

Safety, Health, Environment & Fire Policy (SHEF)

Akrotiri Primary School



Akrotiri School

Approved by:	[Ben Turner]	Date: [30/09/2022]
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1. Aims

Our schools aim 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
 - Reduce accidents and work-related ill health to as low a level as reasonably practicable.
 - Ensure compliance with statutory requirements as a minimum standard.
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- Ensure each school has a Health & Safety Governor and Health & Safety staff representative.
- Assess and minimising risks from work activities on and off school premises.
- Provide a safe, healthy and secure working and learning environment for staff and pupils.
- Ensure safe working methods and providing and maintaining safe work equipment.
- Provide appropriate health and safety information, instruction, supervision and training.
- Ensure staff are competent to do their tasks.
- Consult with employees and their representatives on health and safety matters.
- Monitor and reviewing our risk assessments and control measures to ensure they are effective and develop a culture of continuous improvement.
- Engage a competent external health and safety provider (e.g. DCS SO3 SHEF)
- Ensure adequate welfare facilities exist through the school for all.
- Ensure adequate resources are made available for effective health and safety risk management.
- Select competent contractors who work safely.
- Provide adequate first aid cover and occupational health support.
- Ensure that the level of Health and Safety performance across the organisation is consistent with best practice in education.
- Ensure that the importance of safety is shared with contractual workers and visitors to the school.
- Ensure full co-operation with key partners, such as Defence organisations/units, Trade Unions, public bodies, other local employees and any regulatory bodies.
- Ensuring that policy and procedure is regularly revisited and revised, so that documents are current, reflect recent experiences and advice, and are fully understood by all employees.
- A copy of the Headteacher's SHEF Statement can be found at Annex A to this policy

2. Legislation

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

- [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
- <https://www.gov.uk/government/collections/jsp-375-health-and-safety-handbook> Management of health and safety in defence (JSP 375)
- <https://www.gov.uk/government/publications/british-army-safety-and-environmental-management-system-acso-1200> British Army safety and environmental management system (ACSO 1200)

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

Akrotiri Primary School Early Years Foundation Stage:

- The Sections of this policy are based on the [statutory framework for the Early Years Foundation Stage](#).

3. Roles and responsibilities

3.1 Defence Children Services

Defence Children Services (DCS) has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to Headteacher.

DCS 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.

DCS, 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

The DCS Health and Safety Champion who oversees health and safety is Karen Allen.

Title	Name
Headteacher	Ben Turner
School SHEF Coordinator	James Bennington – Assistant Headteacher
School Fire Safety Officer	Marinos Politis - Caretaker
Deputy Headteacher	Hannah Robinson
Assistant Headteacher & EYFS Leader	Rachel Ball
Assistant Headteacher – T & L & Curriculum	James Bennington
Co-ordinator - COSHH	Caretaker
Co-ordinator - Manual Handling	James Bennington – Assistant Headteacher
Co-ordinator – Fire and Emergency	Caretaker
Co-ordinator – First Aid	James Bennington – Assistant Headteacher
Educational Visit Coordinator (EVC)	James Bennington – Assistant Headteacher
Membership of the Safety Management Team SHEF Committee	Ben Turner (HT) Charlene Dawson (SGC Rep) James Bennington (AHT, SHEF Coord) Marinos Politis (Caretaker/ Bld Custodian)

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, the deputy headteacher or manager assumes the above day-to-day health and safety responsibilities.

3.3 SHEF Coordinator (Health and safety lead)

The nominated health and safety lead is the Assistant Headteacher, James Bennington.

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, also known as Acts and Omissions.
- › 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 Headteacher or their nominated person before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work (this may have been done by DIO, but please check).

4. Site security

Marinos Politis (Caretaker), Ben Turner (headteacher), Hannah Robinson (Deputy Headteacher) James Bennington (Assistant Headteacher) are 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.

Marinos Politis (Caretaker), Ben Turner (headteacher), Hannah Robinson (Deputy Headteacher) James Bennington (Assistant Headteacher) 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 bell.

Fire alarm testing will take place once a week (by Marinos Politis)

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 only 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 designated assembly points.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day. Registers will be given to staff by a member of the admin team.
- The Building Custodian (Fire) will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

A fire safety checklist can be found in ANNEX A.

