



## HEALTH AND SAFETY POLICY

Amended / Reviewed by: Resources Governing Body Sub-committee

Date adopted by Governing Body: 10<sup>th</sup> December 2019

Signed:

Headteacher

Chair of Governors

Next review date: December 2020

### CONTENTS

FOREWORD

#### **PART 1 STATEMENT OF POLICY (pages 3 -4)**

- 1.1 Scope
- 1.2 Aim
- 1.3 Objectives

#### **PART II ORGANISATION (pages 5- 10)**

- 2.1 The Governing Body
- 2.2 Head teacher responsibilities
- 2.3 Deputy Head teacher and Support Staff Co-coordinator responsibilities
- 2.4 School Business Manager and Dukes/Lancasterian Site Managers
- 2.5 Specific Risk Areas.
  - a) Swimming Pool
  - b) Grounds Maintenance
  - c) Contractors
- 2.6 Classroom Teacher's Obligations
- 2.7 Obligations of all Employees under the Health and Safety at Work Act 1974.
- 2.8 School health and safety representatives
- 2.9 Visitors and Other Users of the School

#### **PART III – ARRANGEMENTS FOR IMPLEMENTATION (pages 11- 41)**

- 3.1 Distribution of Health and Safety Information
- 3.2 Accidents, Dangerous Occurrences and Near Misses
  - a) Immediate First Aid
  - b) Accident reporting
  - c) Internal Reporting & Investigation
  - d) Compliance with RIDDOR
- 3.3 Asbestos
- 3.4 Contractors
- 3.5 COSHH – Control of Substances Hazardous to Health Regulations 1994-2002
- 3.6 Display Screen Equipment
- 3.7 Electricity at Work
- 3.8 Emergency Procedures
  - a) Evacuation
  - b) Bomb threat
  - c) Chemical or Biological Incident
  - d) School Closure Plan
  - e) Critical Incident Plan
  - f) First Aid
- 3.9 Inspections, Monitoring, Audit and Review of Performance
  - a) Inspection
  - b) Monitoring
  - c) Audit & Review of Performance
- 3.10 Lifting Operations and Lifting Equipment
- 3.11 Management of Health and Safety
- 3.12 Manual Handling
- 3.13 Infection Control
- 3.14 New Plant, Machinery and Equipment

- 3.15 Noise at Work
- 3.16 Occupational Health
  - a) Access to Occupational Health
  - b) Bullying at Work
  - c) Drugs and Alcohol Policy
  - d) Health Surveillance
  - e) Health Promotion
  - f) Legionnaires Disease
  - g) New and Expectant Mothers
  - h) Smoking Policy
  - i) Stress at Work
  - j) Violence at Work
- 3.17 Off site Educational Visits/Activities
- 3.18 Personal Protective Equipment
- 3.19 Safety Representatives/Safety Committee/Consultation
- 3.20 Site, Building and Staff Security and Safety
  - a) Site
  - b) Separation of Vehicular and Pedestrian movement
  - c) Staff
  - d) Visitors
- 3.21 Statutory Inspections and Examinations
- 3.22 Supervision of Pupils
  - a) Design and Technology/Home Economics
  - b) Swimming using the Vale Hydrotherapy Pool
  - c) Physical Education
  - d) Break times
- 3.23 Training
  - a) Induction
  - b) Management
  - c) Specialist
  - d) Fire
  - e) Educational Visits
- 3.24 Eating, drinking and lunchtime policy
- 3.25 Visitors
- 3.26 Work Experience/Placements
- 3.27 Home/School Transport
- 3.28 Policy for Administration of Medication

## **APPENDIX 1 – EMERGENCY LOCATIONS AND COMPETENT PERSONS**

## **APPENDIX 2 – MONITORING OF HEALTH AND SAFETY**

## **Appendix 3: NHS Haringey: Guidelines for the management of Human Bite Injuries.**

### **FOREWORD**

The Governing Body recognizes that making appropriate provisions for the health and safety of all persons using the school facilities and those participating in off-site educational activities is fundamental to the well being of the school.

This Safety Policy, its supporting documentation and arrangements for implementation will meet our legal obligations and contribute to our objectives relating to continuous improvement on health and safety performance.

We are committed to high standards of health and safety and expect all staff to be familiar with the contents of this policy.

This Policy has been vetted and ratified by Haringey Children's Services Health and Safety Department to ensure that it meets all the statutory requirements and is of the highest standards.

