Health and Safety policy and procedures

Portsdown Primary School and Early Years

Approved by:	Governing Board	**Date:** September 2026
Last reviewed on:	August 2026	
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Governor’s Health and Safety Intent Statement and the School’s Aims

1.1 Governor’s Health and Safety Intent Statement

The Governing Body of Portsdown Primary School and Early Years will meet their responsibilities under the Health and Safety at Work Act and other health and safety legislation to provide safe and healthy working conditions for employees, and ensure their work does not adversely affect the health and safety of others (including; pupils, visitors, contractors etc.). Details of how this will be achieved are given in this health and safety statement. The Governing Body will ensure that effective consultation takes place with all employees on health and safety matters and that individuals are consulted before allocating particular health and safety functions to them. Where necessary the Governing Body will seek specialist advice to determine the risks to health and safety in the school and the precautions required to deal with them. The Governing Body will provide sufficient information and training in health and safety matters to all employees in respect to the risk of their health and safety. The Governing Body requires the support of all staff to enable the maintenance of high standards of health and safety in the schools activities. The school is committed to continually improving its health and safety performance. This statement includes a description of the organisation of the school and its arrangements for dealing with different areas of risk.

The Governing Body recognises its responsibilities under Benedict's Law (Children's Wellbeing and Schools Act 2026) to protect pupils with allergies through robust allergy management procedures. This includes ensuring appropriate training for all staff, maintaining spare adrenaline auto-injectors

(AAIs), and implementing effective emergency response protocols. Full details are set out in the school's dedicated Allergy Policy.

1.2 Aims

Our school aims to:

The Governing Board believes that ensuring the health and safety of staff, pupils and visitors is essential to the success of the school.

We are committed to:

- providing a safe and healthy working and learning environment
- preventing accidents and work related ill health
- assessing and controlling risks from curriculum and non-curriculum work activities
- complying with statutory requirements as a minimum
- ensuring safe working methods and providing safe equipment
- providing effective information, instruction and training
- monitoring and reviewing systems to make sure they are effective
- developing and maintaining a positive health and safety culture through communication and consultation with employees and their representatives on health and safety matters
- setting targets and objectives to develop a culture of continuous improvement
- ensuring adequate welfare facilities exist at the school
- ensuring adequate resources are made available for health and safety issues, so far as is reasonably practicable
- protecting pupils with allergies through compliance with Benedict's Law, including prevention of exposure to allergens and emergency response procedures

A health and safety management system has been created to ensure the above commitments can be met. All governors, staff and pupils will play their part in its implementation.

2. Legislation

This policy is based on advice from the Department for Education on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting 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 Children's Wellbeing and Schools Act 2026 (Benedict's Law),** which requires schools to put safety measures in place to protect pupils with allergies from September 2026, including maintaining spare adrenaline auto-injectors and providing staff training

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) when responding to infection control measures, including management of acute respiratory infections. .

Sections of this policy are also based on the statutory framework for the Early Years Foundation Stage.

3. Roles and responsibilities

3.1 The local authority and governing board

Portsmouth City Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members. This applies to activities on or off the school premises.

Each year, the school buys into Portsmouth City Council's Service Level Agreements (SLA): Buildings Services and Statutory Compliance. Statutory compliance will include Gas and electrical testing, fire testing and Legionella testing. The school's trees are also checked as part of a SLA, both as part of a regular check (annually) and also additional checks where appropriate, for example, following severe storm damage.

3.1 The governing board

The local authority has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the governing board who in turn delegate this to the Headteacher.

The governing board 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 governing board, 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 governor who oversees health and safety is [insert name]. Tracey Blades

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
- Ensuring the school has a dedicated **Allergy Policy** in place and that a named senior leader (the **allergy lead**) is responsible for its implementation and for allergy safety across the school

In the Headteacher's absence, the Deputy Headteacher or next senior leader in school, assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Site Manager.

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
- Will complete relevant e-learning courses on Portsmouth Learning Gateway and any other training as required e.g. the annual allergy training

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 the Site Manager before starting work.

4. Site security

The site team 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.

The site team, together with the Headteacher and Deputy Headteacher are key holders and will respond to an emergency.

The key holders guidance (appendix 5) details specific information about the importance of key security.

