

Al-Khair Secondary Schools

Health and Safety Policy



Approved by:	Proprietor	Date: 17.07.2020
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Last reviewed on:	09.07.2020	Mrs Aisha Chaudhry
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Next review due:	01.07.2021	QGB
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Contents

1. Aims	3
2. Legislation	3
3. Roles and responsibilities	4
4. Site security	5
5. Fire	6
6. COSHH	6
7. Equipment	7
8. Lone working	8
9. Working at height	9
10. Manual handling	9
11. Off-site visits	9
12. Lettings	9
13. Violence at work	10
14. Smoking	10
15. Infection prevention and control	10
16. New and expectant mothers	11
17. Occupational stress	11
18. Accident reporting	12
19. Training	14
20. Monitoring	14
21. Links with other policies	14
Appendix 1: Emergency Evacuation Procedures	14
Appendix 2: list of fire marshal	17
Appendix 3: Lockdown policy and procedures	18
Appendix 4: Offsite Accident Report Template	21
Appendix 5. Recommended absence period for preventing the spread of infection	23
Appendix 6: Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection	28
Health and Safety - COVID-19 Addendum	37

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

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

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

3. Roles and responsibilities

3.1 PROPRIETOR

The proprietor has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to the head teachers at each school.

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 Head teacher

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

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

In the head teacher's absence, the school facility manager assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety leads at Al-Khair Secondary Schools Ms Aisha Chaudhry the head teacher, Mr Imran Nisar the facilities manager & Mr Usman Ahmed SBM.

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
- Cooperate 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.

3.6 Contractors

Contractors will agree health and safety practices with the facilities manager and the head teacher before starting any work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work and provide a copy of their liability insurance to facility manager, who then will send a confirmation to the HT that all required documents have been seen.

No work will be booked during school hours unless there is an emergency.

4. Site security

Facilities department 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.

Head teacher, facility manager and caretaker are key holders and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm, emergency lighting & fire extinguisher's testing will take place once a week by the facility manager and caretaker. The log will be kept in the admin office.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident, they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points based on their location at the time of evacuation. These are on the pavement outside the Montessori nursery building for those in the rear of the school and in the estate next to 103 Cherry Orchard Road for those on the first floor and front of the school building.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- Form tutors/class teachers will give registers to the attendance officer or to the lead fire marshal.
- Staff and pupils will remain outside the building until the lead fire marshal or emergency services say it is safe to re-enter

6. COSHH

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

- Chemicals
- Products containing chemicals

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

Control of substances hazardous to health (COSHH) risk assessments are completed by science teachers conducting the experiment/practical and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

At Al-Khair we ensure that we purchase chemicals and other hazardous materials from a reputable source. When ordering and purchasing chemicals we ensure that, we order the correct amount. All hazardous chemicals and materials are stored securely and systematically in a locked unit and. Only members of the science department can access the storage units.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/660517/Safe_storage_disposal_chemicals_advice_Nov2017.pdf

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

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

6.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework and appliances are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation.

6.2 Legionella

A water risk assessment was completed in Oct 2017 by Acquiesce Environmental Compliance Limited and is next due in Oct 2019.

- This risk assessment will be reviewed every 2 year and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks once a week by the caretaker.

6.3 Asbestos

- This survey is conducted annually, the next survey is due in September 2020.
- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

- A record is kept of the location of asbestos that has been found on the school site

7. Equipment

- All equipment and machinery are maintained in accordance with the manufacturer's instructions. When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to facilities department immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- 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 qualified person

7.2 PE equipment

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

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.
- 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)

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

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working

- Site cleaning duties
- Working in a single occupancy office

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

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

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

9. Working at height

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

In addition:

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

10. Manual handling

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

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

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

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

11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed

- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- There will always be at least one first aider with a valid paediatric first aid certificate on school trips and visits.

12. Lettings

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

13. Violence at work

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

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

14. Smoking

Smoking is prohibited on the school premises.

15. Infection prevention and control

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

15.1 Handwashing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, during biology practicals)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

- Clean the environment, including any equipment, frequently and thoroughly.

15.5 Cleaning of blood and body fluid spillages

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

15.6 Laundry

- Wash PE bibs & aprons in a separate dedicated facility
- Bag children's soiled clothing to be sent home, never rinse by hand

15.7 Clinical waste

- Always segregate domestic and clinical waste.

