

## **HEALTH AND SAFETY GUIDE**

This guide sets out how the health and safety of all those who work and study at d'Overbroeck's may be preserved and promoted. As well as formal statements of policy and descriptions of how health and safety is to be managed, the Guide includes practical measures, safety codes and advice. It is of fundamental importance that all those employed by the school should read and understand its contents when they first arrive, and that all members of staff should keep themselves updated as new versions of policies are published.

The Guide is in five parts:

- Part 1 Health and Safety Policies
- Part 2 Managing Health and Safety
- Part 3 Health and Safety Procedures
- Part 4 Monitoring Health and Safety
- Part 5 Practical Advice

### **PART 1 HEALTH AND SAFETY POLICIES**

#### **1.1 General Health and Safety Policy**

##### **School Health and Safety policy statement**

One of the primary concerns of the proprietors and management of d'Overbroeck's is that the school should, so far as is reasonably practicable, provide and maintain a healthy and safe environment for all those who come to the school. This concern extends to all members of staff, to all students, to all those who visit the school and to all outside workers and contractors.

##### **Legal obligations of employers**

In setting out their commitment to these aims, the proprietors are mindful of their legal obligations. Under the provisions of the Health and Safety at Work Act 1974 (together with subsequent amendments, subsidiary legislation and regulations), the proprietors have a duty as employers to conduct their business in such a way as to ensure, so far as is reasonably practicable, that all those who may be affected by their business activities – whether or not they are employees – are not exposed to risks to their health and safety. The prevention of illness and accidents is essential to the efficient operation of the school and to the good education of its students.

##### **Health and Safety Director**

In order to ensure that the school's health and safety aims are met, the proprietors have appointed a Health and Safety Director who will hold overall responsibility for the management of health and

safety throughout the school, for ensuring that adequate practical arrangements are made and for monitoring the effectiveness of these measures. The responsibilities of the Director are set out in detail in Part 2.

### **Responsibilities of all staff and students**

The arrangements outlined in this statement and the various other safety provisions made from time to time cannot by themselves prevent accidents or ensure safe and healthy working conditions: the adoption of safe methods of work and good practice by every individual is also necessary. Every reasonable step to identify and reduce hazards to a minimum will be taken, but all staff and students must appreciate that their own safety and that of others depends also upon their individual conduct and vigilance.

### **Consultation with staff**

In order to take proper account of the views and concerns of members of staff on health and safety issues, these subjects will be a standing item on the agenda of meetings of the school's Staff Group. Members of the Group will be invited to raise health and safety matters at any Group meeting, or directly with the Principal, or the Health and Safety Director at any time. The Group will also be asked to comment on matters raised by the Health and Safety Director.

Individual members of staff are encouraged to make their concerns known immediately and directly to a senior member of staff whenever they feel there is a threat to health and safety. In addition, members of staff should feel free to make suggestions where they feel that a policy or procedure could be improved. Individuals will be consulted before being allocated particular health and safety duties, and will also be consulted whenever a change in working practices (for example, the introduction of new machinery or equipment) may raise new health and safety issues.

### **Information, training and expert advice**

Supervision, training and instruction will be provided to enable members of staff and students to perform their school activities in a healthy and safe manner. Advice from outside experts will be sought on areas of particular concern where appropriate.

## **1.2 First-Aid policy**

### **Policy statement**

The school's policy is to ensure that it provides training, equipment and facilities to enable essential first aid to be administered to staff, students and visitors to its premises. The level of first-aid provision will be based upon a risk assessment, which will be reviewed annually. Policy and practice will in general be based upon the DCSF publication *Guidance on First Aid For Schools* (1998). In addition, the school will ensure that provision meets minimum statutory requirements, including the *Health and Safety (First Aid) Regulations 1981*.

In addition to specific training for nominated staff, the school will seek to raise the level of first-aid awareness and competence amongst all members of staff.

### **1.3 Policy on collecting and distributing medical information on students**

Medical information and other personal data must be handled and stored securely, as set out in the school's Data Protection Policy but this must be balanced against the need to provide full and accurate medical details to those who may, in the students' interest, need access to them

The school's policy may be summarised as follows:

- the school will systematically collect medical information on all students from parents when a student first joins, and will obtain updated information at the beginning of every subsequent academic year
- the forms returned by parents, and the information they contain, will be treated as highly confidential, and arrangements will be made for secure storage
- information on the forms will be communicated to staff only where doing so is judged to safeguard or promote the health and safety of the student concerned, or of those with whom they may come into contact

### **1.4 Policy on supporting students with medical needs**

The school's policy on supporting students with medical needs is based upon the following considerations:

- a) the school has a responsibility to safeguard and promote the health and safety of pupils, staff and visitors;
- b) the school's Disability Inclusion Policy includes a commitment not to treat a disabled student or prospective student less favourably for a reason solely related to his or her disability than someone to whom that reason does not apply and where there is no reasonable justification for doing so;
- c) the school's ethos is one which encourages in students a sense of self-reliance and of responsibility for their own actions and welfare;
- d) all students are aged 11 or over;
- e) with rare exceptions, there are no boarders under the age of 16;
- f) the school has close links with a local medical practice, and all boarders must register with that practice unless already under the care of a local GP;
- g) the school employs no medical staff.

Policy and practice will in general be based upon the DCSF publication *Supporting Pupils at school with Medical Conditions 2014 and updated 2015*; the legal guidance given in the DCSF circular 14/96 (1996); and, where appropriate, the Royal Pharmaceutical Society's publication *The Administration and Control of Medicines in Care Homes and Children's Services* (2003).

The school's policy may be summarised as follows:

- 1) providing they meet the school's academic and other entrance criteria, students with disabilities and with medical needs will be readily accepted into the school so long as the school has the facilities and staff to provide the necessary support

- 2) as a rule, students and their parents will be encouraged to make arrangements to enable the student to administer his or her own medication or other treatment
- 3) where the student is unable reliably to administer his or her own treatment - or where symptoms may become so acute as to prevent them from doing so – a written Individual Health Care Plan must be agreed with the Head before the student joins the school or, if already a member of the school, as soon as the student or their parents becomes aware of the condition
- 4) the school has a First-Aid Policy which provides for qualified first-aiders at all its sites
- 5) advice will be given to staff on dealing with sudden and acute medical emergencies, including asthma, epilepsy, diabetes and severe allergic reactions.

## **PART 2 MANAGING HEALTH AND SAFETY**

The duties of all those responsible for managing health and safety at d'Overbroeck's are set out in the following sections.

The names of the members of staff who hold these responsibilities are to be found on the health and safety notice board at each site.

### **2.1 Health and Safety Managers**

#### **2.1.a The Health and Safety Director (currently the Bursar)**

Reports to the Governing Body and holds overall responsibility for ensuring that the school meets its health and safety aims.