5. Fire

Online training on fire safety is provided to all staff as part of the induction process and then as a refresher. This training is part of the Health and Safety suite of training provided by Portsmouth City Council. A record

of this training is kept on the online training package as well as within school. The site manager or a member of the senior leadership team will also discuss fire safety as part of the induction program.

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 each 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 marked at the front of the school in Sundridge Close.
- Class teachers, or available school adult, will take a register of pupils, which will then be checked against the attendance register of that day
- The Office staff 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. Personal emergency evacuation plans(PEEPs) are available where required and are shared with the relevant staff.

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 the site manager and circulated to all employees who work with hazardous substances. These are reviewed every 3 years or where a change is required (e.g. because of a change in the composition of a cleaning chemical used; a new chemical; or a new supplier).. Staff will also be provided with protective equipment, where necessary as per the risk assessment.

Online training on COSHH is provided to the cleaning staff as part of the induction process and then as a refresher. This training is part of the Health and Safety suite of training provided by Portsmouth City Council. A record of this training is kept on the online training package. The site manager or a member of the senior leadership team will also discuss COSHH as part of the induction program with all new staff.

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. The storage of chemicals are in a designated store room near the KS2 play ground. It is locked.

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

The risks from legionella are mitigated by the school's decision to buy into Portsmouth City Council's Statutory Compliance SLA each year. Portsmouth City Council direct Liberty Gas to carry out all necessary checks and that these are recorded in the school's water log book. The site team also flush the water system after shut down periods. A water risk assessment is completed under the direction of Portsmouth City Council by Liberty is reviewed every 2 years . It would also be reviewed if significant changes have occurred to the water system and/or building footprint.

6.3 Asbestos

- Staff have been 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.(see appendix 4)
- Key staff (Site Manager and Assistant Caretaker) have completed online training with regards ot asbestos/
- 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. This information is in the front office.

  For further information on asbestos in schools, please see https://www.hse.gov.uk/education/asbestos-faqs.htm

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 the Site Manager (or site team in absence) 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 (including those working on behalf of the school e.g. Portsmouth in the Community) check that equipment is set up safely.
- Any concerns about the condition of the gym floor or other apparatus will be reported to the Site Manager (or site team in absence).
- Staff will ensure that equipment is returned to the storage areas safely and that it is stored correctly.

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)
- See Appendix 3 for more information.

7.4 Specialist equipment

Parents are responsible for the maintenance and safety of their child’s specialist equipment. In school, staff promote the responsible use of any specialist equipment.

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.

There are risk assessments for lone working both at school and when visiting parents/carers.

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 Site Manager (or site team in absence) 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. Online training is also provided to all staff as part of the induction process and then as a refresher. This training is part of the Health and Safety suite of training provided by Portsmouth City Council. A record of this training is kept on the online training package as well as within school.

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 ensure that they have mobile phone numbers of all staff on the trip and take 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

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. School will the follow Portsmouth City Council

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 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/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of infectious diseases, particularly acute respiratory infections, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance from UK Health Security Agency (UKHSA) on the use of control measures including:

Good hygiene practices

- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser
- We will follow recommended practices for respiratory hygiene, including the 'catch it, bin it, kill it' approach
- Where required following risk assessment, we will provide appropriate personal protective equipment (PPE)

Appropriate cleaning regime

- We will regularly clean equipment and rooms
- We will ensure surfaces that are frequently touched are cleaned regularly, with frequency determined by risk assessment and current public health guidance

Adequate ventilation

- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow
- This includes opening external windows where appropriate, opening internal doors, and using mechanical ventilation systems

Managing outbreaks

- We will follow UKHSA guidance on managing outbreaks of infectious diseases in educational settings
- We will work with local health protection teams where required
- We will communicate clearly with parents/carers about any outbreak control measures

Pupils with symptoms of acute respiratory infection

- Pupils who are unwell and have a high temperature should stay at home and avoid contact with other people until they no longer have a high temperature and they are well enough to attend
- We will follow current UKHSA guidance on exclusion periods for specific infectious diseases (see Appendix 2)

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by UK Health Security Agency (UKHSA), summarised in Appendix 2.

In the event of an outbreak of infectious disease, we will follow advice from UKHSA and our local health protection team about the appropriate course of action, which may include additional control measures specific to the outbreak.

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

16A. Allergy Management

The school is committed to protecting pupils with allergies in accordance with **Benedict's Law** (Children's Wellbeing and Schools Act 2026), which came into effect in September 2026.

