

POLICIES AND PROCEDURES

HEALTH AND SAFETY POLICY

1.1 Introduction

Health and Safety is an important consideration for our school. We will take all reasonable steps to provide a safe and caring environment for students, staff and our visitors.

1.2 Aim

ISCS provides a safe and secure working environment for all adults and students on our site.

1.3 Rationale

The school management team places a high priority on the health and safety of all students, staff and visitors to the school. A comprehensive private accident insurance policy covers staff during their time at school and on their journey to and from school. This policy outlines the steps we all take to ensure that health and safety risks are reduced to the minimum.

1.4 Operations

Furniture and Equipment

1. Any equipment in school should be used safely and for its intended purpose only.
2. Equipment identified as defective should be taken out of use immediately and labelled accordingly.
3. Administration staff should be informed immediately of defective equipment to ensure swift repairs or replacement.
4. Electrical equipment will be tested regularly; and plugs and leads will be visually checked regularly.
5. Firefighting equipment and alarm systems are maintained via contract.
6. P.E. equipment is checked regularly by the P.E. teacher.
7. Hazardous substances, such as glazes, cleaning materials, etc. are kept in appropriate storage areas.

The School Day

1. Students are taught how to live a safe and healthy life through the school curriculum.
2. Teachers are responsible for ensuring the safety of students during all classes, in particular during science, art, sport and information technology lessons. The safe use of equipment and materials is promoted through practical activities.

P.E. and Swimming Clothing

1. All children will wear the appropriate clothing for P.E. and swimming classes i.e. the school P.E. uniform.

Jewellery

1. The wearing of jewellery is not permitted. If ears are pierced, only studs may be worn. A watch may be worn to school, but not during P.E. or swimming lessons.

Lifting and Moving

1. Each child should be taught how to lift and move equipment.

Safety at the Pool

1. Teachers and children should follow the safety procedures laid down by the pool and also the following additional safety rules:
2. No child is allowed back into the changing area unaccompanied.
3. Staff should always accompany the children to the swimming pool.
4. A child who is unwell or needs to leave the pool for another reason must be accompanied to the changing rooms and should change and return to the pool side with a member of staff.

Diet

1. The school menu is designed to provide a balance of the nutrients needed to support a healthy lifestyle.
2. The main lunchtime meal should be supplemented by a snack at morning break that children bring from home.
3. The school consistently educates students and parents as to what constitutes a healthy and nutritious morning snack.

School Security

1. Every precaution is taken to ensure that the site is secured when students are in school.
2. The main entrance is via a video security gate with administrative staff aware of all who enter and leave the site.
3. All visitors to the site must report to the front desk and sign in and out.
4. Any person noticing unknown adults on site must report this to the front office immediately.
5. Previous students are not allowed to visit the school, unless this has been agreed with the School Leadership Team.

Safety of Children

1. It is the responsibility of all teachers to ensure that curriculum activities are safe. If a teacher has concerns about student safety, this should be reported to the corresponding school leader before the activity takes place.
2. Children are only taken off-site (any trip or activity organised not around school) with the prior written permission from parents/guardians.
3. Minor accidents, for example grazes on the playground, are treated by the duty staff, trained in first aid. Anything more severe is passed to the office to contact the family to collect the student and go to the doctor.
4. All injuries are reported to parents through email or phone call. It is important that the office is informed of all injuries. More severe injuries, at the decision of the first aid staff, may be referred to the families to go to the local hospital.
5. Any injury requiring an outside consultation or emergency call should be passed immediately to the School Head by the duty staff.
6. The school office will notify parents / carers if their child is ill at school and needs to be collected.

School Building Access

In order to improve safety for everyone in school, measures have been taken to restrict access into the school building.

1. A member of staff will oversee both the entrance (8.30 a.m. to 9:00 a.m.) and dismissal (15:30 to 16:30) of students.
2. Children must arrive between 8:15 a.m and 8:30 am.