Specifically responsible for:

- the general management of health and safety throughout the school;
- the creation and maintenance of a clear and coherent structure for managing all aspects of health and safety;
- ensuring that there is an adequate system for research and communication on health and safety matters;
- ensuring that adequate practical arrangements are made, including safety codes, guides, training and the provision of resources;
- monitoring the effectiveness of these measures, including general auditing and investigation of incidents and 'near misses';
- writing and updating the Health and Safety Guide and associated documents;
- ensuring that all concerned are aware of new legislation and regulations.

#### **2.1.b The Health and Safety Co-ordinator (currently the Facilities & Compliance Manager)**

Reports to the Health and Safety Director. Responsible for all aspects of the day-to-day management of health and safety at the school *except* those which are the direct responsibility of the Sixth Form Head of Science, the Years 7-11 Science Co-ordinator, the Sports Co-ordinator or other heads of subject.

Specifically responsible for:

- organising installation, repair and replacement of all items of health and safety equipment;
- looking at all reports, notifications and circulars concerning health and safety matters as they come into the school, and passing them to the relevant members of staff;
- initiating and updating room-by-room and activity-by-activity risk-assessment and risk-control records, and ensuring their ready availability to all members of staff;
- co-ordinating the follow up to incidents and near misses;
- ensuring adequate provision of suitably trained First Aiders;
- ensuring adequate provision of suitably trained Fire Marshals and Fire Wardens;
- responding to staff requests for information and action on health and safety concerns;
- periodic 'walk round' inspections of all sites;
- instructing Maintenance and Facilities staff on essential maintenance and repairs;
- fire safety;
- publishing information on Health and Safety notice boards at each site, and distributing other information as necessary.

Full details of the duties of those responsible for the school's fire safety procedures are provided in the document

### **2.1.c 'The Head'**

'The Head' refers as appropriate to the Principal of d'Overbroeck's, the Deputy Principals, the Head of the International School, the Head of Sixth Form and the Head of Years 7-11.

- The Head will work with the Health and Safety Director and Co-ordinator to ensure that school policies and procedures are followed.
- Before appointing new staff, the Head will give consideration to the health and safety responsibilities associated with each post, and will agree these with the Health and Safety Director before the post is advertised.
- They will also ensure that these responsibilities are made clear to applicants, and to the person finally appointed.
- They will nominate members of staff to hold particular health and safety responsibilities e.g. to train as first aiders or as fire wardens.

## **2.2 Staff with specified health and safety duties**

### **2.2.a The Head of Sixth-Form Science and the Years 7-11 Science Co-ordinator**

The Heads of Science in the Sixth Form and at the Years 7-11 site report to the Head and the Health and Safety Director. They are responsible for:

- ensuring that the written health and safety guidelines, as agreed with the Health and Safety Director, are adequate, that they are circulated to all staff and students, and that they are followed by all concerned;
- ensuring that COSHH guidelines are followed for all hazardous substances and equipment, including safe transport, handling, use, storage and disposal;
- ensuring that a risk assessment is available for every science practical, and that health and safety sheets are filed with practical notes and instructions, and handed to laboratory technicians, teachers and students;
- ensuring that information coming into the department, for example from CLEAPS, is circulated, and that prompt action is taken in response where required;
- inducting new staff, making them aware of risks and control measures, and arranging supervision where necessary;
- conducting termly health and safety checks with the laboratory technicians, and annual reviews with the Health and Safety Director.

### **2.2.b The Sports and Extra-Curricular Activities Co-ordinators and Heads of Physical Education**

Report to the Head and Health and Safety Director.

They have special responsibility for health and safety in sports, physical education and leisure activities.

### **2.2.c Boarding Staff**

Report to the Deputy-Head and Health and Safety Director.

The Boarding staff have overall responsibility for school boarding houses. This includes specific responsibility for ensuring that portable electrical equipment brought into the school's boarding houses by students and members of staff is tested for electrical safety. This can be arranged through the school's Facilities and Compliance Manager.

Boarding staff also have special responsibility for making and recording risk assessments in accommodation arranged by the school but provided by host families.

### **2.2.d First-Aiders and Appointed Persons**

First-aiders are expected to:

- give immediate help to casualties with common injuries or illnesses;
- administer only such first aid as they have been trained to provide;
- ensure ambulance or other professional medical help is summoned when appropriate;
- look after first-aid equipment, alerting the Facilities and Compliance Manager when supplies are used or become out-of-date;
- ensure that any incidents they attend are noted in the Accident Book.

Appointed Persons are expected to:

- take charge when someone is injured or becomes ill;
- ensure the protection of the casualty and all others present from further risk or injury;
- ensure that a trained first-aider is summoned immediately when required;
- ensure that an ambulance or other professional medical help is summoned immediately when required;
- support the efforts of other first-aiders and professional medical staff as required.

Appointed Persons need not be trained first-aiders.

## **2.2.e Fire Officers and Fire Wardens**

### **Fire Officers**

One person will be designated Fire Officer at each site. Their duties are as follows:

- to understand what are the most common causes of fire, principal hazards and basic fire safety techniques;
- to be aware of fire escape routes, and to take action to ensure that they are kept clear at all times;
- to be adequately trained in the use of fire-fighting equipment;
- to contact the Emergency Services when a fire cannot be extinguished or there is a danger to the health and safety of any person in the vicinity;
- to arrange for a fire drill and full evacuation practice to take place each term;
- to record details of the drill in the site file, and to advise the Health & Safety Co-ordinator of any shortcomings;
- at the designated Assembly Point, as last person out of the building, to carry out a roll call (where appropriate), co-ordinating data from any additional areas monitored by Fire Wardens;
- to announce when it is safe to re-enter the building(s);
- to record all activities in the Site File;
- to ensure that all staff have been provided with basic instructions on what to do
  1. if the alarm sounds
  2. when a fire is discovered
- to ensure that the fire alarms are sounded, on a weekly basis, in order:
  1. to test call points in sequence
  2. to familiarise staff and students with the alarm
- to appoint at least one of the Fire Wardens as a deputy, so as to ensure that there is always an Acting Site Fire Officer on-site during working hours.

## Fire Wardens

Fire Wardens are expected to:

- understand what are the most common causes of fire, principal hazards and basic fire safety techniques;
- be aware of fire escape routes, and to take action to ensure that they are kept clear at all times;
- be adequately trained in the use of fire-fighting equipment;
- contact the Emergency Services when a fire cannot be extinguished or there is a danger to the health and safety of any person in the vicinity;
- ensure swift and safe evacuation of all people from their specific area of the building(s) when the fire alarm sounds;
- carry out a roll call for their specific area and advise the Site Fire Officer of response;
- deputise for the Site Fire Officer, in the event of any injury or absence.

### 2.2.f Vehicles Manager (Currently the Facilities & Compliance Manager)

Responsible for the safe upkeep and operation of vehicles owned by the school and used for transporting students or for maintenance work.