The school has a dedicated Allergy Policy which sets out:

- How pupils with allergies are identified and risks minimised
- Staff training requirements (annual allergy awareness training for all staff)
- Emergency procedures for anaphylaxis
- Storage and use of adrenaline auto-injectors (AAIs)
- Individual healthcare plan (IHP) requirements
- The school's no food sharing policy
- Recording and reporting of allergic reactions
- Support for pupils with allergies on trips and visits

The allergy lead is the Office Manager (who is also the designated school first aider).

Key health and safety points:

- **Spare AAIs** are stored in the main school office and nursery building, accessible to all staff but out of reach of children
- **AAIs are never locked away** and are never more than 5 minutes from where they may be needed
- In a genuine medical emergency, staff can administer AAIs **without parental consent** - this is a life-saving measure
- **All staff** receive annual allergy awareness training as a mandatory requirement
- The school operates a **strict no food sharing policy** to protect pupils with allergies
- All allergic reactions must be reported to the allergy lead and recorded

For full procedures, emergency response protocols, and detailed guidance, see the school's Allergy Policy.

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.

The council has a contract with Workplace Wellness to provide staff with a range of services designed to keep you physically and emotionally healthy and provide support if you need it. The service is called Employee Assistance Programme or EAP. As a school we buy into this each year. It is a free and confidential support service designed to give you access to information, advice and emotional support to help you prepare for and manage all of life's ups and downs, events and challenges. Any staff member with concerns including their work or career, housing, relationships, money, health and wellbeing, rights and retirement, can access this service 24 hours per day, 365 days a year.

18. Accident reporting

18.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- Staff will use provided accident book to record incidents.
- 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.

18.2 Reporting to the Health and Safety Executive

The Office Manager 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).

The Office Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which 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) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the

Office Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent
- 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

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

18.3 Notifying parents/carers

The Nursery Manager (or deputy / senior staff in Nursery if the manager is absent) will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable. For children in Year R, it will be the class teacher or another member of school staff (such as a teaching assistant) who will inform parents/carers of any accident or injury sustained by a pupil Year R, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

18.4 Reporting to child protection agencies

The Nursery Manager (Or deputy / senior staff in the Nursery if the manager is absent) will notify all relevant parties (including child protection agencies where appropriate) of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care. This is the same for the primary school.

18.5 Reporting to Ofsted

The Nursery Manager (Or deputy / senior staff in the Nursery if the manager is absent) will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

Section 18.6: Allergy-related incidents

All allergic reactions, whether mild or severe, must be recorded and reported in accordance with this section and the school's Allergy Policy. This ensures compliance with **Benedict's Law** (Children's Wellbeing and Schools Act 2026) and enables the school to identify patterns, implement improvements, and protect pupils with allergies.

Recording allergic reactions

Any member of staff who witnesses or responds to an allergic reaction must:

- **Record the incident immediately** using the school's accident/incident form
- Include the following information:
    - Date, time and location of the incident
    - Name of the pupil and their known allergies
    - What the pupil was exposed to (if known)
    - Symptoms observed (e.g. skin reaction, breathing difficulties, swelling)
    - Actions taken, including any medication administered (type, dose, time given, and who administered it)
    - Response to treatment
    - Time emergency services were called (if applicable)
    - Names of staff members involved
    - Any witnesses

Reporting to the allergy lead

- The **allergy lead (Office Manager)** must be informed of **all** allergic reactions on the same day they occur, or as soon as reasonably practicable
- This includes mild reactions (e.g. minor skin reactions) as well as severe reactions
- The allergy lead will review the incident and determine whether any changes to the pupil's Individual Healthcare Plan (IHP), risk assessments, or school procedures are needed

Notifying parents/carers

- Parents/carers must be informed of any allergic reaction on the same day it occurs
- For mild reactions, this can be via telephone or in person at collection time
- For any reaction requiring administration of an adrenaline auto-injector (AAI), parents/carers must be contacted immediately

Emergency situations

When an AAI has been administered:

- **Emergency services (999) must be called immediately**, even if the pupil appears to recover
- The pupil must be taken to hospital by ambulance
- Parents/carers must be contacted immediately
- The pupil's GP must be informed (this may be done by the parent/carer or school)
- A second AAI must be available in case a second dose is required before the ambulance arrives

Reporting to the governing board

The allergy lead must inform the governing board of:

- Any incident where an AAI was administered
- Any serious allergic reaction requiring medical intervention
- Any 'near miss' incidents where a pupil with allergies was exposed to an allergen but did not have a reaction, or where control measures prevented exposure
- Patterns or trends in allergic incidents that may indicate a need for policy or procedure changes

This reporting will normally occur at the next scheduled governing board meeting, unless the incident is sufficiently serious to warrant immediate notification to the headteacher and chair of governors.