15.8 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 either of these, the parent/carer will be informed promptly, and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.9 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

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

16. New and expectant mothers

Risk assessments will be carried out whenever any employee 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 antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

17. Occupational stress

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

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

Create a supportive workplace by:

- Remind staff that speaking up is not a sign of incompetence; rather it is a strength to be willing to seek help before a crisis is reached
- Use a staff survey to bring widespread issues into the open and encourage open and frank dialogue
- Make sure staff know that no concern is too small to be taken seriously, and everyone has someone they can speak to
- Build consideration and discussion of wellbeing and work-life balance issues into the performance management process

Reduce teacher workload by:

- Modify marking arrangements
- Reduce the need for data inputting and analysis
- Increase time for planning, preparation and assessment
- Enable the delegation of administrative and non-teaching tasks to support staff
- Clearly identifying the duties involved in each role and reviewing them annually to help manage workload and expectations
- Consulting staff on decisions that affect their work
- Increasing administrative support for teachers
- Offering flexible working arrangements and granting requests for leave wherever possible
- Creating time for staff to socialise together, such as time to eat and chat on a Friday so staff can get that 'Friday feeling'
- Celebrating staff achievements, for example with gift hampers

Improving staff work-life balance:

- Consider reducing or cancelling non-essential meetings at busy times of the year, for example when lots of reports are due
- Encourage staff to share resources and plans, and facilitate this by making time for teams to meet
- Devote a training day to work-life balance and wellbeing and, following on from this, ask staff to commit to one small change they can stick to every day that will make a difference to their wellbeing

18. Accident reporting

18.1 Accident record book

- An accident will be logged in SIMS by the member of staff or first aider who deals with it as soon as possible after the accident occurs.
- Offsite, the lead of the trip or a first aider will contact the school as soon as possible after the accident occurs. An offsite accident report 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 will be retained by the school for a minimum of 3 years and then securely disposed of. The school records all such data on SIMs.

18.2 Reporting to the Health and Safety Executive

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

Health and Safety Executive – Ms Aisha Chaudhry & Mr Imran Nisar

Admin will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

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

- The accidental release or escape of any substance that may cause serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE http://www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

18.3 Notifying parents

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

18.4 Reporting to Ofsted and child protection agencies

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

The designated safeguarding lead will also notify LADO Local Authority Designated Officer

Telephone: 020 8255 2889

Email: LADO@croydon.gov.uk

Address Line: 4th Floor, Zone F,

Bernard Weatherill House,

8 Mint Walk, Croydon, CR0 1EA

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 work with pupils with additional educational needs, will be given additional health and safety training.

20. Monitoring

This policy will be annually reviewed by the proprietor or GB (when applicable).

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Accessibility plan

Appendix 1: Emergency Evacuation Procedures

Ground floor

- On discovering fire: **Raise the alarm** by operating the nearest **'break glass call point'**



- on hearing the fire alarm (continuous siren): all staff and pupils must **stop what you are doing and prepare to evacuate.**
- do not stop to gather personal belongings or other items.

Teachers must:

- Lead pupils out by the **nearest fire exit** and proceed to the **fire assembly 2 point** located outside **Montessori Nursery, 1 Leslie Grove.**
- remind pupils to evacuate in an orderly fashion – **NEVER RUN.**
- **Complete a 'Roll Call'** using the register (registers will be distributed & collected by the school administrator) (**Please 'raise' your register up when complete.**)

Pupils must:

- **listen** to the teacher's instructions.
- **not collect** their belongings.
- **form a single line** and remain silent.
- **leave the building** by the nearest fire exit.
- in the front playground **remain in line** with their class.
- **not panic.**
- **wait quietly** and follow instructions.

You must not re-enter the school until authorized by the Fire marshals

Lead Fire Marshals:

See displayed posters

First floor

- On discovering fire: **Raise the alarm** by operating the nearest **'break glass call point'**



- On hearing the fire alarm (continuous siren): all staff and pupils must **stop what you are doing and prepare to evacuate.**
- do not stop to gather personal belongings or other items.

Teachers must:

- Lead pupils out by the **nearest fire exit** and proceed to the **fire assembly 1 point** located on **private driveway** on the **right side of the front entrance** between doors no 99-101.
- remind pupils to evacuate in an orderly fashion – **NEVER RUN.**
- **Complete a 'Roll Call'** using the register (registers will be distributed & collected by the school administrator) (**Please 'raise' your register up when complete.**)

Pupils must:

- **listen** to the teacher's instructions.
- **not collect** their belongings.
- **form a single line** and remain silent.
- **leave the building** by the nearest fire exit.
- in the front playground **remain in line** with their class.
- **not panic.**
- **wait quietly** and follow instructions.