## 2.3 The health and safety responsibilities of every member of staff

Legislation governing 'health and safety at work' places obligations upon employees as well as upon employers. Employees are obliged:

- to take reasonable care for their own health and safety and for that of any other persons who may be affected by their acts or omissions at work
- to co-operate with their employer as far as is necessary to enable the employer to comply with any duties or requirements imposed by health and safety legislation.

In d'Overbroeck's, this is taken to imply that maintaining a healthy and safe working environment is a co-operative effort in which *everyone* concerned with the life of the school - staff, students, outside contractors, caterers, visitors - has a part to play. Some people will have specific functions to fulfil, such as those responsible for first aid, laboratory safety and risk assessment. *No-one*, however, should feel that health and safety is someone else's job: we are *all* responsible. The aim is to build a 'safety culture' in which everyone is expected to familiarise themselves with the health and safety aspects of their work, to act whenever possible to promote health and safety and to avoid conduct which might put themselves or anyone else at risk.

In particular, every member of staff has these health and safety duties:

- to be aware of all health and safety rules, procedures and working practices applicable to their work, including the contents of this Guide, the additions and revisions which will periodically be issued, and the risk-assessment and risk-control documents for the areas and activities in the school in which they work;
- to ensure that these rules, procedures and practices are followed by themselves and by those in their care;

- to exercise effective supervision over those for whom they are responsible, and to set a good personal example;
- to check that equipment and tools are in good working order, are appropriate for the use to which they are put, and are being used in a safe manner;
- to provide appropriate protective clothing and safety equipment as required, and to ensure proper use;
- to check that toxic, hazardous and highly inflammable substances are correctly used, transported, stored and labelled;
- to report all accidents, incidents and 'near-misses';
- to report to the Health and Safety Director any situation or practice which presents a substantial health and safety risk;
- to make themselves familiar with the fire precautions and evacuation procedures for the building/s in which they work;
- to make themselves familiar with the risk assessment and control records held in the Site File for the building in which they work.

## 2.4 Outside Experts

Where necessary, the school will seek equipment, training, advice and other services from outside experts on health and safety matters and procedures.

## PART 3 HEALTH AND SAFETY ARRANGEMENTS

### 3.1 Risk assessment and risk control

Practical arrangements for health and safety must ensure (a) that potential causes of harm are identified and the level of risk established ('risk assessment'); and (b) that adequate measures are in place to minimise or, where possible, eliminate that risk ('risk control').

Risk assessment will be made on a room-by-room and activity-by-activity basis. A certain risk may, however, appear in many places. The school's risk records will, therefore, be in two parts:

- **risk assessments** which list, room-by-room and activity-by-activity, every substantial risk
- **risk-control information** which list all the risks, together with the measures to be taken to minimise them and, where relevant, deal with an emergency which that risk might cause

**All the detailed information about health and safety arrangements is to be found in the Site Files. It is therefore essential that all members of staff make themselves familiar with the records relating to the sites where they work and the activities in which they are involved. The location of the Site File is advertised on the Health and Safety notice board at each site**

There are, however, some general matters which are dealt with below.

## 3.2 Emergencies

### 3.2.a Illness or accident

If anyone should become ill or be involved in an accident, the procedure is as follows:

- check and ensure so far as possible that there is no risk of further harm to the casualty or to anyone else;
- call the first-aider;
- first aid should be administered, but only so far as knowledge and skill permit;
- if an ambulance is required, dial 999. It may be appropriate for you or another member of staff to transport the casualty to hospital (but see section (5).1.d). A member of staff using their own vehicle for this purpose is covered by the school's insurance policy;
- as soon as possible after the incident, a report must be written in the Accident Book and the report should be forwarded to the Facilities & Compliance Manager for storage and follow up action (where necessary). An investigation may be necessary. Details of reporting and following up incidents are to be found in Part 4.3-4.

### 3.2.b Fire and Emergency Evacuation

There is a Fire Evacuation Procedure for every site. Copies will be found (a) on the Health and Safety Notice board at each site, (b) in the Health and Safety file for the building and (c) in the school's Staff Handbook.

Some key points are:

- if you discover a fire or other urgent major hazard, operate the nearest fire alarm immediately - do not hesitate;
- attack a fire with the appropriate appliances provided, but only if you can do so safely;
- always respond immediately to the emergency bell by leaving the building by the nearest available exit;
- do not stop to collect personal belongings;
- do not re-enter the building until you are told it is safe to do so either by the responsible person Bursar/ Principal/ Head) or Fire Brigade.

## 3.3 First Aid

### 3.3.a Responsibilities

1. The **policy** is the responsibility of the Health and Safety Director, and is agreed with the Principal.
2. The **risk assessment** is carried out by the Health and Safety Co-ordinator, in consultation with other specialist staff where necessary (e.g. science teachers); and is also agreed with the Head.
3. The **organisation of the training and equipment**, and the supplying of on-site information to staff, is the responsibility of the Health and Safety Co-ordinator.

4. Responsibility for **providing first aid** and for checking and maintaining first-aid boxes is held by trained first-aiders and Facilities & Compliance Manager (see section (2.2.d) for a full list of responsibilities).
5. Responsibility for **taking charge of an incident**, including managing casualties until first aid or professional medical help arrives, protecting the casualty and others from further harm and for providing access to medical information where available is held by the Appointed Person. Appointed Persons need not be trained first-aiders.

### 3.3.b First-aid risk assessment

#### General factors

- a) All the school's buildings stand within two miles of the John Radcliffe Hospital, which is a major accident and emergency centre, serving the city of Oxford and the surrounding area.
- b) The local ambulance service operates from the J R site, and it is reasonable to expect an ambulance to attend an emergency at any of our sites within a few minutes.
- c) All pupils attending the school are aged 11 or over.
- d) With very few exceptions, all under-16s receive their education at the Years 7-11 site at Leckford Road and at the International School in The Swan. Students at 333 are aged 16 or over.
- e) The school's activities, in common with most secondary schools, are generally low risk.
- f) Higher risk activities – in particular science practical work – are concentrated in specific, purpose-built accommodation. Such activities are organised and supervised by suitably trained and qualified staff.
- g) The school runs three boarding houses, each physically separate from teaching accommodation.
- h) The school has limited sports facilities. Physical education is mainly provided at outside venues, mostly within Oxford, where risk assessments are provided by the owners of the facilities.