Recording and retention

- All allergy-related incidents must be recorded in the school's central incident log
- Records will be retained for a minimum of 3 years in accordance with section 18.1
- The allergy lead will maintain a separate log of all allergy-related incidents to enable trend analysis and inform policy reviews

Review and learning

- The allergy lead will review all allergic incidents to identify:
  - Whether existing control measures were effective
  - Whether staff training needs updating
  - Whether risk assessments need revising
  - Whether any changes to school procedures are needed
- Serious incidents or near misses will be discussed at staff meetings (maintaining confidentiality where appropriate) to ensure learning is shared across the school

Links to other policies and procedures

For full details on allergy management, emergency procedures, staff training requirements, and Individual Healthcare Plans, see the school's **Allergy Policy**.

19. Training

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

Online training on Health and Safety is provided to all staff as part of the induction process and then as a refresher. This training is part of the Health and Safety suite of training provided by Portsmouth City Council. A record of this training is kept on the online training package as well as within school. The site manager or a member of the senior leadership team will also discuss health and safety as part of the induction program.

Staff who work in high risk environments, such those who work with pupils with special educational needs (SEN), are given additional health and safety training/ supervision to support them.

20. Monitoring

This policy will be reviewed by Headteacher every two years.

At every review, the policy will be approved by full governing board.

21. Links to other policies

This health and safety policy links to the following policies:

- Allergy
- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Remote learning
- Emergency or critical incident 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?	

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

Appendix 2. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from guidance for schools and other childcare settings from UK Health Security Agency (UKHSA). This guidance is reviewed regularly and the school will ensure it follows the most current version available.

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

Exclusion table

This guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage. This is different to 'exclusion' as used in an educational sense.

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.

Infection	Exclusion period	Comments
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents.
Diptheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT.

Infection	Exclusion period	Comments
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.

Infection	Exclusion period	Comments
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.

Infection	Exclusion period	Comments
		Contact your UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.

Infection	Exclusion period	Comments
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) HPT of suspected cases of certain infectious diseases.

Appendix 3

Display Screen Equipment Guidance

Introduction

1. This guidance has been produced in order to explain the procedure and criteria used to ensure that good practice is followed. The use of computer equipment is covered by the Health and Safety (Display Screen Equipment) Regulations 1992, but there are other regulations regarding workstations, notably the Workplace Health Safety and Welfare Regulations which outline general requirements. If there is a difference in the Regulations, then the more specific regulations will apply and any information in this guidance will take this into account.
2. It is important to realise that best practice in this guidance and the regulations are intended to prevent injury to staff and not to conform to specific requirements for equipment.
3. It is important that all Users are identified as such by their managers and records of their training and the DSE assessments are maintained. Definitions

- **Workstation:** An assembly of computer equipment with or without keyboard or other input device or software, any optional accessories to the equipment or other item peripheral to the computer equipment, **and the immediate work environment**.

4. **User:** An employee, full, part time or temporary, who uses display screen equipment as part of their usual work. A Display Screen Equipment (DSE) user, according to UK regulations, is an employee who habitually uses DSE as a significant part of their normal work. This typically means using DSE daily for continuous periods of an hour or more.

- **Repetitive Strain Injury (RSI):** is a term covering all kinds of work related injury to the muscles, nerves and tendons of the upper limbs. It includes Carpal Tunnel Syndrome, Bursitis, Tendonitis, Tenosynovitis, Frozen Shoulder and Epicondylitis. RSI is a painful and disabling condition, which needs immediate medical attention. Recovery can be a long and uncertain process.

Risk Assessment

- The general risk assessment process will identify those who use DSE equipment as part of their normal work. It is important that these users are identified and recorded by the manager. This will enable records of information, instruction and training to be maintained. When looking at the working environment, besides looking at the layout of the Display Screen Equipment (DSE) consider the rest of the work station and the way in which work is done. This can also have a profound effect on the body and general health.

