

**Health and Safety Policy**

**Approved by:** Board of Directors

**Last reviewed on:** January 2024

**Next review due by:** January 2025

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**1. Aims**

The Ranch aims to:

Provide and maintain a safe and healthy environment

Establish and maintain safe working procedures amongst staff, children/ young people and all visitors to The Ranch site

Have robust procedures in place in case of emergencies

Ensure that the premises and equipment are maintained safely, and are regularly inspected

**2. Legislation**

This policy is based on advice from the Department for Education on health and safety in schools and the following legislation:

The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings

The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees

The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users’ entitlement to an eyesight test

The Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register

The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff

The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) when responding to infection control issues, and Actions for schools during the coronavirus outbreak, which provides guidance on what schools need to do during the COVID-19 pandemic.

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**3. Roles and responsibilities**

**3.1 The Directors board**

The Directors board has ultimate responsibility for health and safety matters in The Ranch but will delegate day-to-day responsibility to the James Matthews Woodbridge (On Site Director)

The Directors board has a duty to take reasonable steps to ensure that staff, children and visitors are not exposed to risks to their health and safety. This applies to activities on or off The Ranch premises.

**3.2 On site Director**

The onsite director 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 children and young people

Ensuring that the buildings and site are safe and regularly inspected

Reporting to the directing 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

**3.3 Health and safety lead**

The nominated health and safety lead is James Matthews Woodbridge

**3.4 Staff**

Ranch staff have a duty to take care of children and young people 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 ranch 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 all

Understand emergency evacuation procedures and feel confident in implementing them

**3.5 children, young people, parents and visitors**

Children, young people and all visitors are responsible for following The Ranch’s health and safety advice, on site and off-site, and for reporting any health and safety incidents to a member of staff.

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**3.6 Contractors**

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

**4. Site security**

All Directors are key code 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 practiced at least once a term.

The fire alarm is a loud continuous whistle.

New staff will be trained in fire safety and all staff and young people 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 confident they can use them without putting themselves or others at risk

Staff , children/young people and visitors will congregate at the assembly points.

Lead fire officer will take a register of young people and children, which will then be checked against the attendance register of that day

Staff, children/young people and visitors will remain at the assembly point 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.

**6. COSHH**

The Ranch has minimal products that contain chemicals. All products are risk assessed and data sheets provided

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**7. Equipment**

****All equipment is maintained in accordance with the manufacturer’s instructions. In addition, maintenance schedules outline when or if extra checks should take place

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards All equipment is stored in the appropriate storage containers and areas.

**7.2 PE equipment**

****Children and young people are taught how to use PPE safely and efficiently if required. Staff checks in place

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**8. 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.

Staff and young people 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

**9. Off-site visits**

When taking children or young people off the 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 mobile phone, a portable first aid kit, information about the specific medical needs of young people, along with the parents’ contact details

There will always be at least one first aider on trips and visits

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**10. 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 immediately. This applies to violence from young people, visitors, or other staff.

**12. Smoking**

Smoking is not permitted anywhere on The Ranch premises.

**13. Infection prevention and control**

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and young people to follow this good hygiene practice, outlined below, where applicable.

**13.1 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

Where Handwashing is not available the use of a hand cleansing gel is adequate

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**13.2 Coughing and sneezing**

****Cover mouth and nose with a tissue

Wash hands after using or disposing of tissue

Spitting is discouraged

**13.3 Cleaning of the environment**

****Clean the environment frequently and thoroughly

**13.5 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

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**13.7 COVID-19 management**

We will ensure adequate risk reduction measures are in place to manage the spread of COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively. Control measures will include steps to:

Restrict non-essential activities where a COVID-19 risk has been identified

Where possible, replace risky activities with other suitable activities without introducing new hazards Design measures to control the risk of COVID-19 , including administrative procedures to improve safety We will follow local and national guidance on the use of control measures including: **Following good hygiene practices**

We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE).

**Implementing an appropriate cleaning regime**

We will regularly clean equipment and rooms and ensure surfaces that are frequently touched are cleaned. **Keeping rooms well ventilated**

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors.