#### Site by site assessment

Premises	Likely maximum numbers	Higher-risk activities / special factors
333 Building (Sixth Form)	335 students + approx. 50 staff	Almost all 16+ on this site. Science teaching, Art, Photography, Drama
Swan Building (International School)	70 students + 20 staff	Dry science lab Art room
Leckford Road (Years 7-11)	193 students + 25 staff	Most students aged 11-16 Three GCSE science labs Art Room

		Drama teaching
<b>Premises</b>	<b>Likely maximum numbers</b>	<b>Higher-risk activities / special factors</b>
Islip House, 376 Banbury Road	62 students + 4 staff	Boarding house. General domestic risks.
Hayfield House, 338 -340 Banbury Road	15 students + 2 staff	Boarding house. General domestic risks.
Nash House, 106 Banbury Road	18 students + 2 staff	Boarding house. General domestic risks.
St Aldates House, 61 St Aldates	47 students + 2 staff	Boarding house. General domestic risks.
St Philips House, Spring Hill Road, Begbroke	20 students + 2 staff	Boarding house. General domestic risks.

### 3.3.c First-aid provision

#### General provision

At every site, there will be:

- a) at least one first-aider or appointed person available throughout working hours;
- b) a first-aid box;
- c) a notice, prominently displayed, indicating where the first-aid box is sited and who are the first-aiders and appointed persons on that site.

#### Additional provision for higher-risk sites

In addition, following the risk assessment,

<b>Premises</b>	<b>Minimum provision</b>	<b>Reason</b>
333 Building (Sixth Form)	At least one trained first aider <i>and</i> one appointed person available throughout school working day	Number of staff and students on-site Additional risks from Science, Art, Drama
Swan Building (International School)	At least one trained first aider <i>and</i> one appointed person available throughout school working day	Additional risks from science and art facilities
Leckford Road (Years 7-11)	At least one trained first aider <i>and</i> one appointed person available throughout school working day	Younger pupils. Additional risks from science and art facilities

### **3.3.d Off-site activities**

1. First-aid boxes will be carried in the school minibuses at all times. The maintenance of supplies in this box will be the responsibility of the Facilities and Compliance Manager.
2. Risk assessments for all off-site trips and activities will include consideration of whether an appointed person or trained first-aider is required.

### **3.3.e Training**

Comprehensive training will be provided for all staff identified in the undertaking of First Aid duties or responsibilities, by an authorised and regulated training provider.

A training register and a programme of re-training will be maintained at all times. Refresher training and re-qualification training will be controlled and scheduled by the Facilities & Compliance Manager.

### **3.3.f Recording and reporting incidents**

Please see section 4.3.

## **3.4 Distributing medical information about students**

A few senior members of staff will have *full access* to the medical information forms. Other staff will be given *selected information* from the forms.

The following senior staff will have full access to the information on any student's form:

- the Principal, the Deputy Principal (Pastoral), the Bursar, the Registrar, the Assistant Registrar, the International School Administrator and the Health and Safety Director (where different from the Bursar);
- boarding staff (but only for students for whom they are arranging accommodation);
- Directors of Study and Form Teachers (but only for the students for whom they are directly responsible);
- Head and Deputy Head of Years 7-11 and Head of Sixth Form;
- Head of the International school and GCSE course co-ordinator;
- Sports and Extra-Curricular Activities Co-ordinators and Heads of Physical Education.

In order to provide selected information to other staff, information from the medical forms will be recorded and communicated under two categories: 'significant physical or psychological risks' and 'learning difficulties'.

'Significant physical or psychological risks' comprise any medical or behavioural matters which may place the student or those around them at significantly higher risk. This category includes, but is not restricted to, matters such as:

- physical disabilities e.g. partial sightedness;
- medical conditions which may have sudden and acute symptoms e.g. allergies, asthma, diabetes and epilepsy;

- depression or psychiatric illness, where this may imply higher-than-normal risks e.g. a history of self-harming or violent behaviour;
- emotional or personal difficulties or disturbances.

'Learning difficulties' comprise any conditions which, while not posing a physical or psychological risk, may make some aspects of learning more than usually difficult. This category includes, but is not restricted to, matters such as:

- specific, diagnosed educational dysfunctions, such as dyslexia or dyspraxia;
- unusual difficulty with concentration or memory.

The Principal and the Health and Safety Director will together be responsible for deciding what information should be communicated, and to whom. In general terms, information about significant physical risks will be given to any member of staff who may have care of a student. This includes the student's teachers, host family or boarding house staff, sports staff, first-aiders, 'appointed persons', exams supervisors and anyone taking or accompanying the student on a trip outside school.

Rarely, a student with an unpredictable and potentially dangerous condition may also be brought to the attention of all staff in the buildings the student regularly visits.

Information on educational factors will generally be shared only with the student's teachers and with the relevant heads of department. In some cases, exams staff need to know that an application is to be made for special consideration from the examination boards.

### **3.5 Administering medicines and other forms of treatment**

#### **3.5.a Prescription medicines**

The school expects only rarely to be asked to participate in administering medication or any other form of treatment. In general, students of boarding age (that is, 16 +) should be responsible for their own health care regime, and students under 16 will in almost all cases have the daily support of their parents. There will, however, be cases where the school will agree to help. These will include cases where a student is likely to forget to administer their own treatment; cases where the student may be unable to do so (e.g. through seizure or unconsciousness); and cases where a medicine is particularly dangerous (e.g. a prescribed medicine on the Controlled Drugs list).

The school's assistance will invariably be conditional upon the completion of an agreed and written individual Health Care Plan.

This means that the school will accept responsibility for obtaining, storing and administering medication only after a formal, written Individual Health Care Plan for the student concerned has been drawn up and agreed by the parents, the student, the Head and, where appropriate, the student's GP or other doctor. Before agreeing such a plan, the school will assess carefully whether it has the means to provide the assistance required. The procedure for drawing up the plan will follow the good practice guide given in *Supporting Pupils at school with Medical Conditions* (2015). The school accepts no responsibility unless and until the Head has signed a declaration confirming the school's agreement to the proposed Plan.

If the school agrees to have custody of a prescription-only medicine, secure storage will be provided at the site where the medicine is kept. Written records of the receipt, administration and disposal of such medicines will be maintained.

### **3.5.b Non-prescription medicines**

In general, staff and host families are discouraged from giving students any medication. This even applies to so-called 'household remedies' such as paracetamol, aspirin, symptomatic relief for colds and flu and so forth. Students and their parents can reasonably be expected to provide such medication themselves. Even familiar household medicines are dangerous to some people, and may react unpredictably with other medication. It is often impossible to tell how much of a substance a student may already have taken e.g. paracetamol is often an ingredient in medicines for colds, flu and migraine.

In unusual cases, however, failure to provide such a household remedy may be judged to place an unacceptable limit on the level of care offered to a student. A student who suffers a late-night toothache or migraine attack may be in serious distress, and may have no opportunity to obtain medication for themselves. In such cases, staff and host families may give recommended doses of household remedies, but *only on the following conditions*:

- 1) the medicine must be on the 'General Sales List' i.e. available for purchase at any retail outlet without prescription or the supervision of a pharmacist;
- 2) instructions and doses given on the label or packaging must be strictly followed;
- 3) the student must be asked whether they have taken any of the medicine already, or any other preparation which may contain the same active ingredients;
- 4) the person administering the medicine must have access to records of any significant physical risks on the student's medical information form;
- 5) the person administering the medicine must be able to satisfy themselves that the parents have consented to the administration of household remedies and that there are no recorded contra-indications;
- 6) details of the student and/or the medicine given must be entered on the form provided for the purpose and returned to the school's Boarding Office (in the case of medicines administered by host families) or to the Assistant Registrar (in all other cases).