- Following on from the general risk assessment a DSE assessment should be carried out for staff who are considered to be a user (see definitions above). The majority of staff in the school are not users by this definition.
- **It is vitally important that the user of the workstation is involved in the assessment process and informed of any actions that are necessary in order to ensure their health and safety.** Identified staff are asked to complete the following DSE checklist:

  https://www.cognitoforms.com/KelvinGroveSchool1/dsechecklist

- After the assessment has been completed, any actions required must be implemented and entered onto the health and safety work plan as well as target dates for actions to be completed by, and the person responsible for taking the actions. These work plans need to be monitored to ensure that any outstanding issues are resolved to meet the targets.

- The control measures introduced through the risk assessment process must be monitored by the manager in consultation with the user to ensure that they are actually used and do reduce the risks involved.

- The assessment must be reviewed on a regular basis, depending on the residual risk or when there is a change in the work activity, e.g. the amount of keyboard work or a change in the equipment or software used. If there is a change in the health of the user, or the workstation is moved another assessment should be carried out immediately.

Information, Instruction and Training

Information can be regarded as the provision of knowledge about the hazards and risks involved, **instruction** is being told what to do in order to work safely and can be applied during the risk assessment process. **Training** is a more involved process, providing education to staff in order that they are aware of the work-standards required, how to achieve the standards and the confirmation that they are able to do so.

The preferred method of training delivery is away from the workstation, although the method of delivery is not as important as the achievement of the training objectives and confirmation of the ability of the trainee to put the objectives into use. Users need to be given training and information on.

- how the software works,
- how the workstation operates,
- how any equipment works – including chairs,
- the importance of changes in work activity and taking short frequent breaks away from the screen.
- they need to be provided with training and information on the risks associated with the use of DSE in general and their own workstation and how to work safely.
- details of this training should be recorded and the user should sign as having received this training/information.

Monitoring of Users

The most important aspect of any training is that it has the effect of improving the trainees' efficiency, e.g. the way they work safely, and the continued achievement of the objectives of the training. Monitoring of staff who have been trained is vitally important, and can be achieved by, the monitoring of the correct work practices by supervisors and managers, workplace inspections, or as part of an audit. Monitoring should identify if any further action is required, e.g. retraining or changes to the course.

Workstation requirements

The requirement is to ensure that staff are free from risks to their health and safety from the workstation. The actual size of the work area depends on the tasks undertaken but as a MINIMUM should be 11 cubic metres (based on a maximum height of 2.5 metres) after allowance for furniture and equipment. The standards given below are minimum requirements and anything less can affect performance and health.

Proper ventilation is important, and the area around the PC and monitor should be kept clear of obstruction, to allow a free flow of circulating air. This will help to keep the temperature and humidity at reasonable levels.

The Screen

- For touch typists the correct height for the screen is with the top of the monitor level with or slightly below the eyes of the user, when they are sat correctly.
- For non touch typists the screen should be lower.
- The monitor should also swivel and tilt to enable adjustments to suit the individual to be carried out.

- The screen image should be stable and free from any flicker when viewed from directly in front.
- Display screens should have contrast and brightness controls capable of adjusting the light level for ambient lighting conditions.