A map of the school can be found in ANNEX B.

Assembly points are found in ANNEX C.

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 anyone who has completed the DCS COSHH Assessors course and circulated to all employees who work with hazardous substances. Staff will also be provided with personal protective equipment, where necessary. A full list is found on our SHEF dashboard and displayed on SHEF notice boards.

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.

All hazardous materials are kept in locked cupboards, away from children.

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

Emergency procedures, including procedures for dealing with spillages, on SHEF noticeboards.

6.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent and 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 is to be completed by the SHEF Coordinator and they are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following contractors employed by DIO

6.3 Asbestos

- SHEF Coordinators should be trained if their location has asbestos 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

The Caretaker conducts risk assessed Portable Appliance Testing; usually during the Summer break. Should any member of staff wish to introduce an electrical item to the school environment, e.g. Christmas lights, the Caretaker must be informed by email prior to use, in order that he may schedule ad-hoc PAT testing. Non-PAT tested equipment should not be used in school under any circumstances. IT equipment is tested and maintained by IT Department.

- 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 SHEF Coordinator immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check the internal wiring of plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person

- All isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of sports flooring or other apparatus will be reported to the SHEF Coordinator.

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) – further information is available from the DCS SO3 SHEF.

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.

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 SHEF Coordinator retains ladders for working at height
- Staff are provided details for working at height training
- 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

Manual handling tasks will be risk assessed. Risk assessments are held electronically at S:\Health_Safety\Risk Assessments and in paper form in the main office, by SHEF Coordinator.

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
- All staff are encouraged to complete the Manual handling e-learning module which can be found at the Civil service Learning Portal at <https://civilservicelearning.civilservice.gov.uk>

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
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on schools trips and visits
- A comprehensive document detailing the EV process is found at S:\Health and Safety

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/headteacher 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 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 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
- The school will make spillage kits available for bodily fluid 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

- › Risk assessment will be completed prior to child interaction with 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. We will 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 ANNEX D.

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 worker 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.

18. Accident reporting

18.1 Accident record book

- Any accident and treatment of first aid will be recorded in an accident record book.
- Accident record books are available in each room, alongside a first aid kit. Additional accident record books and first aid kits are found in the main first aid store and forest school.
- An accident Army Form 510 will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it, should a pupil or member of staff visit a medical centre or hospital after an accident.
- 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 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.

18.2 Notifying parents

The reception or nominated person 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. Parents will be notified of all head injuries.

18.3 Reporting to the Army Reporting Cell and DCS

The Headteacher will notify the Army Reporting Cell and DCS of any reportable accident, illness or injury to, or death of, a pupil, staff member, contractor, and public while in the school's care. This will happen as soon as is reasonably practicable.

19. Training

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

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

20. Monitoring

This policy will be reviewed annually by the Headteacher and SHEF Coordinator.

21. First Aid

First aid is the initial assistance or treatment given to a person who is injured or ill. The person who provides this help is a first aider. However, to become a fully competent first aider, an individual should complete a recognised first aid learning programme. Completing this will strengthen skills and increase confidence.

The school SHEF Coordinator will nominate sufficient numbers of First Aid trained staff within the school, to ensure there is adequate cover at all times. This can be done by means of a First Aid Needs Assessment.

The SHEF Coordinator shall nominate their chosen staff member/s to attend First Aid courses. This is a Level 3 Paediatric First Aid Course. First Aid at work is also carried by some staff.

The SHEF Coordinator is to ensure all First Aid kits are to be signposted by a prominently displayed First Aider Poster, which can be found in SHEF Resources under "Posters". The First Aider Poster is to state the relevant contact and location details of the First Aiders and appropriate actions to be taken in the event of an emergency. This should be updated regularly to ensure the contact details and locations of First Aid equipment and assembly point area are correct.

The appointed First Aider(s) are to ensure that the First Aid, eye wash and defibrillator equipment are checked monthly by using the First Aid kit/eye wash/defibrillator monthly check sheet, within the appropriate SHEF Dashboard. If the appointed First Aider(s) are located in another department, the SHEF Coordinator or an Appointed Person can carry out the monthly First Aid equipment check. First aid checks need to be completed within the first two weeks of each month.