3. In the afternoons, children who have not been collected are taken to the office and supervised by the SLT staff until collected. Parents must be contacted to collect the children as soon as possible.
4. All visitors must report to the school office on arrival.

Vehicles

Parents are requested not to double park nor to block the school entrance.

Supervision of Children whilst on the Playground

1. All members of staff are responsible for making sure that their classroom is clear of children when they go down to break or lunch.
2. No children can remain unsupervised in the classrooms without permission.
3. No child can return unaccompanied to the class during break or lunchtime.
4. Teachers or assistants should collect their class from the playground at the end of break and lunchtime.
5. Children should not go to class alone.
6. There should be an adequate number of staff on duty for the age and number of children on the playground.
7. The rotation for duties is on the staff room notice board and posted in common areas.

Lunch-time Supervision

1. Whilst in the lunch hall, the children are supervised by staff members, who are responsible for the pastoral care and discipline of the children.
2. Maintenance staff are responsible for the organisation of serving lunch and clearing away but must always be supported in this by teachers and students.

First Aid; Health and Accidents to Children or Staff

1. School staff are expected to take reasonable actions to deal with injuries, etc. that children sustain until the child can, if necessary, receive professional medical treatment.
2. First aid kits are available around the school.
3. Disposable gloves should always be used when dealing with blood or other bodily fluids and then disposed of safely.
4. Blood and other bodily fluid spillages should be cleaned using whatever absorbent materials are available, e.g. paper towels. A mop should not be used as this will harbour bacteria. Disposable gloves should be worn when cleaning such spills. The area should then be disinfected.
5. If a child has a graze or cut which needs disinfecting, this must be done using sterile gauze. Cotton wool must not be used. Cotton wool is not sterile and its fibrous nature means it may stick to and contaminate the wound.
6. If a child sustains an injury, such as a bump to the head, which causes concern, parents will be contacted and given the option of coming to school to check the child themselves or leaving the child to recover and return to class. If necessary, the child will be accompanied by a member of staff to the hospital to be treated. Again, the parents will be contacted previously to see if they wish to accompany the child or take the child to another clinic or hospital.
7. There will be an Incident Book in the SLT Drive where all accidents must be recorded immediately after occurring, adding the staff members name, time of the incident and a brief explanation of what happened.
8. After any incident is recorded in the Incident Book, a message through Clickedu or email will be sent home to inform parents (unless a telephone call has already been made.)

General Advice

- **Bleeding:** Apply and sustain direct pressure.

- **Nosebleeds:** Sit down and firmly pinch the soft part of the nasal cavity, just above the nostrils, for 10 minutes. Lean forward and breathe through the mouth (do NOT tilt the head back, lay down or insert anything into the nose).
- **Head bumps:** Apply ice and maintain vigilance. Look for signs of concussion (disorientation, vertigo, nausea, lethargy) and seek medical advice when necessary. Ensure the airway is clear but DO NOT put anything inside the mouth or give any food or drink.
- **Burns:** Cool the burn with cool or lukewarm water for 10-30 minutes.
- **Choking:** Remove visible objects carefully. Encourage the child to cough loudly.
- **Sprain** (ankle, Knee, Elbow): Apply ice, raise the joint and maintain vigilance.

Medication Policy

1. If a child requires prescribed medicines whilst in school, the parent must write a note stating when and how much medicine should be administered.
2. All medications should be stored safely in a medicine cupboard. The school cannot administer any non-prescribed medicines.
3. It is the responsibility of the class teachers to ensure children have access to inhalers/medicines on any off-site visits.

Allergies

1. Information regarding children who suffer from an allergy will be made known to staff.
2. Class teachers are issued with lists informing of any medical issues concerning children by the Nurse.
3. If a child must keep some medicine in school, it is kept in the medicine cupboard.

Contagious Diseases

Outbreaks of notifiable diseases will be published to parents and staff, as per the official guidance below.