You must not re-enter the school until authorized by the Fire marshals

Lead Fire Marshals:

See displayed posters

Appendix 2: list of fire marshals

Staff member's name	Role	Contact details
Ms Samia Arooj	Assistant to the head & Examination Officer	samia.arooj@alkhairschool.org.uk
Ms Fatima Bukhari	Administrator	fatima.bukhari@alkhairschool.org.uk
Mr Ridvan Hoxha	Caretaker	ridvan.hoxha@alkhairschool.org.uk
Ms Aliya Ali	Learning mentor	aliya.ali@alkhairschool.org.uk
Mr Ahmed Jeddo	Head of Pastoral	ahmed.jeddo@alkhairschool.org.uk
Mr Tahir Chaudhry	Head of Arabic & Induction Mentor	abutalhah@alkhairschool.org.uk
Ms Aziza Helaly	Head of Science	aziza.helaly@alkhairschool.org.uk
Ms Rifka Lodhi	Teacher	rifka.lodhi@alkhairschool.org.uk
Ms Houda Benhabiles	Teacher	houda.benhabiles@alkhairschool.org.uk
Ms Jamila Omar	Teacher	jamila.omar@alkhairschool.org.uk

Appendix 3: Lockdown policy and procedures

Al-Khair School is committed to securing high standards of safety in and around the school. This policy requires the cooperation of all employees, pupils and parents/guardians.

The aim of this policy is to:

- Ensure the safety of the pupils, staff and visitors who are on the school premises.
- Establish protocols and procedures that provide guidance to staff that will enable them to follow appropriate steps in situations which may require a lockdown.

As part of our Health and Safety policies and procedures the school has a Lockdown Policy. On very rare occasions it may be necessary to seal off the school so that it is not able to be entered from the outside. This will ensure that pupils, staff and visitors are safe in situations where there is a hazard in the school grounds or outside the school in the nearby vicinity. A lockdown is implemented when there is serious security risks of the premises due to, for example, near-by chemical spillage, a major fire in the local vicinity, serious weather conditions or attempted access by unauthorised persons intent in causing harm/damage.

Lockdown procedures should be seen as a sensible and proportionate response to any external or internal incident which has the potential to pose a threat to the safety of staff and students in the school. Procedures should aim to minimise any disruption to the learning environment whilst ensuring the safety of all students and staff.

Procedures:

1. On notification of an external threat, staff need to raise the lockdown alarm by pressing on the

lockdown fob. The alarm can also be triggered from the panel in the school office.

2. On hearing the lockdown alarm, pupils who are outside of the school buildings should be brought inside as quickly as possible. All external doors should be locked to secure the building and to ensure everyone is able to remain safe.
3. Those inside the school should remain in their classrooms. The children must remain in the classroom and the staff will ensure the windows and doors are closed/locked and screened where possible and children are positioned away from possible sightlines from external windows/doors.
4. Children or staff not in class for any reason will proceed to the nearest occupied classroom and remain with that class and class teacher e.g. children using toilets when siren is triggered.
5. Once in lockdown mode, staff should notify the school office immediately of any pupils not accounted for and any additional pupils in their classroom by email or text message. Staff should encourage the pupils to keep calm. The office will contact each class in turn for an attendance report.

NO ONE SHOULD MOVE ABOUT THE SCHOOL

6. Staff to support children in keeping calm and quiet.
7. Staff to remain in lockdown positions until informed by the Senior Management Team in person that there is an all clear.
8. If it is necessary to evacuate the building, the fire alarm will be sounded. Staff and pupils must comply with the fire evacuation plan.
9. As soon as possible after the lockdown, teachers must return to their own classrooms and conduct a roll call of their class. The school office must be notifying the office immediately of any pupils not accounted for.

Staff Roles:

1. Front office staff ensure that their office(s) are locked, and emergency services called if necessary.
2. Head or office staff member locks the school's front doors and entrances.
3. Staff in kitchen or staffroom to lockdown in these rooms.

INDIVIDUAL STAFF CANNOT SIGN OUT OR LEAVE THE PREMISES DURING LOCKDOWN WITHOUT PRIOR AGREEMENT OF THE HEADTEACHER BEFORE LEAVING

If necessary, parents will be notified as soon as it is practical to do so via the school's texting service. Depending on the type and severity of the incident, parents may be asked **NOT** to collect their children from school as it may put them and their child at risk. Pupils will not be released to parents during a lockdown.

Parents should not call school number as this may tie up emergency lines. If the end of the day is extended due to the lockdown, parents will be notified and will receive information about the time and place pupils can be picked up from office staff or the emergency services.

A letter to parents will be sent home the day following or as soon as is practical after any serious incident, to inform parents of the context of lockdown and to encourage parent to reinforce with their children the importance of following procedures in these very rare circumstances.