22. Supporting Children with Medical Needs

Akrotiri School adheres to and follows the guidelines laid down in DCS Policy Directives. The most recent of which are kept in the SHEF Folder in the front of school. This document in turn reflects DfE Statutory Guidance. The means of identifying the medical needs of students is established:

- in the school's prospectus
- on intake forms which require parents to identify medical needs
- by direct contact with parents/ carers

If necessary, an Individual Healthcare Plan is drawn to enable staff at school to support the pupil in education. IHPs are drawn with co-operation between parents/carers, school staff and SSAFA who provide School and Children's Community Nursing services within BFC.

Forms for this purpose are found at [S:\Health and Safety\Individual Healthcare Plans](#)

- All staff should know the location of students' Individual Healthcare Plans (IHP). They are kept with first aid equipment and accident reporting books in each classroom next to the main entrance; classroom first aid cabinets with medication and first aid room lockable storage.
- Prescribed medication will be kept in a secure, marked location: usually in the child's classroom. All 'restricted' medication (Paracetamol, Ibuprofen, Buccal Midazolam) is kept in the FS Office or Main School first aid room, in a locked cabinet. The keys to these cabinets are kept by FS Secretary and in a secure key box in the main office kitchen respectively.
- Medication must be brought into school, suitably labelled by the issuing pharmacy with details of name and dosage.
- Medication will only be accepted in school when it has been prescribed by a doctor. This may only be administered with the agreement of the Headteacher and only when a parental consent form has been completed, with an IHP. The medication should only be administered during school hours where this is unavoidable. School staff are not mandated or required to administer medicines to pupils.
- Arrangements are made to train staff, particularly to recognise and deal with anaphylaxis, asthma and epilepsy via the SSAFA School Medical Service (see above).
- Administration of prescription medicines for short term conditions, may be undertaken with consent from the HT although, wherever possible doses should be administered at home and spaced accordingly.
- Administration of non-prescribed analgesia by school staff should be kept to a minimum (i.e. residential school trips), though it is permissible in certain circumstances, such as period pains and migraine. The following will still be required:
 - Written parental request / consent
 - Record of issue
 - Details of any allergies and intolerances

23. Establishing and Record Keeping

The IHP will comprise a record of the pupil's health or medication needs and include any information about impact on school life and learning. The IHP will be agreed by parents, the health professional and Headteacher and signed by all parties.

This IHP is kept electronically at [S:\Health_Safety\Individual Healthcare Plans](#), with the SHEF lead (James Bennington); and the relevant classrooms. The IHP will be updated as necessary. Staff will be notified of any changes in the pupil's condition.

If the pupil requires emergency medicine then the correct storage procedures will be observed, in line with the DfES guidance found in '*Managing Medicines in Schools and Early Year Settings*'. Akrotiri School will adhere to all MOD Schools Policy Directives, including the above.

24. Supervision of Children

Start/end of school

Children are encouraged not to arrive at school more than ten minutes before classes begin as teachers do not supervise the playground until 07.40 hrs, therefore anyone arriving before then will be unsupervised and possibly 'at risk'.

Contact will be with parents for any child that is not collected at the end of school day. After a period of grace, this can be done from the school office.

Leaving the classroom

Children are never left unattended at any time during normal school activities. Children walking around school during sessions should be monitored and if necessary, challenged to ascertain their purpose (toilet/outside agency visit intervention).

Break Times

Appropriate supervision is maintained at all times by teachers and LSA's. No child leaves the playground without permission from the teacher e.g. to attend first aid; retrieve a ball which goes over the fence, or to return to classrooms.

If children are not able to have a playtime, they are monitored by a member of SLT or delegated adult.

26. Playground and Play Areas

DCS SO3 SHEF has produced a handbook for Playground Supervision. All staff are provided information pertaining to acceptable age range for use, timings for use, first aid availability, and who to report defects to during induction.

The SHEF coordinator will keep an inventory of all playground equipment including benches, shades, and water fountains on the SHEF Dashboard.