It is highly dangerous – and illegal – to give anyone a prescription-only medicine which was prescribed for someone else.

### **3.6 Facilities**

Staff should make the Facilities & Compliance Manager aware of any item or fabric of the building which becomes un-usable or identified as a potential risk to Health and Safety, as a matter of urgency.

### **3.7 Ensuring staff have access to health and safety information**

#### **3.7.a New employees**

In order to ensure that new members of staff have an adequate understanding of health and safety issues before they undertake their duties at the school, the school will:

- include the latest edition of this *Health and Safety Guide* to all new staff with their letter of appointment;
- the new member of staff will be required to read the Guide before starting work, and will sign to confirm that they have done so;
- where new staff receive a specialised H & S induction they will sign a declaration that confirms that they have received it lists what it covered;
- in cases where the duties of a new member of staff will require them to have specialised health and safety knowledge and training, steps will be taken to ensure that successful candidates are properly qualified;
- in some cases, new members of staff may be required to attend health and safety briefings before commencing their duties.

#### **3.7.b Current staff**

- This Health and Safety Guide will be updated from time to time. The latest edition will be incorporated in the Staff Handbook.
- Updates on new risks and safety procedures will be sent out to all concerned as they become available.
- The Site Files will be made readily available to all members of staff, and will be regularly checked and updated.
- A Health and Safety notice board will be maintained at every site.
- Further training and briefings will be provided as necessary.

### **3.8 Fire risk assessments**

In accordance with current legislation, a fire risk assessment is carried out on all school sites. An outside specialist provides this service. The Health and Safety Co-ordinator will arrange for the fire risk assessment at every site to be up-dated annually. A written report will be obtained on each site and copied to the Health and Safety Director and the Principal. Any deficiencies will be urgently addressed.

### **3.9 Bullying**

The school has a policy of zero tolerance towards bullying, whether verbal, physical or psychological, and regards any such incident as an abuse of power which is inconsistent with its aims.

Full statements of the relevant school policies are to be found as follows:

- the school *Anti-Bullying Policy* – in the Staff Handbook and on the school's website
- *Keeping Children Safe in Education* – in the Staff Handbook

### **3.10 Student boarding**

At boarding houses and other accommodation run by the school, health and safety procedures and facilities will be organised by the Health and Safety Co-ordinator and boarding staff, in the same way as at other school premises. The Boarding Staff, together with the Houseparent at each site, will liaise with the Health and Safety Co-ordinator to ensure that proper measures are in place and that deficiencies are remedied. Any serious concerns or problems should be reported to the Principal and the Health and Safety Director.

At accommodation arranged but not run by the school, Boarding staff will undertake and record a basic domestic risk assessment on their first visit to the premises. This will be updated at each annual visit. Any particular concerns will be brought to the attention of the host family. Where the shortcomings give rise to serious concern, students will not be accommodated in the premises until the shortcomings are rectified and a new inspection made. The Boarding Staff will pass on to host families such advice as they are able to obtain regarding good practice in domestic health and safety, particularly with regard to fire precautions.

### **3.11 Sports, trips and extra-curricular activities**

Any member of staff involved in planning, organising or running one of these activities must read and follow the *d'Overbroeck's Guide to Health and Safety in Sports, Trips and Extra-Curricular Activities*, which is published in the Staff Handbook.

### **3.12 The school minibuses**

#### **3.12.a 'Signing up'**

Suitably qualified members of staff may use one of the minibuses to transport themselves and students on school activities.

- 17-seater minibuses: only staff with full PSV licences are entitled to drive these minibuses.
- 9-seater minibuses: this may be driven by any member of staff with a full-driving licence who is over 21 years of age.

However, no one, may drive any of the school's vehicles until they have 'signed up' with the Facilities & Compliance Manager. They will have to complete a questionnaire, produce their driving licence and be registered with the school's insurers. The insurers require that the school retains a photocopy of the whole driving licence (including the Counterpart Licence, if you have a photo-card version), and that drivers submit their licences to the school at the start of every academic year. Drivers are under an obligation to report immediately to the school any motoring offences (including pending prosecutions) or changes in their health which may affect their fitness to drive safely or their acceptability to the school's insurers. The school must in turn disclose such information immediately to the insurers. The Facilities & Compliance Manager will also confirm which of the minibuses you are licensed to drive.

#### **3.12.b Basic precautions when using a school vehicle**

When driving any school vehicle, you must take all reasonable care to ensure the safety of yourself, your passengers and of other road users. Amongst other precautions, you must obey the following safety instructions:

1. You must never carry more than the designated number of passengers, or overload the vehicle.
2. You must ensure that passengers are seated and wearing their seat belts.
3. Luggage must be stowed safely, and must not block the exits.
4. Doors should be shut firmly but not locked.
5. In common with every driver, you are responsible for the condition of the vehicle you are using. You should therefore make a basic visual inspection of lights, fluid levels, tyres, seatbelts etc, before you undertake a journey.
6. You must not drive a minibus if you have any reason to suspect that there are mechanical faults which might affect the safety of the vehicle (e.g. uneven braking, worn or damaged tyres, wandering steering, lights which don't work, etc.).
7. You must immediately report to the Facilities & Compliance Manager any mechanical problems or maintenance requirements.
8. You must not smoke in the minibuses, or permit anyone else to do so.
9. You must not drive while under the influence of drink or drugs, or if your ability to drive is in any other way impaired.
10. There are no specific regulations regarding how frequently you should stop to rest, but it is widely recommended that drivers should drive for a maximum of 90 minutes at a time, and then stop for at least 15 minutes. However, you should stop more frequently if this is necessary to prevent fatigue from impairing your ability to drive safely.
11. You must not allow anyone else to drive a minibus unless they have been 'signed up' by the school and accepted by its insurers.
12. The school provides breakdown cover for its vehicles. You will find details in the minibus.
13. When you drive a minibus for the first time, you may not feel fully confident that you can drive the vehicle safely. Ask the Facilities & Compliance Manager to arrange for someone with experience of driving it to show you the controls and, if you would like, to take you for a test drive.
14. The 17-seater minibuses may be driven only by staff who have obtained their PSV licences
15. Users of the 17-seater minibuses will find in each vehicle a log book, which they must fill in every time they take the vehicle out.

### **3.13 Health and safety for computer users**

The school has a responsibility to ensure that those whose jobs involve using computers are doing so in a way which minimises risks to their health. We are, of course, most concerned for those whose daily work consists largely of using computers. However, we are keen to ensure that even occasional users have proper equipment and furniture, and are aware of basic measures they can take to reduce the possibility of harm to their health.