Lighting and Daylight

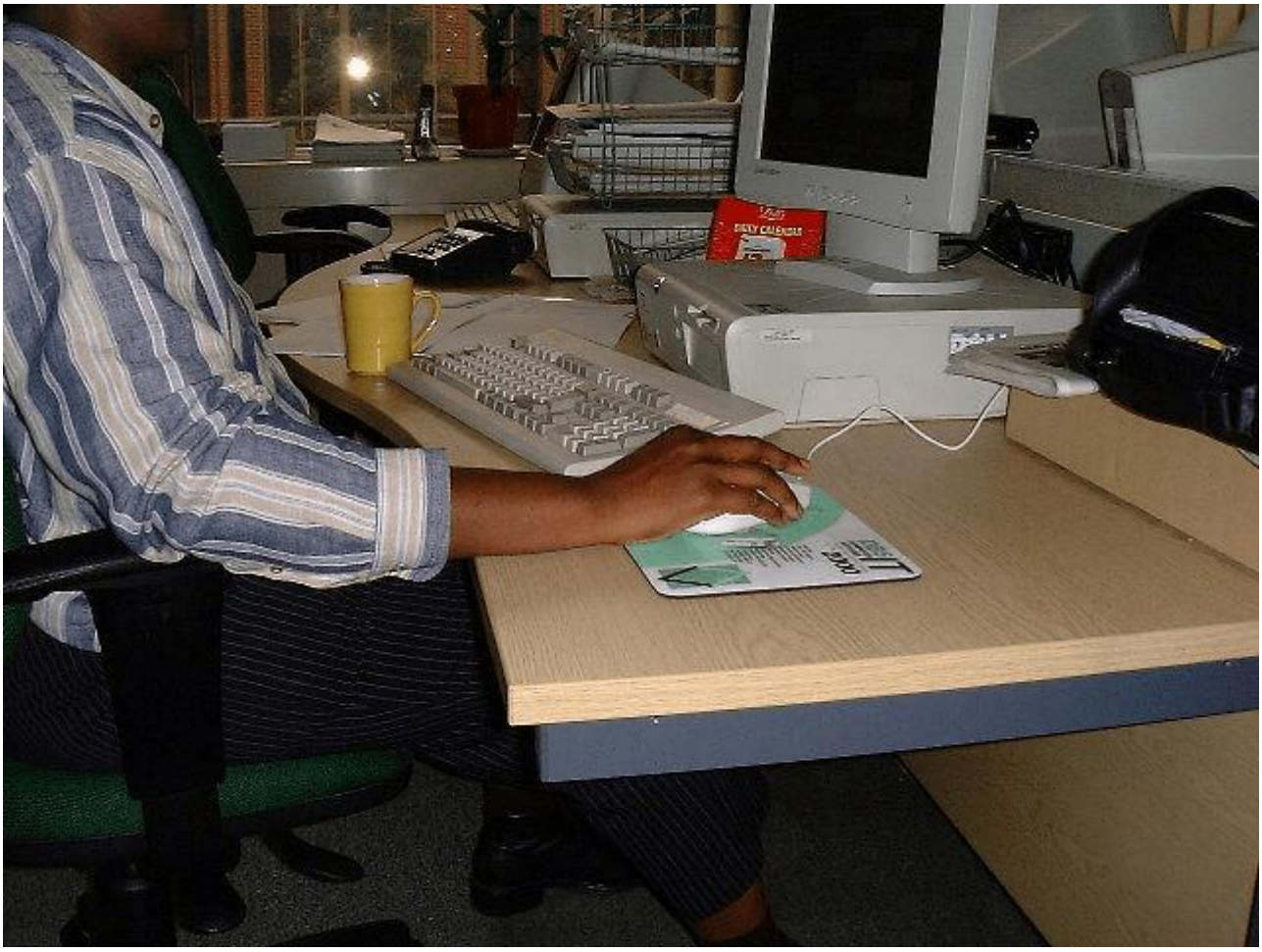
- Wherever possible lighting should be by natural light. Positioning of equipment is an important factor in the reduction of glare.
- Wherever possible display screens should be positioned at right angles to windows and other light sources, such as strip lighting.
- If possible windows should have blinds, or curtains fitted which restrict light into the room.
- Glare can also be reduced on screens by keeping them clean, as dust and grease can seriously effect legibility.
- Any surface that might cause reflections on the screen should be of a matt finish. This includes, desk tops, wall surfaces, cupboards and any other equipment that may reflect light.
- Natural light is unquestionably the best form of lighting, supplemented by artificial lighting as required. Unfortunately, it is impossible to achieve ideal lighting conditions for display work, as the level of illumination needed for using a display screen is lower than needed to read documents. Any supplementary lighting, such as desk lights should not adversely affect nearby workstations.
- No source of light should be in the visual field of the user, nor should there be direct light on the screen. Natural light conditions will vary during the day, and according to season, and should be taken into consideration. Lighting conditions perfectly adequate at midday in high summer may be totally inadequate at 5.00 p.m. in midwinter.

Keyboard

- The keyboard should be separate from the display screen in order to achieve a more flexible arrangement of screen and keyboard.
- Most keyboards have small adjustable feet towards the back that can be pulled out of the underside to adjust the height and angle of the keyboard. which should be adjusted for the individual’s preference.
- There should be sufficient space in front of the keyboard to allow the hands to rest when not keying. A wrist rest may be of use.
- All lettering should be clearly visible.