Play Equipment - Inspection of Play Areas

The Caretaker and maintenance team make daily inspections and annual inspections are contracted. Staff are encouraged to make visual inspections of equipment, where possible, prior to use.

Playground and Play Areas

Maintenance team and the caretaker will regularly inspect the play equipment and other grounds. This will be done during the regular litter pick up.

Contractor performs periodic detailed checks of play structure (climbing frame/trim trail), monitored by Caretaker.

Sports Fields

The employees of Ped Flt are required under the terms of their contract to regularly inspect all sports areas during the maintenance work.

Teachers are expected to assume that the grounds are safe but to conduct a general visual inspection. If they notice any discrepancies in the playing area, they should curtail activity appropriately and notify caretaker/SLT immediately.

Foundation Stage Outdoor Play Area

Foundation Stage staff should routinely monitor the play area to ensure there are no hazards and report defects to caretaker / SLT, as required.

25. Personal Protective Equipment

Where PPE is identified as a control measure in a work activity risk assessment, the equipment selected must be appropriate for the task so as to ensure that it will provide adequate protection and must be compatible with other equipment in use.

The assessment should be reviewed if there is significant variation in the activity. Advice on the selection of PPE is available from the Health and Safety Team.

All PPE must be maintained in good working order, and any defect reported immediately to the Head of Department, for repair or replacement.

Respiratory protective equipment (RPE) must be maintained in good working order, kept hygienically clean, stored in clean condition, and inspected at monthly intervals (3 monthly where use is infrequent) by the Head of Department. A written record will be kept for inspection. Alternatively, disposable RPE can be used provided that this is suitable for purpose and worn in line with the manufacturer's instructions.

26. Risk Assessment

All staff shall ensure all activities are subject to risk assessment and uploaded to [SharePoint Risk Assessment area](#).

SHEF Coordinators are to review all risk assessments at least annually to ensure they remain suitable and sufficient and upload a new copy to the current year sub-section within SharePoint Sub-Unit Risk Assessments area and store the risk assessments and their signature sheets for 5-years or longer.

All staff are to sign the risk assessment signature sheet once a year (available from the SharePoint's SHEF Resources page), which is to be stored on the SHEF Dashboard.

27. COVID-19

All Line Managers are to ensure their staff have completed the DCS COVID-19 'Return to Work' survey, which can be sourced from the MODNET/MODSCHOOLS SharePoint under SHEF Resources, COVID-19 Resources. This document is to be held by the individual and Line Manager for at least 5 years and marked as Official Sensitive Personal (OSP).

All DCS locations are to create a COVID-19 risk assessment and set of procedures outlining their local safety arrangements for COVID-19 management using the guidance within the first paragraph of this COVID-19 chapter. This may include maximum building and room occupancy limits, procedures with ways of working, such as bubbles, booking in/out procedures, one-way corridors, safety zones, hand sanitiser zones etc. Staff should consult Reference the FHPI for detailed guidance on workplace measures and the Defence Advice Notes (DANs) 01 to 21 for general guidance on COVID-19 management, such as events, travelling, virus testing key workers, household isolation etc.

In line with DCS requirements, all DCS locations and staff are to adhere to the following:

- a. **COVID-19 Symptoms.** If any staff or other members of their household are displaying COVID-19 symptoms, they are to self-isolate with immediate effect and inform their Line Manager. These staff should seek a COVID-19 antigen test to confirm if they test positive for the virus, though this cannot be enforced;
- b. **Public Transport/Work Travel.** DCS staff are not to use public transport for business travel unless authorisation is granted by the Director DCS. Staff wishing to travel using Public Transport will have to provide the Director with a risk assessment, justification for the travel, a copy of the Return to Work survey and written confirmation that they have read and understood the documents listed within the first paragraph of this COVID-19 chapter.
- c. **Vulnerable Staff.** If any member of staff has been identified as vulnerable (from the 'return to work survey') i.e. high risk, as per the [NHS guidelines](#), then a bespoke risk assessment for the individual must be created and maintained by the Line Manager. This risk assessment is to be sanctioned by the DCS SO1 SHEF before they are allowed to return to the workplace and must be regularly checked by the Line Manager to ensure it is still suitable. If staff have any underlying health conditions that they feel may increase their risk of complications, then they are to consult with their