It is of vital importance that the school's lockdown procedures are familiar to members of the senior management team, school administrators, teaching staff and non-teaching staff. To achieve this, a lockdown drill should be undertaken at least once a year. Pupils should also be aware of the plan. Monitoring of practices will take place and debriefed to staff so improvements can be made

Parents should know that the school has a lockdown plan, and a copy should be placed on the school's website and the school should display lockdown drill information in every classroom alongside information relating to fire drills.

Appendix 4: Offsite Accident Report Template

Incident Report Form

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

INCIDENT NO: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____

LOCATION: _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

REPORTING OFFICER: _____

PHONE: _____

FOLLOW-UP ACTION

SUPERVISOR NAME:		SUPERVISOR SIGNATURE:		DATE:	
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Appendix 5. Recommended absence period for preventing the spread of infection

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

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

Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and vomiting illness		

Infection complaint	or	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting		48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC		Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)			
Cryptosporidiosis		Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Respiratory infections			
Infection complaint	or	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)		Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*		Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*		Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
Other infections			
Infection complaint	or	Recommended period to be kept away from school or nursery	Comments

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

		danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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

Appendix 6: Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection

Symptoms

The most important symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

For most people, coronavirus (COVID-19) will be a mild illness. However, if you have any of the symptoms above you must stay at home and arrange to have a test to see if you have COVID-19 – go to [testing](#) to arrange.

What do we mean by possible or confirmed coronavirus infection (COVID-19)?

- Possible infection is where a person has coronavirus (COVID-19) symptoms and is currently awaiting a test result.
- Confirmed infection is where a person has tested positive for coronavirus (COVID-19).

Main messages

If you have symptoms of coronavirus (COVID-19), however mild, OR you have received a positive coronavirus (COVID-19) test result, the clear medical advice is to immediately self-isolate at home for at least 7 days from when your symptoms started. Do not go to a GP surgery, pharmacy or hospital. You should arrange to have a test to see if you have COVID-19 – go to [testing](#) to arrange.

Consider alerting people who you do not live with and have had close contact within the last 48 hours to let them know you have symptoms of coronavirus COVID-19.

Following a positive test result, you will receive a request by text, email or phone to log into the NHS Test and Trace service website and provide information about recent close contacts

After 7 days, or longer, if you still have symptoms other than cough or loss of sense of smell/taste, you must continue to self-isolate until you feel better.

You do not need to self-isolate after 7 days if you only have a cough or loss of sense of smell or taste, as these symptoms can last for several weeks after the infection has gone. See the [ending isolation](#) section below for more information.

If you live with others and you are the first in the household to have symptoms of coronavirus (COVID-19), then you must stay at home for at least 7 days. All other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the household became ill. See the [explanatory diagram](#).

Staying at home for 14 days will greatly reduce the overall amount of infection that people in your household could pass on to others in the community.

If anyone else in the household starts displaying symptoms, they must stay at home for at least 7 days from when their symptoms appeared, regardless of what day they are on in their original 14-day isolation period. The [ending isolation](#) section below has more information, and see the [explanatory diagram](#).

If you have symptoms, you should stay as far away from other members of your household as possible. It is especially important to stay away from anyone who is clinically vulnerable or clinically extremely vulnerable with whom you continue to share a household.

Reduce the spread of infection in your home by washing your hands regularly for 20 seconds using soap and water, or use hand sanitiser, and cover coughs and sneezes.

If you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, then use the [NHS 111 online](#) coronavirus (COVID-19) service. If you do not have internet access, call NHS 111. For a medical emergency dial 999.

If you develop new coronavirus (COVID-19) symptoms at any point after ending your first period of isolation (self or household) then you must follow the same guidance on self-isolation again. The section below (After ending self-isolation and/or household-isolation) has further information.

Who is this guidance for?

This guidance is intended for:

- people with symptoms of coronavirus (COVID-19) infection, who have received a positive test result

- people with symptoms that may be caused by coronavirus (COVID-19) who are waiting for a test result, or who have not been tested and do not require hospital treatment, who must remain at home until they are well
- people living in households with someone who shows symptoms that may be caused by coronavirus (COVID-19)
- following a positive test result, contacts who do not live in your household will be contacted by NHS Test and Trace and advised to follow this guidance

Will my household be tested if we think we have coronavirus (COVID-19) symptoms?

Anyone with symptoms of coronavirus (COVID-19) must immediately self-isolate and arrange to have a test to see if you have COVID-19 – go to [testing](#) to arrange.

If you develop symptoms you may wish to alert the people who you do not live with and that you have had close contact with over the last 48 hours to let them know that you might have coronavirus (COVID-19) but are waiting for a test result. At this stage, those people should not self-isolate. Alerting those that you have been in contact with means they can take extra care in practising social distancing and good hand and respiratory hygiene. They can also be more alert to any symptoms they might develop.