Mouse

- The mouse should fit the hand of the user and be located in a position that enables it to be used without discomfort and particularly overreaching or twisting of the arm or wrist.
- If there is more intensive use of the mouse than the keyboard, consider placing the mouse in line with the shoulder of the arm using it.
- The mouse should be lightly gripped and allow the user easy and accurate operation.



Work Chair

- The chair seat should be adjustable for height.
- The backrest should be adjustable for height and angle
- It should be of a swivel design and have five castors for stability.
- Armrests are optional and largely a matter of personal preference but where they are used they should be adjustable.
- The chair must be adjustable so that the user can obtain a suitable and comfortable position.

Workspace

- The desk should be large enough to hold all necessary equipment. This includes items such as telephones and document holders. It must be possible to position the keyboard in front of the screen allowing 50mm of space in front of it to allow the user to support their hands and arms.
- Ideally the size of the desk should be 1600mm x 800mm, the minimum size is 1200mm x600mm.
- The desk top should be between 600mm and 730mm high and the space underneath, for the legs should be 580 mm high and 580mm wide and clear of any obstructions, in order to allow sufficient space for movement.
- The screen should be capable of being positioned at least 450mm from the user when seated at the desk, without overhanging the back of the desk, unless the desk is placed against a wall.
- Where desks are positioned in an L shape it is important to consider whether the person is left or right handed. It is generally considered better for the return desk to be on the preferred hand. The screen should be positioned on the main desk, rather than the return desk. The screen should never be positioned in the angle between the desks as there is in sufficient space for the hand or wrist to rest.

- Care must be taken to ensure that tasks can be undertaken without twisting.
- The workstation must be placed so that it is easy to access and has sufficient space to ensure that all tasks can be undertaken safely.
- If transcription work is carried out, a document holder may be necessary to prevent excessive movement of the neck and shoulders. The document holder must be stable and positioned in the same angle and distance as the screen. Depending on how the workstation is used it may need the document holder positioning directly in front of the user.
- With the user seated correctly, if their feet are not in contact with the ground, then a footrest must be provided.
- The layout of the workstation is important and space utilisation may become a problem. The workstation must be large enough to enable all tasks to be carried out safely. If a large amount of paperwork is carried out it may possible to position the screen offset to one side

Laptop Computers

- All requirements of this guidance should be met additionally
- Laptop computers should not be used on a continual basis. Where they are used in lieu of a normal sized PC a docking station should be used.
- A normal sized keyboard and a mouse should be used whenever possible.
- A manual handling assessment will probably be required due to the weight of the equipment and how it is moved from location to location.

Workstation Environment

- The temperature of the working environment needs to be comfortable with sufficient ventilation to ensure the well being of the user without draughts.
- Electronic equipment is a source of dry heat and humidity levels should be high enough to ensure a healthy environment. 50% humidity will reduce the possibility of electro – static problems.
- Noise from equipment should be at a level which does not impair concentration or prevent normal conversation.
- No trailing cables should be left where staff can trip over them. This can be done by positioning the workstation in order to avoid trailing cables, if this is not possible then cables should be run through conduits or otherwise protected.

Posture

- There is no one correct posture which should be maintained. As a starting point,
- *the back should be supported, although care should be taken to ensure that the backrest does not actually cause an unnatural bend to the spine.*
- *The chair height should be adjusted so that the wrists are straight and the forearm parallel with the ground with the elbows bent at right angles with the fingers in line with the centre of the keyboard.*
- *The feet should touch the floor with the knees at right angles or a footrest needs to be supplied. See picture below.*

Work Planning

- Concentrating on any single task continually will lead to fatigue, aches and pains and loss of efficiency and accuracy. Ensure that work is planned to allow for productive work away from the screen or adequate rest breaks. These should
- *occur before the onset of fatigue*
- *be short and frequent breaks as these are better than longer ones at less frequent intervals. A five minute break every 40 minutes is recommended. Use of Laptops will require more frequent breaks.*

- It is important that employees are consulted on any changes may be required to working practices.

Eyesight testing and spectacles

- Eye muscles that hold the focus on paperwork, or DSE can tire, other muscles can tire from adapting eyes to changing light or glare, or from shifting focus between reference sources and the screen. A document holder, level with and in the same plane as the screen, helps prevent frequent changes of focal length and minimises up and down head movements.