## **PART 1: STATEMENT OF POLICY**

### **1.1 Scope**

This policy is specific to the Vale School. The Vale presents unique challenges as a dispersed school located on the same site as four mainstream schools and catering for pupils with complex disabilities and medical conditions aged 2 to 16 years. The policy is supported by policies of other relevant organisations such as the Children's Service, Direct Service Organisations and Contractors working on site. Key documentation that underpins this policy includes:

- Vale Visits File
- Haringey Council Schools Personnel Handbook (see 4.s)
- LA Policies and Guidance Health and Safety Manual
- Harlingen Schools Health Handbook

The Health and Safety system will be integrated with the daily management of the school and will be continuously developed, maintained and implemented.

The policy recognises the legal duties and responsibilities owed to all users of the site and seek to develop standards which are significantly higher than those required by law as a means of contributing to the overall performance of the school by reducing accidents, injuries and ill health.

### **1.2 Aim**

To provide the highest possible standard of Health and Safety, commensurate with the operation of an educational establishment.

### **1.3 Objectives**

It is the responsibility of the Governing Body via the Head teacher and all members of the Senior Leadership Team to ensure that systems are in place which will deliver a safe place of work for employees, pupils and visitors. Equally it is the duty of all employees to co-operate with management on health and safety matters. The Governing Body expects each employee to take reasonable care of their own safety and that of others either under their supervision or who may be affected by their actions. The main objectives of this policy will apply as far as reasonably practicable and are as follows:-

- Establish and maintain a safe and healthy environment throughout the school.
- Establish and maintain safe working procedures among staff and pupils.
- Make arrangements for ensuring safety and avoiding risks to health in connection with the use, handling, storage and transporting of equipment, articles and substances.
- Ensure the provision of sufficient information, instruction and supervision to enable everyone to avoid hazards and contribute positively to their own health and safety at work.
- Maintain safe access and egress and separate movement of vehicles and people on site as far as is practicable.
- Ensure that educational visits are undertaken safely and adhere to the Vale's Visit Policy.
- Formulate procedures for use in case of fire and other emergencies including plans for the safe and effective evacuation of the school premises;
- Establish procedures to be followed in case of accident;
- Provide and maintain suitable and sufficient welfare facilities.
- Develop a training plan to ensure that employees are trained to the appropriate level to fulfil their health and safety responsibilities.
- Monitor and review the effectiveness of health and safety systems with a view to continuous improvement.
- Ensure that staff are aware of the importance attached to Health and Safety and that management may invoke the School Disciplinary Policy in the event of non compliance with the requirements of this Policy.

## **PART II: ORGANISATION**

Local Management of Schools requires the school staff, Governing Body and the Children's Service to work together to ensure health, safety and welfare objectives are achieved.

### **2.1 The Governing Body**

The Education Reform Act 1988 (ERA) gives governing bodies important powers and duties in controlling school premises and managing schools including health, safety and welfare responsibilities towards employees, pupils and visitors.

The Governing Body will follow the policies and procedures laid down by the LA and will ensure:

- that the school has a Health and Safety Policy based on 'suitable and sufficient risk assessment'
- that all staff know about the policy and their responsibilities within the policy. This will be secured by the policy's inclusion in the Staff Handbook, by annual staff meetings to remind staff of the policy and it forming part of the Vale's induction programme for new staff.
- that all appropriate safety measures are in place
- that all staff are properly trained to carry out their responsibilities

## **2.2 Head teacher's Responsibilities**

The overall responsibility for all school health, safety and welfare organization and activity rests with the Head teacher who has been delegated the responsibility for implementing the policy across the school. As the school is located on three sites there will be separate arrangements to ensure the safety of staff, students and visitors.

Primary and Secondary Departments – The deputy head teachers and Support Staff Co-coordinator are responsible for the day to day management of health and safety in the departments and will liaise and meet on a termly basis with the health and safety representative for Northumberland Park Community School / Lancasterian Primary School to ensure the implementation of safety measures that apply to the whole site.

The Belmont Inclusion Scheme – The Vale Staff on the Belmont Integration Scheme will comply with the Belmont Schools Health and Safety Policy. The Inclusion Co-coordinators will liaise with the Head teachers of Belmont Juniors and Infants to ensure the implementation of safety measures that are particular to Vale pupils and staff.