The measures taken by the school to reduce health risks from computer use are as follows:

1. provide some basic information on how best to set up and adjust office furniture, screen, keyboard and mouse, and how to organise working time;
2. provide a self-assessment questionnaire for computer users – in particular those who use computers for continuous periods of an hour or more every day;
3. where necessary, undertake a full assessment of users' working area, furniture and computing equipment, taking action as required;
4. advise of the policy on eye tests and the provision of special glasses for computer work where necessary.

The DSE risk assessment will be provided to all new staff within their induction information during their first week of employment. It should be filled in and returned to the Facilities & Compliance Manager within their first two weeks of employment.

Any issues identified and raised upon completion of the DSE risk assessment will be assessed and actioned as fully, quickly and as practicably as possible, by the Facilities & Compliance Manager.

If ordinary daily work requires a member of staff to use a computer screen for more or less continuous periods of an hour or more – and this work comprises transferring information to or from the machine – then the school will provide at its expense an eye test to ascertain whether there is a need for glasses specifically for computer work. If so, the school will meet the cost of a 'basic' frame and lenses to the required prescription. The school has an arrangement with a large national chain of opticians – SpecSavers – and vouchers are available which our staff can use at any of their branches. Please contact the Bursary if you think you may need an eye test.

## **PART 4 MONITORING HEALTH AND SAFETY**

### **4.1 Importance of monitoring**

The most effective form of monitoring is constant vigilance on the part of all those who work at the school. This is an aspect of the 'safety culture' described earlier. Nonetheless, some formal and regular monitoring will be undertaken, as described below.

### **4.2 Annual review**

The Health and Safety Director and Co-ordinator will undertake a review of risk assessments and risk-control measures on an annual basis. This will include:

- a re-examination of all sites and activities to check that risks previously identified are being effectively controlled, that any new risks are recorded, and that measures to control new risks are put in place;
- a review and, where necessary, revision of all health and safety literature provided by the school, including this Guide;
- a review of all incidents and near-misses reported in the previous 12 months (see below).

### 4.3 Recording and reporting incidents and near-misses

#### 4.3.a Statutory obligations to report incidents

**The Accident Book** – all accidents on any of the school's premises which cause injury, however slight, must be recorded in the site Accident Book, which is held in the school office of each site. First-aiders will also record in the book the details of any treatment they administer. The first aider will often be involved in completing the record of an accident, but all employees have a responsibility to supply information or enter details if they are involved in an accident.

Accident reports forms must be sent when completed to the Health and Safety Co-ordinator. In order to comply with Data Protection requirements, the forms carry an issue number, and must be sent in sealed envelopes. The Co-ordinator is responsible for keeping the forms securely filed. Where an accident raises questions about health and safety policy or procedures, the Co-ordinator will report them to the Health and Safety Director.

**RIDDOR reports** – under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013), serious accidents must be reported to the Health and Safety Executive by the employer. Members of staff who witness such a major incident are asked to ensure that it is drawn immediately to the attention of the Health and Safety Director and Co-ordinator. If for any reason neither is available, they should contact the Head or another senior member of staff. The following specified injuries to employees must be reported under RIDDOR:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalpings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours;
- notification from a doctor that an employee was suffering from one of the scheduled notifiable diseases set out in the Regulations.

The regulations include a lengthy definition of 'major injury', but the common-sense advice is simply to report *any* serious event to those responsible for managing health and safety, who will be able to judge whether it falls within the RIDDOR requirements.

#### 4.3.b Near-misses

Equally important, but less easy to define, is the responsibility to report incidents which caused no harm (or less harm than might have been expected), but which nonetheless suggest that measures for assessing and controlling a risk have proved inadequate. Identifying and acting upon such near-misses is part of the 'safety culture' in which all members of staff must participate.

Such incidents should be reported to the person responsible for risk assessment at the site or in the area of activity concerned. In addition, every near-miss should be reported to the Health and Safety Co-ordinator.

#### **4.4 Following up incidents and near-misses**

By following the procedures set out in (4.3), a report on every serious accident and near-miss will reach the Health and Safety Director and Co-ordinator. They will be responsible for carrying out an investigation, involving other members of staff and outside experts where necessary, whose aim will be:

1. to determine exactly what happened;
2. to determine whether both risk assessment and risk control measures were adequate;
3. to ensure that all reasonably practicable steps are taken to avoid a repetition of the incident.

Resulting changes in working practices, use of protective clothing and so forth will be recorded in updated versions of the risk assessment records and safety sheets for the site or activity concerned. They will also be drawn to the immediate attention of all staff (and, where necessary, students and others) whose work in or contact with the school exposes them to the hazard concerned.

## **PART 5 PRACTICAL ADVICE**

### **5.1 First Aid in practice**

Please note that the next section, 'Common Medical Emergencies', gives information on how to recognise and deal with a number of potentially urgent and serious medical conditions.

If someone is taken ill or involved in an accident, the Appointed Person and First Aider must immediately be summoned. It will be for them to make an assessment and to decide what action to take.

#### **5.1.a General advice**

- No-one should be sent home (or, in the case of some students, sent back to their boarding house or other accommodation) unaccompanied, unless the staff responsible are confident that no more serious or debilitating condition is likely to develop.
- If appropriate, a taxi may be summoned (at the school's expense). A member of staff should normally accompany the student in the taxi (and must always do so if the student is under 16).
- If a student lives at home while attending d'Overbroeck's, their parents should be contacted immediately and asked to collect them.
- In the case of members of staff or other adults, a friend or member of the family should be contacted.
- In all cases, it is the responsibility of the First Aider or Appointed Person to ensure that someone at the sick or injured person's accommodation – family member, parent, Houseparent or host family – is aware that the student has been sent home following illness or injury.

### 5.1.b More serious cases

- First aiders will administer such treatment as they have been trained to provide.
- Where those responsible are in any doubt about the sick or injured person's health or safety, professional medical help (most obviously, an ambulance) must be summoned without delay.
- The Appointed Person will have access to the 'Health and Medical Information' questionnaires completed on students by their parents or guardians. Information from this form should be made available to the first aider, and to any medical professionals (doctors, paramedics, ambulance staff) who attend the person.

### 5.1.c Head injuries

- Head injuries require particularly careful handling, since:
  - an apparently minor blow may cause very serious – even life-threatening – damage;
  - damage may be internal, and thus not evident;
  - damage may also have been caused to vital tissues in the neck and upper back;
  - the full effects may not become apparent for some time after the injury takes place.
- It is therefore particularly important that anyone suffering a head injury is not left unsupervised.
- If there is the slightest doubt about the severity of the injury or the patient's condition, an ambulance must be called immediately.
- If there has been any loss of consciousness, however brief, the patient should not be moved and an ambulance must be called immediately.