People who have tested positive will receive a text, email or phone call requesting that they log into the NHS Test and Trace website to create a confidential account where they can record details about their recent close contacts. If you do not have access to the web, then you will be phoned by a contact tracer working for the NHS Test and Trace service. The information you provide will be handled in strict confidence and will enable the NHS Test and Trace service to contact those people and provide them with advice on whether they should go into self-isolation. This will help stop the spread of coronavirus (COVID-19). The people contacted will not be told your identity, but by alerting them when you first develop symptoms, you can help make sure that they are prepared for being contacted by the Test and Trace service.

Why staying at home is very important

It is very important that people with symptoms that may be due to coronavirus (COVID-19) and their household members stay at home. Staying at home will help prevent the spread of the virus to family, friends, the wider community, and particularly those who are [clinically extremely vulnerable](#). Controlling the spread of the virus will help us to protect the NHS and save lives.

If you have symptoms of coronavirus (COVID-19) and you live alone you must remain at home for at least 7 days after the onset of your symptoms (see [ending self-isolation](#) below). This will reduce the risk of you infecting others.

If you or anyone in your household has symptoms that may be caused by coronavirus (COVID-19), then you must avoid contact with other household members as much as possible.

The other members of your household, including those who do not have any symptoms, must stay at home and not leave the house for 14 days. You must not go out even to buy food or other essentials, and any exercise must be taken within your home. This 14-day period starts from the day when the first person in your house became ill. There is more information in the [ending self-isolation](#) section below.

Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community.

While you are self-isolating, make sure you do the following things

Stay at home

You and everyone else in your household must remain at home. Do not go to work, school, or public areas, and do not use public transport or taxis.

Nobody should go out even to buy food or other essentials, and any exercise must be taken within your home.

If you require help with buying groceries, other shopping or picking up medication, or walking a dog, you should ask friends or family. Alternatively, you can order your shopping online and medication by phone or online. Delivery drivers should not come into your home, so make sure you ask them to leave items outside for collection.

Further guidance on accessing food and essential supplies is available at [Accessing food and essential supplies](#).

If you are unable to work due to coronavirus (COVID-19), please refer to this [guidance from the Department for Work and Pensions](#) to find out about the support that is available to you.

Living with children

We are aware that not all these measures will be possible if you are living with children, but keep following this guidance to the best of your ability.

What we have seen so far is that children with coronavirus (COVID-19) appear to be less severely affected. It is nevertheless important to do your best to ensure that all members of your household follow this guidance.

For those with learning disabilities, autism or serious mental illness

We are aware that not all these measures will be possible if you, or those you are living with, have significant conditions such as learning disabilities, autism or serious mental illness. Please keep following this guidance to the best of your ability, whilst keeping yourself and those close to you safe and well, ideally in line with any existing care plans.

Avoid contact with other members of your household as much as possible

If you have symptoms of coronavirus (COVID-19), it is important to reduce the spread of infection to others in your household as much as possible.

You should stay in a well-ventilated room with a window to the outside that can be opened, separate from other people in your home if this is possible. Keep the door closed.

Use a separate bathroom from the rest of the household, if available. If you have to share these facilities, regular cleaning will be required. If a separate bathroom is not available, consider drawing up a bathroom rota for washing or bathing. You should use the facilities last, before thoroughly cleaning the bathroom. You should use separate towels from other household members, both for drying yourself after bathing or showering and for hand hygiene purposes.

You should avoid using shared spaces such as kitchens whilst others are present. Take your meals back to your room to eat. Use a dishwasher (if available) to clean and dry your used crockery and cutlery. If this is not possible, wash them by hand using detergent and warm water and dry them thoroughly, using a separate tea towel.

If you have a clinically vulnerable or clinically extremely vulnerable person living with you

Where possible, arrange for anyone who is [clinically vulnerable](#) or [clinically extremely vulnerable](#) to move out of your home, to stay with friends or family for the duration of your home isolation period.

If you cannot arrange for vulnerable people to move out of your home, stay away from them as much as possible, following the guidance [here](#). For the clinically extremely vulnerable please follow the [Shielding guidance](#).

Those who are clinically vulnerable or clinically extremely vulnerable should be supported to take precautions to minimise their contact with other people in your household, regardless of whether others have symptoms or not. They should minimise time spent in shared spaces such as kitchens, bathrooms and sitting areas. Any shared spaces should be well ventilated.

If they can, clinically vulnerable or clinically extremely vulnerable people should use a separate bathroom from the rest of the household. If this is not possible, consider drawing up a rota for bathing, with the clinically vulnerable or clinically extremely vulnerable person using the facilities first. They should use separate towels from the rest of the household, both for drying themselves after bathing or showering and when washing their hands.

