupational Health and Safety, and other related implementing Czech legislation.

3. Roles and responsibilities

3.1 The proprietor

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Principal.

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

The proprietor as the employer, also has a duty to:

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

3.2 Principal

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

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

3.3 Health and safety lead

The nominated health and safety lead is [name of individual/role].

3.4 Staff

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

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

4. Site security

The management of SPACES is responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

SPACES management are responsible for electrical and fire safety of the building.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud siren.

Fire alarm testing will take place according to the practice of SPACES.

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

In the event of a fire:

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

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

6. COSHH

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

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

At present no COSHH substances are kept on site. SPACES management are responsible for general hygiene and environmental control of the building.

7. Equipment

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure it meets appropriate educational standards

7.1 Electrical equipment

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

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported to the management of the facilities which are being rented.

7.3 Display screen equipment

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

8. Manual handling

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

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

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

9. Off-site visits

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

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

10. Lettings

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

11. Violence at work

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

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

12. Smoking

Smoking is not permitted anywhere on the school premises.

13. Infection prevention and control

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

13.1 Handwashing

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

13.2 Coughing and sneezing

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

13.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of COVID-19 where required or recommended by government guidance and/or a risk assessment

13.4 Cleaning of the environment

- Clean the environment frequently and thoroughly

13.5 Cleaning of blood and body fluid spillages

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

13.6 COVID-19 management

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

- Restrict non-essential activities where a COVID-19 risk has been identified
- Where possible, replace risky activities with other suitable activities without introducing new hazards
- Design measures to control the risk of COVID-19 in school, including administrative procedures to improve safety

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

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

Keeping rooms well ventilated

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

Asymptomatic testing

We will encourage staff to follow government guidance on the use of tests, and report results to the local authorities. When recommended by government guidance, we will ask parents and visitors to the school to test before they arrive.

Face coverings

We will ask pupils, staff and visitors to wear suitable face coverings in communal areas, in line with government guidance.

13.10 Pupils vulnerable to infection

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

13.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the Czech Ministry of Health.

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

14. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- COVID-19 may affect pregnancy, especially if the mother is not vaccinated. Pregnant women are considered part of the moderate risk group (clinically vulnerable) by the NHS

15. Occupational stress

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

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

16. Accident reporting

16.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years and then securely disposed of

16.2 Reporting to the Health and Safety Authorities

The [job title of individual] will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence.

Reportable injuries, diseases or dangerous occurrences include:

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

16.3 Notifying parents

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

19. Training

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

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

20. Monitoring

This policy will be reviewed by the Principal every year.

At every review, the policy will be approved by the Proprietor.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- COVID-19 risk assessment
- Remote learning

Appendix 1. Fire safety checklist

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

Appendix 2. Accident report

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

Appendix 3. Recommended absence period for preventing the spread of infection

In confirmed cases of COVID-19, we will follow the recommended self-isolation period based on government guidance.

| Infection or complaint | Recommended period to be kept away from school or nursery |
|---------------------------------|--|
| Athlete's foot | None. |
| Campylobacter | Until 48 hours after symptoms have stopped. |
| Chicken pox (shingles) | Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over. |
| Cold sores | None. |
| Rubella (German measles) | 5 days from appearance of the rash. |
| Hand, foot and mouth | Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed. |
| Impetigo | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment. |
| Measles | Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period. |
| Ringworm | Exclusion not needed once treatment has started. |

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In confirmed cases of COVID-19, we will follow the recommended self-isolation period based on government guidance.

| Infection or complaint | Recommended period to be kept away from school or nursery |
|--|---|
| Scabies | The infected child or staff member should be excluded until after the first treatment has been carried out. |
| Scarlet fever | Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff. |
| Slapped cheek syndrome, Parvovirus B19, Fifth's disease | None (not infectious by the time the rash has developed). |
| Bacillary Dysentery (Shigella) | Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school. |
| Diarrhoea and/or vomiting (Gastroenteritis) | Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea. |
| Cryptosporidiosis | Until 48 hours after symptoms have stopped. |
| E. coli (verocytotoxigenic or VTEC) | The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances. |
| Food poisoning | Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise). |
| Salmonella | Until 48 hours after symptoms have stopped. |
| Typhoid and Paratyphoid fever | Seek advice from environmental health officers or the local health protection team. |
| Flu (influenza) | Until recovered. |
| Tuberculosis (TB) | Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough. |
| Whooping cough (pertussis) | A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment. |
| Conjunctivitis | None. |
| Giardia | Until 48 hours after symptoms have stopped. |
| Glandular fever | None (can return once they feel well). |
| Head lice | None. |

Appendix 3. Recommended absence period for preventing the spread of infection

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| Infection or complaint | Recommended period to be kept away from school or nursery |
|--|--|
| Hepatitis A | Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis. |
| Hepatitis B | Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required. |
| Hepatitis C | None. |
| Meningococcal meningitis/ septicaemia | If the child has been treated and has recovered, they can return to school. |
| Meningitis | Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed. |
| Meningitis viral | None. |
| MRSA (meticillin resistant Staphylococcus aureus) | None. |
| Mumps | 5 days after onset of swelling (if well). |
| Threadworm | None. |
| Rotavirus | Until 48 hours after symptoms have subsided. |