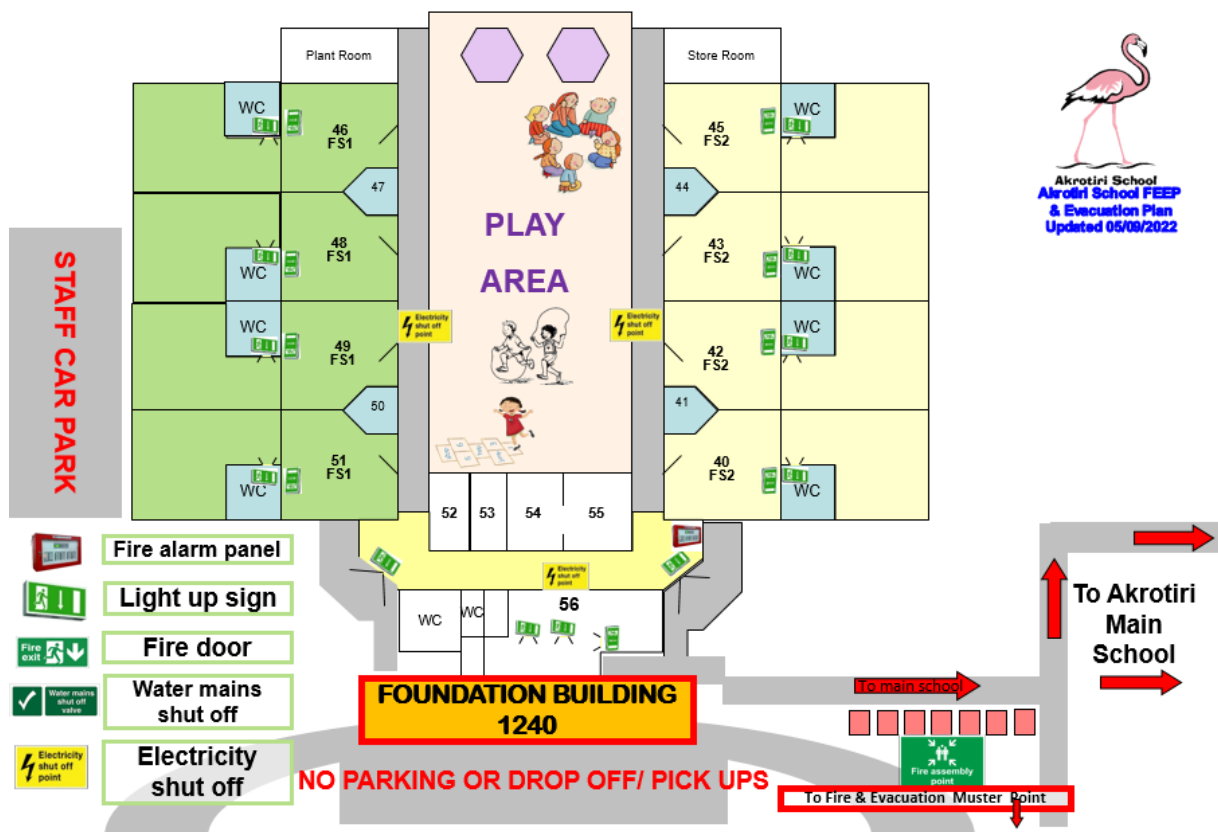
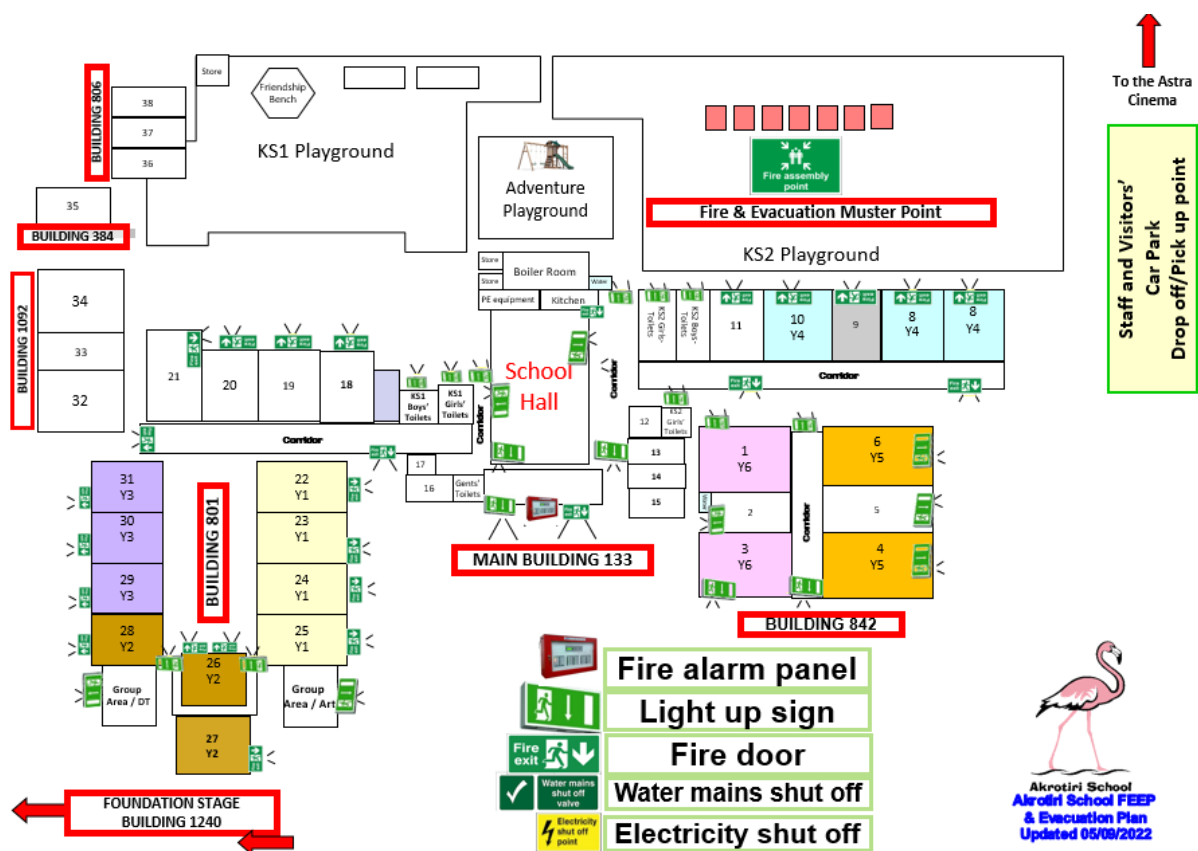
line manager and jointly agree if a risk assessment is required. If so, the risk assessment is to be maintained by the Line Manager.