If they can, clinically vulnerable and clinically extremely vulnerable members of the household should have their meals in their own rooms. If you have one, use a dishwasher to clean and dry the family's used crockery and cutlery. If this is not possible, wash them using your usual washing up liquid and warm water and dry them thoroughly. If the clinically vulnerable or clinically extremely vulnerable person is using their own utensils, remember to use a separate tea towel for drying these.

We understand that it will be difficult for some people to separate themselves from others at home. You must do your very best to follow this guidance and everyone in your household should regularly wash their hands, avoid touching their face, and clean frequently touched surfaces.

Wash your hands often

Clean your hands frequently by washing them with soap and water for 20 seconds or using hand sanitiser. This will help protect you and the people you live with. This is one of the most effective ways of reducing the risk of passing infection to others.

Cover your coughs and sneezes

Cover your mouth and nose with disposable tissues when you cough or sneeze. If you do not have a tissue, sneeze into the crook of your elbow, not into your hand. Dispose of tissues into a disposable rubbish bag and immediately wash your hands with soap and water for 20 seconds or use a hand sanitiser.

If you have a carer, they should use disposable tissues to wipe away any mucus or phlegm after you have sneezed or coughed. Then they should wash their hands with soap and water for 20 seconds.

Face coverings

Used correctly, a face covering may help to protect others by reducing the transmission of coronavirus (COVID-19).

If you have possible or confirmed coronavirus (COVID-19) and you live with others, consider using a face covering inside your home when spending time in shared parts of the household, in addition to avoiding contact with other members of the household as much as possible. You must still stay at home for at least 7 days from when the symptoms started and wearing a face covering does not replace this.

Further [guidance on the use of face coverings](#) is available along with [instructions on how to make your own face covering](#).

Cleaning and disposal of waste

When cleaning you should use your usual household products, like detergents and bleach, as these will be very effective at getting rid of the virus on surfaces. Clean frequently touched surfaces such as door handles, handrails, remote controls and tabletops. This is particularly important if you have a clinically vulnerable or clinically extremely vulnerable person in the house.

Clean a shared bathroom each time you use it, for example, by wiping the surfaces you have touched.

Personal waste (such as used tissues) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste. This should be put aside for at least 72 hours before being put in your usual external household waste bin.

Other household waste can be disposed of as normal.

Laundry

To minimise the possibility of dispersing virus through the air, do not shake dirty laundry.

Wash items in accordance with the manufacturer's instructions. All dirty laundry can be washed in the same load.

If you do not have a washing machine, wait a further 72 hours after your duration of isolation has ended when you can then take the laundry to a public launderette.

Do not share towels, including hand towels and tea towels.

Do not have visitors in your home

Do not invite or allow social visitors, such as other friends or family, to enter your home. If you want to speak to someone who is not a member of your household, use the phone or social media.

If you or a family member receive essential care in your home, then carers should continue to visit. Carers should follow the relevant [guidance](#) to reduce the risk of you passing on the infection.

If you have pets in the household

At present, there is very limited evidence that companion animals or pets such as dogs and cats can be infected with coronavirus (COVID-19).

Coronavirus (COVID-19) in the UK is spread by human to human transmission. There is emerging evidence that some animals can become infected with SARS-CoV-2 (which causes coronavirus (COVID-19)) following close contact with infected humans. At this time, there is no evidence that pets can transmit the disease to humans.

What you can do to help yourself get better

Drink water to keep yourself hydrated. You should drink enough during the day so your urine is a pale clear colour.

You can use over-the-counter medications, such as paracetamol, to help with some of your symptoms. Use these according to the instructions on the packet or label and do not exceed the recommended dose.

If you or your family need to seek medical advice

Seek prompt medical attention if your illness or the illness of someone in your household is worsening. If it's not an emergency, contact the [NHS 111 online](#) coronavirus (COVID-19) service. If you have no internet access, call NHS 111.

If it is a medical emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you or your relative have coronavirus (COVID-19) symptoms.

All routine medical and dental appointments should usually be cancelled while you and the family are staying at home. If you are concerned or have been asked to attend in person within the period you are home isolating, discuss this with your medical contact first (for example, your GP or dentist, local hospital or outpatient service), using the number they have provided.

Looking after your wellbeing while staying at home

We know that staying at home for a prolonged period can be difficult, frustrating and lonely for some people and that you or other household members may feel low. It can be particularly challenging if you don't have much space or access to a garden.

It's important to remember to take care of your mind as well as your body and to get support if you need it. Stay in touch with family and friends over the phone or on social media. There are also sources of support and information that can help, such as the [Every Mind Matters](#) website.