Specifically the Head teacher's responsibilities are:

- Ensure that the Health and Safety Policy is implemented and monitored within the school;
- Ensure that the school has considered its health and safety obligations and has made provision for meeting these obligations, the LA recommend that this is best achieved by making health and safety an integral part of the schools development plan;
- Ensure that the school has a clear written policy statement. The policy will ensure that the school's staffing structure appropriately reflects the responsibilities for carrying out the arrangements of Health and Safety from time to time Governors will satisfy themselves that the policy is appropriate and being implemented as agreed;
- Disseminate health and safety guidance and information distributed by Haringey Children's Service and ensuring that proper arrangements are made within the school for complying with the guidance;
- Ensure that regular reports of accidents and dangerous occurrences are provided by the Headteacher and that any necessary alterations to working practices and procedures decided upon are implemented;
- Ensure that appropriate facilities and opportunities are provided for accredited safety representatives to perform their duties;
- Ensure that health and safety issues concerning the school are identified, decisions are taken and that effective action is carried through.
- Ensure that all reasonable inspection facilities and information are provided on request to officers of Haringey Children's Service, Safety Officers of the Authority's Central Health and Safety Unit, Inspectors of the Health and Safety Executive (HSE) and any other bona fide Health and Safety Officials;
- Ensure that conformity to safety standards for goods purchased and equipment installed form part of the school's purchasing policy;
- Ensure that procedures exist for checking that any items offered for use by the school are safe;
- Ensure that school journeys are arranged and are conducted in accordance with The Vale's Visit Policy;
- Ensure that the health and safety provision specifically addresses the needs of pupils with complex physical and medical needs.

### **Planning and setting standards which include:**

- A positive health and safety culture where all staff are responsible for health and safety.
- Ensure hazards are identified, risk assessments are undertaken and standards are set to achieve health and safety objectives.
- Ensure clear plans for coping with sudden emergencies are developed and maintained.
- Ensure that training is secured which :-
- Enables appropriate training to be provided to employees so that they can fulfil their health and safety responsibilities.

- Provides induction training for new employees including temporary, part time, supply staff and volunteers and people on work experience.

### **2.3 Responsibilities of Deputy Head teachers /Support Staff Co-coordinator**

- Work in conjunction with the governing body to revise and update on a continuing basis the Health and Safety Policy.
- Co-ordinate the implementation of the LA and governors' health and safety and welfare procedures in the school.
- Make clear any duties in respect of health and safety which are delegated to members of staff.
- Ensure that problems in implementing health and safety policy are reported to the LEA.
- Ensure arrangements are in place for risk assessments of the premises and working practices to be undertaken, recorded and reviewed on a regular basis, and ensure that he/she is kept informed of accidents and hazardous situations.
- arrange annual review of the working documents and systems which support the policy, such as:-
  - a) Emergency procedures
  - b) Provision of first-aid in the school
  - c) Risk assessments for all school activities
  - d) Off-site visits
- Put in place procedures to monitor the health and safety performance of the school.
- Ensure that all known hazards are reported immediately to the LA and stop any practices or the use of any plant, tools, equipment etc. considered to be unsafe, until satisfied as to their safety.
- Make recommendations to the LA for additions or improvements to plant, tools, equipment, machinery, etc. which presents hazards.
- Review regularly the dissemination of health and safety information in the school paying particular attention to newly appointed and temporary staff, volunteer helpers and other users of the premises.
- develop a health and safety training plan for all employees
- Maintain and keep up to date the master copy of the health and safety policy together with all accompanying documentation.
- report to the Governing Body
  - ❖ annually on the Health and Safety performance of the school
  - ❖ to secure funding for any identified Health & Safety costs
  - ❖ on any Health & safety issues of concern

### **2.4 Responsibilities of the School Business Manager & The Site Managers**

It is the responsibility of the Dukes Aldridge Academy and Lancasterian School site managers to ensure that all certification and statutory inspections are kept up to date.

It is the responsibility of the School Business Manager to communicate with Dukes Aldridge Academy and Lancasterian School site managers to check that statutory inspections are being carried out and to obtain certificates as evidence.

The day to day responsibility for all school health, safety and welfare organisation and activity rests with the School Business Manager, who will:

- Be the focal point for reference on health, safety, premises and fire protection matters and to give advice or indicate source of advice.
- Liaise with and report directly to the Head teacher on matters of Health and Safety
- Ensure day to day implementation of this policy including maintenance of appropriate Risk Assessments.
- To investigate accidents, dangerous occurrences and near misses, complete and send RIDDOR notifications (F2508) to the enforcing authority and the LA in consultation with the Principal.
- Issue updates as required to all holders of health and safety policy documents.

### **2.5 Specific Risk Areas.**

#### a) Hydrotherapy Pool

The Swimming Instructor is responsible for ensuring that the health and Safety requirements of pool are implemented on a daily basis and will ensure that the relevant parts of the school policy, especially those relating to emergency procedures, are followed by all staff.

## b) Grounds Maintenance

The Grounds Maintenance contractors have their own health and safety policies relating to their activities which must be followed on site and in addition the contractors employees will familiarise themselves with the relevant policies of the school.