- d. **HR Issues.** If Line Managers and/or senior management believe they have provided the requirements of this policy and the sources referenced in the first paragraph of this COVID-19 chapter, and staff still feel concerned, then they are to contact the HQ CWA team for further advice and guidance.
- e. **Testing.** It is not mandatory for DCS to test themselves, but all Location Managers and Headteachers should afford their staff time off work to maximise the amount of testing.
- f. **Reporting of COVID-19.** If staff have a COVID-19 related absence, they or their Line Manager is to follow the reporting guidance in the FHPI. The individual who is infected is to also use the Defence Reporting Tool on [Defence Gateway](#). Staff must then update their status on the tool once their condition/status changes and ensure HRMS reflects any cases of absence or special paid leave. In addition, any staff who receive a positive test result are to provide details to the CWA team accordingly: DCS-HQ-BIS-CWA-TeamMailbox@mod.gov.uk.
- g. **Personal Travel.** If staff decide to travel to locations that require or are likely to require self-isolation, then this may result in those staff having to take unpaid leave. They are to contact ACEOs for further information.
- h. **PPE.** Due to the limited benefit of face coverings and gloves and aforementioned policy requirements, DCS do not require staff to wear Personal Protective Equipment (PPE) within the workplace. This is in line with the Defence Advice Notes (DANs) 01 to 21.
- i. **Creation of Contingency Measures.** All DCS locations are to create and implement COVID-19 strategies to ensure effective governance. This is to consider:
 - (1) Internal COVID-19 Outbreak Procedures;
 - (2) A COVID-19 Business Continuity Plan.