Think about things you can do during your time at home. People who have stayed at home for a week or more have kept themselves busy with activities such as cooking, reading, online learning and watching films. If you feel well enough you can take part in light exercise within your home.

Many people find it helpful to remind themselves why what they are doing is so important. Hopefully, none of your family will experience anything more than mild symptoms, but some people are badly affected by coronavirus (COVID-19). By staying home, you are helping to protect your friends and family, and other people in your community, as well as making sure the NHS does not get overwhelmed.

There are things that you can do to help make self-isolation easier. These include:

- planning ahead and thinking about what you will need in order to be able to stay at home for the full duration of isolation

- talking to your employer, friends and family to ask for their help to access the things you will need while staying at home
- thinking about and planning how you can get access to food and other supplies, such as medications, that you will need during this period
- asking friends or family to drop off anything you need or ordering supplies online, but make sure these are left outside your home for you to collect
- ensuring that you keep in touch with friends and family over the phone or through social media
- thinking about things you can do during your time at home. People who have successfully completed a period of staying at home have kept themselves busy with activities such as cooking, reading, online learning and watching films
- planning out the full 14 days, such as on a make-shift calendar, which many people find helpful. You may also find it helpful to plan in advance what you will do if, for example, someone in your household were to feel much worse, such as having difficulties breathing
- remembering that physical exercise can be good for your wellbeing, when you are feeling better. Look for online classes or courses that can help you take light exercise in your home

If you are breastfeeding while infected

There is currently no evidence to suggest that the virus can be transmitted through breast milk. Infection can be spread to the baby in the same way as to anyone in close contact with you. The current evidence is that children with coronavirus (COVID-19) get much less severe symptoms than adults. The benefits of breastfeeding outweigh any potential risks of transmission of the virus through breast milk or by being in close contact; however, this will be an individual decision and can be discussed with your midwife, health visitor or GP by telephone.

If you or a family member are feeding with formula or expressed milk, you should sterilise the equipment carefully before each use. You should not share bottles or a breast pump with someone else.

You can find more information at the [Royal College of Obstetricians and Gynaecologists website](#).

Ending self-isolation and household isolation

Ending self-isolation

If you have had symptoms of coronavirus (COVID-19), then you may end your self-isolation after 7 days and return to your normal routine if you do not have symptoms other than cough or loss of sense of smell/taste. If you still have a high temperature, keep self-isolating until your temperature returns to normal.

After 7 days, if you just have a cough or anosmia (a loss of, or change in, your sense of taste or smell), you do not need to continue to self-isolate. This is because a cough or anosmia can last for several weeks once the infection has gone. The 7-day period starts from the day when you first became ill.

If you continue to feel unwell and have not already sought medical advice, you should use the [NHS 111 online coronavirus \(COVID-19\) service](#). If you do not have internet access, call NHS 111. For a medical emergency dial 999.

Ending household isolation

After 7 days, if the first person to become ill feels better and no longer has symptoms other than cough or loss of sense of smell/taste they can return to their normal routine.

If you live with others, then everyone else in the household who remains well should end their isolation after 14 days. This 14-day period starts from the day the first person in the household became ill. People in the household who remain well after 14 days are unlikely to be infectious.

If anyone in the household becomes unwell during the 14-day period, they should arrange to have a test to see if they have COVID-19 – go to [testing](#) to arrange. If their test result is positive, they must follow the same advice for people with coronavirus (COVID-19) symptoms – that is, after 7 days of their symptoms starting, if they feel better and no longer have symptoms other than cough or loss of sense of smell/taste – they can also return to their normal routine. However, if their test result is negative, they must continue with isolation as part of the household for the full 14 days.

Should someone develop coronavirus (COVID-19) symptoms late in the 14-day household isolation period (for example, on day 10 or later) the isolation period for the household does not need to be extended. Only the person with new coronavirus (COVID-19) symptoms has to stay at home for at least a further 7 days, and should arrange to have a test to see if they have COVID-19 – go to [testing](#) to arrange.

At the end of the 14-day period, anyone in the household who has not become unwell can return to their normal routine.

If any person in the household with coronavirus (COVID-19) symptoms has not had any signs of improvement and has not already sought medical advice, they should use the [NHS 111 online coronavirus \(COVID-19\) service](#). If they do not have internet access, they should call NHS 111. For a medical emergency, they should dial 999.

A cough or anosmia (a loss of, or change, in the sense of taste or smell), may persist for several weeks in some people, despite the infection having cleared. A persistent cough or anosmia does not mean someone must continue to self-isolate for more than 7 days.