### 5.1.d Transporting sick or injured people home or to hospital

#### Transport to hospital

- In principle, there is no objection to transporting those requiring non-emergency hospital treatment by staff car or minibus.
- However, this should be undertaken only if those responsible are completely confident that the illness or injury is not, and will not develop into, a condition requiring urgent treatment.
- In general, the advice is to **call an ambulance if someone requires hospital treatment.**

#### Using staff cars

- Staff will be aware that the school provides insurance for them to use their cars on school business (see section on 'Insurance' elsewhere in the Staff Guide).
- Before deciding to transport a sick or injured student, staff should be aware that the standard advice is that no individual member of staff should be alone with a student in their car, and that a second member of staff should accompany the student in order to provide supervision.
- It is also standard advice that one of the staff accompanying a sick or injured student should be of the same gender as the student.

### 5.1.e Hygiene and infection control

- First aiders will have received training in how to avoid infection when dealing with sick and injured persons.
- However, all staff who may come into contact with casualties – or with the aftermath of illness or accident - should take basic hygiene precautions as follows:
  - disposable gloves – available in the first-aid box – should be worn;
  - splashes of blood on the skin should be washed off immediately with soap and water;
  - splashes of blood into the eyes or mouth should be washed out immediately with copious amounts of water;
  - spillages of blood and vomit should be attended to as quickly as possible. Ordinary household bleach freshly diluted 1:10 in cold water should be gently poured over the spill and covered with paper towels;
  - if practical the diluted bleach should be left for 30 minutes before being wiped up with disposable paper towels;
  - **Warning:** bleach can corrode metal and burn holes in fabrics if used for too long or in the wrong concentration, and must never be used on skin. Bleach must always be diluted in COLD water: dilution in very hot or boiling water can cause dangerous chlorine fumes to be released;
  - hands should be thoroughly washed with soap and warm water after dealing with any incident.

## 5.2 Common medical emergencies

The contents of this section have been approved by the school doctor.

### 5.2.a Asthma

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing, which can be alleviated with treatment. About one in seven children have asthma diagnosed at some time and about one in twenty children have asthma which requires regular medical supervision.

#### Asthma – Symptoms

Asthma attacks are characterised by

- coughing;
- wheeziness and difficulty in breathing, especially breathing out;
- the sufferer may become distressed and anxious;
- in severe attacks, the sufferer's skin and lips may become blue.

### **Asthma – Medication and control**

Several medications are used to treat asthma. Some are for long term prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

- Most students with asthma will relieve their symptoms with medication using an inhaler.
- Children with asthma must have immediate access to their reliever inhalers when they need them. Inhalers should be available during physical education and sports activities or school trips.
- In a few severe cases, children use an electrically powered nebuliser to deliver their asthma medication.
- Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

### **Asthma – Managing an acute attack**

If a student is having an asthma attack, the person in charge should:

- prompt them to use their reliever inhaler if they are not already doing so;
- reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply;
- encourage the student to sit rather than lie down;
- if the medication has had no effect after 5-10 minutes, or if the student appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought and/or an ambulance called.

### **5.2.b Epilepsy**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 130 children in the UK has epilepsy and about 80% of them attend mainstream schools. Not all pupils with epilepsy experience major seizures (commonly called 'fits'). For those who do, the nature, frequency and severity of the seizure will vary greatly between individuals.

#### **Epilepsy – symptoms**

(i) Major seizures or 'fits':

- muscles become rigid
- person usually falls to the ground
- incontinence may occur
- pallor may change to a dusky blue colour
- breathing may be laboured
- rhythmic movements of the body which will gradually cease
- may feel confused for several minutes after a seizure

Sufferers may experience some but not all of these symptoms.

Recovery times vary – some require a few seconds, where others need to sleep for several hours.

(ii) Absence Seizures:

- short periods of staring, blanking out, complete unawareness of surroundings
- non-convulsive
- quickly returns to full consciousness without falling or loss of muscle control.
- seizures are so brief that the sufferer may not notice that anything has happened.
- sufferer may just appear to be inattentive or 'day dreaming'
- most often seen in children

(iii) Partial Seizures

Seizures in which the epileptic activity is limited to a particular areas of the brain. Symptoms vary according to where in the brain the epileptic activity is occurring.

- consciousness may be altered in some way but not necessarily impaired
- sufferer may exhibit 'strange' behaviour, such as plucking at their clothes, smacking their lips or searching for an object.
- if consciousness is impaired, sufferer may be dazed, confused and detached from their surroundings

### **Epilepsy – Medication and control**

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, though the following factors may increase susceptibility or trigger seizures:

- tiredness and/or stress
- flashing or flickering lights
- video games and computer graphics
- certain geometric shapes or patterns

Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. Off-site activities may need additional planning, particularly overnight stays.

### **Epilepsy – Managing an acute attack**

If a student is having an epileptic attack, the person in charge should:

- not attempt to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff;
- not attempt to move the student unless he or she is in a dangerous place;

- not attempt to restrain the student;
- not attempt to put anything into the mouth;
- place something soft under his or her head;
- maintain the airway at all times;
- once the convulsion has stopped, turn the student on his or her side and put into recovery position;
- stay with the student until he or she recovers and re-orientates;
- call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness, or where there is any doubt.

### **5.2.c Diabetes**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly. Students with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the student may experience a hypoglycaemic episode (a 'hypo') during which his or her blood sugar level falls to too low a level.

#### **Diabetes – Symptoms of poorly controlled diabetes**

- greater than usual need to drink and/or go to the toilet
- tiredness
- weight loss

#### **Diabetes – Symptoms of hypoglycaemic reaction**

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a student with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking
- lack of concentration
- irritability

### **Diabetes – Medication and control**

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need a suitable, private place to carry it out. Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most students will be able to do this themselves and will simply need a suitable place to do so.

Staff in charge of physical education classes or other physical activity sessions should be aware of the need for students with diabetes to have glucose tablets or a sugary drink to hand.

### **Diabetes – Managing a hypoglycaemic episode**

If a student is having a 'hypo', the person in charge should:

- make sure that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately;
- give a slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, once the student has recovered, some 10-15 minutes later;
- if the student's recovery takes longer, or in cases of uncertainty, call an ambulance.

### **5.2.d Anaphylaxis**

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food – In particular nuts, fish, dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life-threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

### **Anaphylaxis – Symptoms**

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty breathing

### **Anaphylaxis – Medication and control**

People likely to suffer from an extreme allergic reaction may be prescribed antihistamines and, in the most severe cases of anaphylaxis, a preloaded adrenaline injection. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device.

Parents will often ask for the school to ensure that their child does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in cookery, food technology and science classes, and seek to minimise the risks whenever possible. It may also be necessary to take precautionary measures on outdoor activities or school trips.