- Minor problems which allow reading and driving without glasses, may require correction for regular DSE work and can lead to eye strain. All DSE users, apart from temporary staff, are entitled to a free eyesight test and, if required corrective spectacles. Details of the procedure are available from personnel sections.

- Wearing corrective glasses is generally not a problem, however, bifocals or reading glasses may not be suitable as they may prevent a clear view of the screen. You may also find that staff have to tilt their heads back to see clearly, which could cause neck discomfort.

- Contact lenses are less suitable because concentrating on a screen causes staff to blink less frequently, which in turn may cause the eyes to feel dry, or if they are prone to 'greasing' you may be more aware of the problem. Simple blinking exercises and increased lens care may help. If symptoms persist, they should consult your optician.

Health Issues

1. If staff report that their hands hurt or tingle when they are using a keyboard, or mouse or they get pain in their elbow, wrist or shoulder or other health problem that may be associated with the use of DSE – refer them to the Occupational health service and record the injury using the Incident reporting system.
2. If you have any concerns about ill health or injuries that may be caused by the working environment refer the member of staff, except temporary staff, to the Occupational Health Service.
3. Although Radiation is not considered to be a risk, some new or expectant mothers may have concerns about the possible dangers. It is Council Policy that they should be found work away from DSE until they have finished breast feeding.

Further information and assistance

This is designed to give you information about the use of Display Screen Equipment, and is not a concise guide to the regulations. If you experience any problems, please talk to your line manager. Advice and information is available from you're Portsmouth City Council's Health and Safety Team or the Occupational Health Service.

Appendix 4 Asbestos Information for Staff

The school has been assessed for asbestos. The asbestos found in the school is minimal. It is in some of the artex ceilings of the school and is deemed low risk. However, were a ceiling to become damaged, then this may expose the people in the vicinity to asbestos fibres. If a member of staff has a concern about a ceiling, then they should follow the Health and Safety procedures detailed in this document.

For further information on asbestos in schools, please see https://www.hse.gov.uk/education/asbestos-faqs.htm

Appendix 5 Key Holder Guidance

NB: This guidance refers to the main keys used in school to open and close the school buildings.

Portsdown Primary School and Early Years understands that it is important to maintain a high level of security at the school and, as such, access to the school's buildings and grounds is limited to a certain number of authorised staff who are identified key holders.

KEY HOLDERS
The Headteacher,
Deputy Headteacher
Site Manager
Assistant Caretaker
Nursery Manager
Farlington Wraparound Manager

These are permanent key holders. Other people may become key holders at the sole discretion of the Headteacher and then only in accordance with this policy.

KEYS All spare keys are kept in a key box in the office or the Site Manager's Office (again in a key box).. Key security is the responsibility of the Key Holder.

Whilst on the school premises, key holders will carry keys on their person or store them in a secure location.

Keys are never lent or given to other people without prior consent from the Headteacher. Copying of keys is prohibited unless permission is given by the Headteacher. The key holder is to ensure that when they take keys away from the premises that they are kept safe and that no other person (e.g. family member, friend, acquaintance) has access to them.

LONE WORKING All Key Holders must adhere to the most up to date Lone Working Risk Assessment

The Site Manger only issues keys to individuals who the Headteacher has authorised to be key holders. When a key is issued, this document is updated with the role of the person with the keys.

In the event that a set of keys is lost, the key holder immediately reports the loss to the Headteacher The Headteacher assesses the security risk implications of the loss, and determines what steps need to be taken to maintain the security of the school.

RETURNING KEYS Prior to a key holder leaving the school, the SIte Manager (or Headteacher if it is the Site Manager who is leaving):
• Ensures that the key holder returns the key;
• If a person wishes to no longer be a key holder, he or she returns their key to the Headteacher, explaining why. : • Updates the Register with the date that the key is returned the member of staff; •

EMERGENCY CALL OUT In the case of an emergency outside school hours, the Site Manager is the first point of contact. When the school is closed during the summer holidays and other periods of holiday, a list of key holders available for contact is made available to the security company who monitor the alarms.

SECURITY INCIDENT In the event of a security incident e.g keys being used to enter the school illegally, the Headteacher and/or Governors will launch an internal inquiry with which all key holders are expected to co-operate.