After ending self-isolation and/or household isolation

What to do if you have another episode of coronavirus (COVID-19) symptoms after the end of your first period of self-isolation or household isolation

If you develop new coronavirus (COVID-19) symptoms at any point after ending your first period of staying at home (self-isolation or household isolation) then you must follow the same guidance on [self-isolation](#) again.

This means you must stay at home for at least 7 days from when your symptoms started if you live alone and arrange to have a test. If you live in a household, you must stay at home for at least 7 days from when your symptoms started, arrange a test for yourself, and all other household members must stay at home for 14 days.

This will help to ensure that you are continuing to protect others within your household and in your community by minimising the amount of infection that is passed on.

If you previously tested positive for coronavirus (COVID-19) and have another episode of symptoms, do you need to self-isolate again?

If you have tested positive for coronavirus (COVID-19), you will probably have developed some immunity to the disease. But it cannot be guaranteed that will happen in all cases, nor exactly for how long that will last.

If you have previously tested positive but develop symptoms again, you must self-isolate for at least 7 days from onset of symptoms and be tested. If you live in a household, all other household members must stay at home for 14 days.

If you are concerned about your new possible coronavirus (COVID-19) [symptoms](#), use the [NHS 111 online coronavirus \(COVID-19\) service](#). If you do not have internet access, call NHS 111. For a medical emergency dial 999.

Health and Safety - COVID-19 Addendum

1.0 This health and safety addendum is an immediate response to the COVID-19 Pandemic. Good health and safety management will be an integral part of the way that the school operates and will be considered across all work activities and across the wide range of educational activities delivered. The School has adhered to Government and Local Authority guidance during the outbreak.

1.1 This addendum should be read alongside the main Health and Safety Policy, as well as main school risk assessment and government guidance documents.

2.0 The Head Teacher and Facilities Manager have carried out a stringent risk assessment for health and safety procedures in specific regard to children returning to school in September 2020. Al Khair Secondary School(s) will adopt health and safety arrangements under COVID-19 in line with Health & Safety legislation, and in consideration of government guidelines.

2.1 To make the school as safe as possible we have:

- completed a 'risk assessment', and taken reasonable steps to prevent potential risk from COVID-19 in school
- followed the government guidelines on safer working on GOV.UK
- adhere to advice on working safely during coronavirus from the Health and Safety Executive (HSE) <https://www.hse.gov.uk/news/coronavirus.htm>

3.0 Al Khair Secondary school(s) will apply and communicate sensible risk management and safe working practices. This will involve:

- Regular assessment of hazards and associated risks.
- Implementing preventive and protective control measures against those risks to an acceptable/ tolerable level.
- Monitoring the effectiveness of those measures by senior leaders.
- Provision of information, instruction, training and protective equipment to staff (and pupils where required).
- Review of risk assessments, policies, procedures and practices at regular interval and where additional information is gained through changes in government guidance, monitoring or following an incident

4.0 Al Khair Secondary School(s) will Implement measures to ensure social distancing is observed across the site and in all buildings consistent with and appropriate to the numbers of pupils, staff and visitors in the school.

- Maintain an appropriate hygiene regime to be followed by all pupils, staff and visitors.

- Operate an enhanced cleaning regime for the duration of COVID-19.
- Ensure that staff are informed and instructed to ensure competence and awareness of health & safety precautions required during COVID-19.
- Educate children about COVID-19 and to encourage and re-assure them about the measures in place to protect themselves from it.
- Require all employees and encourage and support all pupils to show a proper personal concern for their own safety, for that of the people around them.
- Require staff to exercise increased due care and attention and observe safe working methods.
- Communicate regularly and effectively with staff and parents about the school's response to COVID-19.
- Put in place any flexible working arrangements needed to support delivery of education during COVID-19, including staggered start/end times.
- Put in place measures to check on staff wellbeing (including for leaders).

5.0 The school will draw up contingency plans for:

- Someone falling ill or demonstrating symptoms on site
- Deep cleaning in the event of an outbreak of COVID-19 on site
- Provide appropriate personal protective equipment (PPE) as required by staff for providing first aid and intimate care.

6.0 Staff must take personal responsibility to ensure that they have fully read and adhere to the following to protect their own safety and that of the children:

- The most up to date copy of the Whole School Risk assessment - this will be emailed to staff with any updates.
- First Aid during COVID-19 document
- Government guidance regarding use of PPE, preparing for wider opening, actions for schools during the coronavirus outbreak. These documents can be found here: <https://www.gov.uk/government/collections/coronavirus-covid-19-guidance-for-schools-andother-educational-settings>

7.0 Monitoring and review

To be reviewed in accordance with Government guidance.