**Asymptomatic testing**

We will encourage staff and students to follow government guidance on the use of lateral flow tests, and report results to NHS Test and Trace. When recommended by government guidance, we will ask parents and young people to The Ranch to test before they arrive.

**Face coverings**

We will ask young people, staff, and visitors to wear suitable face coverings in communal areas, in line with government guidance.

**13.10 vulnerable to infection**

Some medical conditions make individuals vulnerable to infections that would rarely be serious in most children. The Ranch 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 any 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.

**13.11 Exclusion periods for infectious diseases**

The Ranch will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance.

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

**14. 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.

**15. Accident reporting**

**15.1 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.

As much detail as possible will be supplied when reporting an accident

Information about injuries will also be kept in the young person’s record

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Records held in the first aid and accident book will be retained for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed.

**15.2 Notifying parents**

The onsite Director will inform parents of any accident or injury sustained by a young person and any first aid treatment given, on the same day, or as soon as reasonably practicable.

**16. Training**

Staff training requirements - staff are provided with health and safety training as part of their induction process.

All employees will be provided with:

a) induction training in the requirements of this policy

b) updated training in response to any significant change in roles and responsibilities c) training in specific skills needed for certain activities as identified by the relevant risk assessment d) d) refresher training where required

Each member of staff is also responsible for drawing the director attention to their own personal needs for training and for not undertaking duties unless they are confident that they have the necessary competence. This would ordinarily be achieved through the supervision and appraisal process. All employees shall undertake work tasks as instructed and trained.

**17. Monitoring**

This policy will be reviewed by the board of directors every year.

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

**18. Risk Assessments**

The underlying process which informs safety management is risk assessment. Assessments of significant risks will be made with those persons responsible for the activity/area affected and the significant findings of these decisions will be recorded in writing.

The A1 format will be used to record the significant findings of risk assessments. Wherever possible, affected staff will be included in the risk assessment process. Relevant staff will be briefed in the risk assessment findings.

Risk assessment records will be reviewed either annually or every 3 years depending upon the levels of risk. This will be identified on the risk assessment record.

**19. First Aid**

First Aid equipment has been provided.

First Aid treatment is provided through trained First Aiders.

The will ensure that a suitable number of staff are qualified to administer first aid in an emergency. The need for first aiders, their level of training required and for first aid equipment will be ascertained through a first aid assessment.

First aid boxes are situated throughout the school and are clearly identified. The contents will be checked on no less than a monthly basis by a nominated first aider and all deficiencies made good.

A record will be kept of every occasion when any member of staff, pupil or other person receives first aid treatment whether on school premises or as part of a school-related activity

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

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some ‘dos and don’ts’ to follow that you can check.

In confirmed cases of COVID-19, we will follow the recommended self-isolation period based on government guidance.

| **Infection or complaint** | **Recommended period to be kept away from The Copper Academy** |
| --- | --- |
| **Athlete’s foot** | None. |
| **Campylobacter** | Until 48 hours after symptoms have stopped. |
| **Chicken pox (shingles)** | 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 student return to the Academy.  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. |
| **Cold sores** | None.  5 days from appearance of the rash. |
| **Rubella (German measles)** |
| **Hand, foot and mouth** | Students are safe to return to the academy 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 student or staff member should be excluded until after the first treatment has been carried out. |
| **Scarlet fever** | Students can return to the Academy 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 Academy, the health protection team will assist with letters and a factsheet to send to parents or carers and staff. |

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| **Slapped cheek syndrome, Parvovirus B19, Fifth’s disease** | None (not infectious by the time the rash has developed). |
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| **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)** | 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. 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. |
| **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 if 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. |

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| **Whooping cough**  **(pertussis)** | A child or staff member should not return to the Academy 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** | 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 student has been treated and has recovered, they can return to the Academy. |
| **Meningitis** | Once the student has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed. |
| **Meningitis viral** | None. |
| **MRSA (methicillin**  **resistant Staphylococcus aureus)** | None. |
| **Mumps** | 5 days after onset of swelling (if well). |
| **Threadworm** | None. |

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| **Rotavirus** | Until 48 hours after symptoms have subsided. |
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