	Recommended period to be kept away from school	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	5 days from onset of rash, or until all vesicles have crusted over	Pregnant staff must be informed.
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores.
German measles (rubella)	Four days from onset of rash.	Pregnant staff must be informed.
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	Pregnant staff must be informed.
Ringworm	Exclusion not usually required	Treatment is required.
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/fifth disease	None (once rash has developed)	Pregnant staff must be informed.
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. Pregnant staff must be informed.

Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157, Typhoid (enteric fever), Shigella (dysentery)	48 hours from last episode of diarrhoea or vomiting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices.
Flu (influenza)	Until recovered	
Coronavirus	Until recovered-testing negative	
Whooping cough (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	After treatment, non-infectious coughing may continue for many weeks.
Conjunctivitis	None	
Diphtheria	Exclusion is essential.	Family contacts must be excluded until cleared to return by their local healthcare centre.
Glandular fever	None	
Head lice	Should not return until removed	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)	
Hepatitis B, C, HIV/AIDS	None	
Meningococcal meningitis/septicaemia	Until recovered	There is no reason to exclude siblings or other close contacts of a case.
Meningitis viral	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread.
Mumps	Exclude child for five days after onset of swelling	
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.

Off Site Visits

1. Any visit off site must be approved by the SLT
2. At the beginning of the school year, parents are asked to sign a form giving their permission for off site visits.

Areas for consideration include:

1. Likely weather conditions;
2. The number of adults from the school required and the number of adult supervisors at the location of the visit;
3. Individual children's behaviour or medical needs;
4. The need or otherwise for identification stickers; and
5. The potential for accidents at the location.

Visits by Public Transportation

1. When travelling by public transportation, the teacher in charge must have a list of all the students, their ages and parental contact details.
2. Children should not be seated by an emergency exit.
3. Children are not allowed to eat or drink on coaches and should sit still, not distracting the driver or drivers of other vehicles.
4. The school has available travel first aid kits to be used on excursions.
5. Staff should also ensure children have access to inhalers and their medication, where necessary.

School Bus Service

1. The school tries to keep the routes to a small number of children so that the children do not spend a long time on the bus.
2. Students are picked up and dropped at specified routes.
3. The school organises the bus routes in the afternoon and checks each group of children before handing them to the bus monitor. The monitor has a list of the children and their address.
4. The buses are loaded and unloaded in front of the school since it offers the buses a place to stop safely and has a wide pavement.
5. Children are accompanied between the gate and the bus by the bus driver. The front door is opened in the morning so that any buses that arrive early can leave the children in the school premises.
6. Parents are asked to send a notification to school if they wish to make any changes to the bus routes.
7. The buses cannot be used to transport friends' home to play unless the school is contacted first.

Responsibilities

1. Overall responsibility for health and safety, by law, rests with the employer. In the case of an Independent school, such as this, the employer is the owner/s.
2. The academic leaders of the school and senior leadership team (SLT), however, will make day-to-day operational decisions. They will:
 - a. Ensure that health and safety have a high profile
 - b. Develop a health and safety culture throughout the school
 - c. Ensure staff are aware of their responsibilities
 - d. Ensure adequate resources for health and safety are available
 - e. Keep the head of school up to date
 - f. Draw up health and safety procedures
 - g. Monitor effectiveness of procedures
 - h. Share in responsibilities

Therefore, all staff will:

1. Take reasonable care of their own and others' health and safety
2. Carry out activities in accordance with training and instructions
3. Support the implementation of health and safety arrangements
4. Report shortcomings to the school office so they can be remedied and keep the head of school informed, where necessary.
5. When contractors are on site, they are expected to follow school safety procedures. The caretaker will liaise with contractors as appropriate. A yearly check will be carried out to monitor the upkeep of buildings and grounds. The caretaker and all staff will carry out monitoring on a day to day basis. All new staff and visiting staff, as part of their induction programme, will be advised on safety procedures and associated contingency plans.