Appendix 1. Fire safety checklist

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

ANNEX B. Akrotiri Primary School maps



ANNEX C. Assembly points

Building 133 (Main school)

1	Y1
2	Y1
3	Y1
4	Y1
5	Y2
6	Y2
7	Y2
8	Y3
9	Y3
10	Y3
11	Y4
12	Y4
13	Y4
14	Y5
15	Y5
16	Y6
17	Y6
18	Non class-based teachers and LSAs
19	Sodexo staff & cleaning staff
20	Visitors
21	Admin staff
22	SLT

Building 1240 (Foundation Stage)

All adults and children to assemble in classes in the area in front of the Foundation Stage building, next to the Barrack Stores perimeter fence.

ANNEX D. 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. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check](#).

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).

Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.

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

ANNEX E. Statement of SHEF by Ben Turner, Headteacher

Safety, Health, Environment & Fire Policy

A Statement by Ben Turner - Headteacher of Akrotiri School

As Headteacher of Akrotiri School, the responsibility for Safety, Health, Environment and Fire (SHEF), has been vested in me by the DCYP. I personally commit our school to comply with the DCYP Statement, which in turn reflects a commitment to that of The Secretary of State. This SHEF Statement, which is to be implemented throughout our school, reflects legislation and the importance I attach to SHEF and the welfare of all employees, pupils, or persons who may be affected by our activities.

It is my intention that Akrotiri School will conduct activities to minimise any adverse impacts on the environment and to provide all personnel with, so far as is reasonably practicable:

- a. Safe facilities and equipment.
- b. Safe systems of work.
- c. Safe and healthy places of work with safe access and egress.
- d. Sufficient information, instruction, training and supervision to enable personnel to carry out their work/ training safely and without risks to their health or to the environment.

This shall be achieved through compliance with the MOD Schools SHEF manual and the systematic identification of hazards; the management of risks through the risk assessment process, promotion of environmentally beneficial initiatives and the allocation of time and funding to achieve the requirements. I will ensure that prompt action is taken to address all newly identified hazards with adequate controls as far as is reasonably practicable and I require all personnel to do likewise. I expect my SLT, Phase Leaders and SHEF Representative to implement the system and all personnel to co-operate with these aims, by bringing to my attention any significant hazards that might arise in the workplace areas that are not subject to existing controls

I have delegated responsibility to Mr James Bennington for the day to day management of SHEF within this school. The SHEF noticeboard shall identify key staff members with SHEF responsibilities and shall be regularly reviewed and updated to reflect current and accurate information. SHEF guidance shall also be sought from the Agency SHEF Advisors as necessary.

I have appointed the School Caretaker (Marinos Politis) as Fire Safety Officer.

The SHEF Representative will:


- a. Act as a focal point for SHEF information.
- b. Collate the Instructions and Procedures that will constitute the detailed arrangements for both safety and for protecting the environment throughout Akrotiri Primary School.
- c. Monitor all workplace risk assessments for Akrotiri Primary School.
- d. Monitor, on my behalf, the application of the detailed arrangements for compliance with legislative and MOD requirements in the SHEF Management areas, including my SHEF Plan and the Fire Safety Management Plans for Akrotiri Primary School.
- e. Circulate the minutes of Akrotiri Primary School SHEF Committee.
- f. Report to me if any further measures are required to achieve compliance.

The role of SHEF Representative will be strictly advisory and responsibility for SHEF implementation matters rest with me and my Leadership Team.

- 1 The arrangements for SHEF can be found in the SHEF Policy Files in the Main School Office.

Staff consultation shall take place through regular school SHEF Committee Meetings and by inclusion of SHEF as an agenda item on Staff and SGC Meetings.

I will strive to continually improve the way that SHEF is managed at Akrotiri School and this statement shall be reviewed annually as a minimum to ensure that it remains timely and relevant. Upon my departure from Akrotiri School a formal handover of SHEF responsibilities and documentation shall take place with the incoming Headteacher.

Signed 
Mr Ben Turner - Headmaster

Date 30/09/22