

Al-Khair Prep School

Health and Safety Policy



Approved by: GB	Huzayafah Shaikh	Date: September 2023
Last reviewed on:	Sept 2022	Almas Iqbal
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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 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 Headteacher

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

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

In the headteacher's absence, deputy head assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Ms Fatima Hussain

The school governor for health and safety is Mr Huzayfah Sheikh

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.

3.6 Contractors

Contractors will agree health and safety practices with the head teacher before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

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, deputy head teacher 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 regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take place once a week.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points. These are in the playground outside the school building for those in the front of the school and in the playground for those in the rear of the school building. If the blaze is very severe the congregation point will be the carpark under the bridge opposite 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
- The head teacher or assistant to the head teacher 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

A fire safety checklist can be found in appendix 1.

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 (currently 3 staff) 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, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

A water risk assessment has been completed on August 2022 by Smart Water Testing

- Mr Usman Ahmad is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book monthly.
- 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 care taker.

6.3 Asbestos

- 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 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 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
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators 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 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. '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)

7.4 Specialist equipment

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- 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 expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

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

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 current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

12. Lettings

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

13. Violence at work

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

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

14. Smoking

Smoking is not permitted anywhere 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 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

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, 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

15.4 Cleaning of the environment

- Clean the environment, including toys and 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 described below
- Make spillage kits available for blood spills

15.6 Laundry

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

15.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

15.8 Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

15.9 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/carers will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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 work place 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
- Put in place some wellbeing ambassadors who are positive, well respected by staff, and representative of the whole staff body
- 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
- Have a worries box where staff can post concerns, and make sure these are responded to in a non-judgemental way
- 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
- Give staff advice on counselling programmes so they can receive professional help before they reach crisis point
- Ensure that school policies on workload are clear and everyone adheres to them
- 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 Aims as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- Offsite 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, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of. The school records all such data on schoolpod.

18.2 Reporting to the Health and Safety Executive

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

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 a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

[How to make a RIDDOR report, 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 of any serious accident of a pupil while in the school's/parent's care.

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 special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed by the head teacher every year.

At every review, the policy will be approved by the GB

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

Appendix 1: Fire Safety Check List

SCHOOL FIRE SAFETY CHECKLIST

WHAT TO DO IN CASE OF FIRE:

- Establish a fire safety plan.
- Evacuate students in immediate danger.
- Sound the alarm.
- Perform any fire drill duties assigned to you.
- Fight the fire with the proper equipment only if you are not putting yourself or anyone else in danger. DO NOT FIGHT the fire if it is spreading rapidly or blocking your exit. If you do not know how to use the fire equipment, leave the building immediately.
- Close room doors and hallway doors to prevent air movement and spread of smoke.
- DO NOT PANIC. Advise students that the fire plan is in operation and remain calm. Your confidence and judgment is extremely important and will prevent panic.

FIRE DRILLS:

- Always take school fire drills seriously, and evacuate the school when the alarm sounds.
- Hold fire drills on a regular basis. Have the initial fire drill for the school year in early September.
- Ensure that school employees know how to evacuate their work areas and perform their fire drill duties in an emergency.
- Always sound the alarm at the first sign of smoke or fire.
- Be familiar with the location of the nearest fire alarm and extinguisher.
- Learn how to operate fire extinguishers, fire blankets and fire hoses. Your fire department is available to provide instructions and demonstrations.

CLASSROOMS:

- Keep combustible material away from heaters.
- Avoid portable heaters.
- Clearly mark the evacuation route on the school floor plan, and place it adjacent to the classroom door.
- Check electrical appliances and cords regularly, and disconnect appliances where practical.
- Keep all doorways clear.
- Dispose of rubbish daily.
- Protect all unused outlets in kindergarten and pre-school nurseries with safety plugs.
- Do not use candles or similar open flames in classrooms.

School Hall:

- Check emergency lighting monthly.
- Keep all doorways clear.
- Keep exit lights in working order.
- Extension cords should not be used as a replacement for permanent wiring.

KITCHEN AND Staff Room

- Keep all cooking equipment, hoods, filters and ducts free of grease accumulation.
- Clean up spills immediately.

- Do not allow garbage to accumulate.
- Regularly clean lint traps on dryers and filters on vents, fans and air conditioners.
- Never leave hand irons plugged in. Any electrical outlets used for plugging in irons should be equipped with a pilot light.

OFFICE AND STORAGE AREAS:

- Avoid overloading electrical outlets and keep wiring away from doorways, windows or under carpeting.
- Carefully store and handle cleaning compounds and polishes (they often give off flammable vapors).
- Ensure general order and cleanliness in storage rooms.