### **Anaphylaxis – Managing an attack**

If a student is having a severe allergic reaction, or thinks they have been exposed to an allergen which is likely to cause one, the person in charge should:

- check immediately – with the student if possible – what form of treatment has been prescribed to them and whether it is to hand;
- in cases of doubt it is better to give the antihistamines or injection than to hold back;
- call an ambulance immediately if there is any doubt about the severity of the reaction or if the student does not respond to the medication.

### **5.3 Communicable diseases**

If there is the slightest suspicion that a student, member of staff or visitor to the school has been in contact with a serious communicable disease, the procedure is as follows:

1. the Principal should be informed immediately;
2. the Principal will obtain advice immediately from *The Health Protection Agency (HPA)* under *Public Health England*. The local health protection team for Oxford can be contacted at  
Thames Valley HPT (South East)  
Chilton  
OX11 0RQ  
Phone : 0344 225 3861 (Option 1, Option 3)
3. The school medical practice should be informed.

The Principal will be responsible for:

- liaising with the authorities about appropriate action and precautions
- organising an appropriate team to respond to the situation
- giving information to staff, students and parents

## 5.4 Fire Precautions

Details will be found in the Site Files, but there are some general rules:

- do not obstruct or allow obstruction of Fire Exit Routes at any time;
- do not wedge fire doors open, with the exception of those doors with alarm activated door stops;
- in the event of the fire alarm sounding evacuate students and yourself from the building, without exception;
- do not stop to collect personal possessions or allow others to do so.

## 5.5 Personal security

### 5.5.a Intruders

Identifying intruders on d'Overbroeck's premises is not easy. We have many visitors to the school, including outside contractors, professional advisers and those who come to discuss the possibility of joining the school in the future. There will also be new students whom a particular member of staff does not yet recognise. Generally, such visitors and 'new faces' will be accompanied by a member of staff who can introduce them. However, there is always the possibility that you will meet someone whom you do not recognise, but who has nonetheless a perfectly legitimate reason for being on our premises. It is impracticable, therefore, to ask staff to challenge every person they don't know, but everyone does need to be alert to the threats posed by intruders.

There are some obvious points which should arouse your suspicions:

- a stranger 'hanging around', perhaps just on the boundary of one of our sites, with no obvious purpose;
- a stranger lingering in areas containing items of obvious value, such as staff rooms, computer rooms, laboratory prep rooms;
- any stranger on the premises outside normal working hours.

There is just one principle of overriding importance in dealing with these situations, and it is that **the personal safety of staff and students comes first**. If you are suspicious about a stranger, therefore, you **must** do something about it; but you **must not** put yourself at any personal risk whatsoever. The school would infinitely prefer to be making an insurance claim for some stolen property to having the slightest injury or other harm befalling staff and students.

Here are some practical suggestions:

- If you feel a stranger should be challenged, look immediately for other members of staff to assist you. Their presence may reduce the threat posed by an individual and provide witnesses.
- Your 'challenge' does not need to sound hostile. Conventionally, strangers may be asked, "Can I help you?" or, "Are you looking for someone?" A reply such as, "No, I'm alright, thanks" probably won't satisfy you. You might therefore follow up by saying something like, "I'm sorry, but I don't recognise you. Would you mind telling me who you are?" An unsatisfactory reply at this stage should definitely leave you suspicious.

- If your challenge does not receive a satisfactory response, or if you feel there may be a risk in challenging the stranger, you should go to another room, dial 999 and ask for the police. The advice we receive from Crime Prevention Officers emphasises time and again that they would rather be called out needlessly than not be called out in time.
- If you are physically threatened or prevented by the intruder from leaving the area, shout loudly for help. This is an emergency: you and others may be in danger.
- Do not attempt a "Citizen's Arrest". We are advised that the citizen's right to arrest is much more restricted than is commonly believed. There is a real chance that you may face a physical threat if you attempt to do so. If violence ensues, there is also a very good chance that you will find yourself facing civil action by the intruder and a police prosecution for assault. Do not try to prevent an intruder from leaving – it really isn't worth it.
- If an incident ends with a stranger leaving the premises without adequate explanation, you should immediately write as full a description as you can of the person concerned, together with a brief account of what happened. Any witnesses should do the same. These accounts should then be given to the Head, who will send a copy to the Health and Safety Co-ordinator. We shall keep central records of any such occurrences and try to track cases where the same stranger appears at more than one of our sites.

#### **5.5.b Students and other staff**

On rare occasions, a member of staff may feel that a student or conceivably even another member of staff may be posing a threat. Concern may be aroused by suspicion that someone is under the influence of drink or drugs; that they are carrying an unusual object which might serve as a weapon; or that they are suffering a bout of mental illness. In all these cases, the same principle applies: **the personal safety of staff and students comes first**. Nonetheless, there may be real danger in such circumstances, and staff are asked to respond rapidly and with purpose. The key objectives are to remove the threat from the premises, but also to provide for the care of the person posing the threat.

Here are some practical suggestions:

- Look for at least one other member of staff to give you immediate assistance, and try to make contact with a senior member of staff on site.
- Unless you judge the level of danger to be too high, try to get the person to sit quietly somewhere away from other people. Do not leave them on their own. Try to get someone to contact a parent or relative to collect the person.
- If you judge the danger to be serious, or if attempts to keep the person away from others fail, you should call the police.
- All such incidents must be reported immediately to the Health and Safety Director and Co-ordinator and to the Principal.

Very occasionally, the Head may decide that a named individual, such as a former student of the school, is to be excluded from some or all of our premises. Naturally, such cases must be handled discreetly. The Principal will inform senior staff of any such exclusions, and details will be passed to any other members of staff who might recognise the person concerned (e.g. reception staff). The Principal will also indicate how they wish a visit from the excluded person to be handled.

In dealing with these and other matters, members of staff are expected to be familiar with the school's Physical Restraint Policy.

## **5.6 Site security**

The school takes a range of measures to provide security at its premises. Many of the details are site-specific and will therefore be found in the health and safety files for the different sites. Here are some general points:

- Burglar alarms are controlled by access codes. Do not attempt to enter a building unless you have been given a code!
- If the burglar alarm at a site is ringing and you cannot stop it, ask another member of staff to insert their access code. If this fails then seek help from the Facilities & Compliance Manager.
- As a last resort, you will have to call the contractors responsible for the system. The health and safety file for each building includes a list of emergency contractors, including those responsible for maintaining the burglar and fire alarms. This list is also to be found displayed on the health and safety notice board.
- Most buildings have some CCTV covering access points to the sites. If you think that it might be helpful to review a recording simply contact the Bursar.
- If you think you should have a key or access card to one of the buildings or rooms, or if you had a key or card but have lost it, please contact the Facilities & Compliance Manager.
- Please report to the Facilities & Compliance Manager any broken or faulty security fittings which you notice.

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Last reviewed August 2018