HALLS AND DOORWAYS:

- Identify exits with lighted exit signs and keep them unobstructed.
- Avoid wedging open hallway doors.
- Check emergency lighting every month to ensure it is in proper working order.
- Test fire doors regularly to make certain that the doors do not jam and that the hardware is not detached.
- Restrict paper to bulletin boards and fasten at all corners. DO NOT exceed 20% of wall area.

BOILERS AND MAINTENANCE ROOMS:

- DO NOT store combustibles in boiler rooms or furnace rooms.
- Service heating equipment annually and check units regularly to make sure they are in proper working condition.
- DO NOT store combustible materials in electrical rooms.
- Gas powered equipment should be stored outdoors or in fire-rated room (one-hour fire separation).

	Are the Following Satisfactory?	Yes	No	Action
1	Is there a fire risk assessment for the premises?			
2	Is there a proposed review date?			
3	Does anyone sleep on the premises?			
4	Is the maximum occupancy monitored and controlled?			
5	Has provision been made to evacuate persons identified as being especially at risk?			
6	Is there provision for warning in case of fire?			
7	Is the fire warning system tested and maintained?			
8	Is the firefighting equipment provided appropriate for the risk?			
9	Is firefighting equipment tested and maintained?			
10	Is escape lighting provided?			
11	Is the escape lighting system tested and maintained?			
12	Are all designated escape routes and doors usable, clear and unobstructed, and do they lead to a place of final safety?			
13	Are there suitable fire escape and direction signs?			

14	Are fire doors, walls, floors and ceilings in a good state of repair?			
15	Are there any wall coverings or decor which could spread fire easily?			
16	Are there any uses or activities of the premises which could significantly increase the risk?			
17	Fire prevention measures: Housekeeping - Is there testing and maintenance?			
18	Is there a fire emergency and evacuation plan as to the action to be taken and by whom?			
19	Do all staff receive induction and regular fire and evacuation training?			
20	Are there measures to keep external areas of the premises clear for access/egress?			

Appendix 2: Accident Report

Incident Report Template

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

INCIDENT NO.: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____

DATE OF INCIDENT: _____

LOCATION: _____

CITY: _____

STATE: _____

ZIP CODE: _____

SPECIFIC AREA OF LOCATION *(if applicable)*: _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____

2. _____

3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____

2. _____

3. _____

POLICE REPORT FILED? _____

PRECINCT: _____

REPORTING OFFICER: _____

PHONE: _____

FOLLOW-UP ACTION

SUPERVISOR NAME:		SUPERVISOR SIGNATURE:		DATE:	
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Appendix 3: Asbestos Records

[illegible]

Appendix 4. Recommended absence period for preventing the spread of infection

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

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition.
Chickenpox	Until all vesicles have crusted over	Some medical conditions would rarely be serious in children. However, chickenpox is treated for leukaemia or other cancer, and children who are vulnerable to chickenpox. A woman has not already had chickenpox.
Cold sores (herpes simplex)	None	Avoid kissing and contact with children and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation. If a child comes into contact with German measles, the antenatal carer immediately inform who ever the child is in contact with.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds up healing.
Measles*	Four days from onset of rash	Preventable by immunisation. Measles is a serious condition in most children, but it can be serious in children with leukaemia or other cancer. Measles during pregnancy can lead to even loss of the baby. If a child has measles, immediately inform who ever the child is in contact with.
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
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions would rarely be serious in children treated for leukaemia or other conditions. Children vulnerable to parvovirus B19 can occasionally affect an unborn child (before 20 weeks), inform your GP. Be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in children who have not had chickenpox. It is spread by direct contact. If information is required, contact your GP. Some medical conditions make children more vulnerable. Shingles is serious in most children, particularly those with leukaemia or other cancer. Children with a history of shingles to shingles. Shingles can be caused by a virus you already had chickenpox.
Warts and verrucae	None	Verrucae should be covered with plaster. Changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for those who have difficulty in controlling their diarrhoea. These categories should be excluded until microbiological clearance. Inform contacts who may also require exclusion. Consult your local PHE centre for advice.
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming pools until symptoms have settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions would rarely be serious in treated for leukaemia or o children to have additional and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions would rarely be serious in treated for leukaemia or o children to have additional and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination may continue for many weeks contact tracing necessary

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be e PHE centre. Preventable organise any contact tracing
Glandular fever	None	
Head lice	None	Treatment is recommended 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 control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV infectious through casual cleaned up immediately (a clean using a product that disinfectant. Use as per m effective against bacteria affected surface. Never us

		spillages – use disposable described below. A spillage
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable exclude siblings or other c outbreak, it may be neces meningococcal vaccination centre will advise on any a
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal m There is no reason to exc Your local PHE centre will
Meningitis viral*	None	Milder illness. There is no contacts of a case. Conta
MRSA	None	Good hygiene, in particula are important to minimise required, contact your loca
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommende
Tonsillitis	None	There are many causes, b 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.