In-house gardening, grass cutting and litter picking will be covered by this policy

## c) Contractors

Contractors will have their own health and safety policies relating to their activities which must be followed on site and in addition they must make themselves and their employees aware of relevant school requirements, especially in relation to Emergency Procedures

### **2.6 Classroom Teacher's Obligations**

The health and safety of pupils in classrooms is the responsibility of class teachers. Class teachers are expected to:

- check classroom area is safe
- check equipment used is safe before use
- ensure safe procedures are followed
- give clear instruction and warnings to pupils, as often as necessary
- report defects to the Site Manager
- Avoid introducing personal items of equipment (electrical, mechanical) into school without authorisation from the School Business Manager
- follow safe working procedures personally

### **2.7 Obligations of all Employees under the Health and Safety at Work Act 1974.**

All employees are expected

- to know the health and safety organization and arrangements to be adopted in their own working areas and to ensure they are applied;
- to observe standards of dress consistent and appropriate with safety and/or hygiene;
- to exercise good standards of housekeeping and cleanliness;
- to know and to apply procedures in respect of fire, first aid and other emergencies;
- to use and not wilfully misuse, neglect or interfere with things provided for his/her own health and safety and/or the health and safety of others;
- to co-operate with other employees in promoting improved health and safety arrangements in the school;
- To co-operate with the appointed Trade Unions Health and Safety Representatives and the officers of the Health and Safety Executive or the Local Authority.
- To report all accidents, incidents, defects, dangerous occurrences and near misses to the School Business Manager/ Deputy Head.

### **2.8 School Health and Safety Representatives**

The Governing Body and Headteacher recognise the role of Health and Safety representatives appointed by a recognised Trade Union. Where there are no union appointed safety representatives the Head teacher will appoint Representatives of Employee Safety from volunteers in consultation with all staff. Health and Safety representatives must be allowed:

- To investigate accidents and potential hazards.
- To investigate complaints by constituents about matters relating to health, safety and welfare.
- To make representation to the employer about such matters arising from such complaint, and such investigation and on general issues affecting health, safety and welfare in the workplace.
- To carry out school inspection within directed time, but wherever practicable outside teaching time.
- To represent constituents in consultation with enforcement agencies.
- To receive information that inspectors are required to provide.

### **2.9 Visitors and Other Users of the School**

Visitors and other users of the premises will be required to observe the health, safety and welfare rules of the school. In particular parents and other volunteers helping out in school, including those associated in self help schemes will be made aware of the health and safety policy applicable to them by the teacher to whom they are assigned.

## **PART III – ARRANGEMENTS FOR IMPLEMENTATION**

### **3.1 Distribution of Health and Safety Information**

- The master copy of the Safety Policy, Risk Assessments, COSHH Assessments, Working Documents, Codes of Practice and guidance will be kept by the Deputy Head teacher.
- Copies of the Safety Policy are incorporated in the Vale Staff Handbooks which are available to ALL staff.
- All staff will be expected to familiarise themselves with the contents.
- The Deputy Head teachers will issue updates, new guidance and approved revisions as soon as they become available
- All new staff including part time, temporary and supply staff will receive induction training which will include relevant health and safety issues.
- The Health & Safety Law poster is displayed.

### **3.2 Accidents, Dangerous Occurrences and Near Misses**

#### **a) Immediate first aid**

Accidents involving injury or ill health effects will be notified immediately to the nominated first aider (see appendix 1) to facilitate first aid treatment. Where injuries are serious enough to warrant hospital treatment staff must telephone 999 for an ambulance to transport the patient to hospital, inform the next of kin and the Head teacher.

#### **b) Reporting Accidents**

Staff should ensure that all accidents involving injury or ill health effects are notified to Deputy Head. The LA Accident Report Form should be completed and the guidance in the LA's Health and Safety Management System File (Section 6) followed.

#### **c) Internal Reporting and Investigation**

A member of staff who witnesses, or is first on the scene or first to be informed of any accident, dangerous occurrence or near miss will complete the internal report form as soon as possible after the incident and send it to the School Business Manager. The School Business Manager will investigate all incidents reported by staff unless so trivial in nature that investigation is not warranted. Investigations will involve consultation with Safety Representatives with the aim of identifying the cause and implementing preventative strategies.

#### **d) Compliance with RIDDOR regulations**

The member of staff responsible for health and safety will determine which accidents and dangerous occurrences are required to be notified to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Guidance is given in the Health and Safety manual issued by HSE. He/she will complete the necessary report form (F2508) and, following consultation with the Head teacher, send it to the enforcing authority within 10 days of the incident. In the event of a major injury or fatality the notification must be immediate, by telephone, with written confirmation (F2508) following as soon as possible.

### **3.3 Asbestos**

It is the policy of the Governing Body that no work of any kind shall be undertaken by any staff employed at the school on any material which either contains or may contain asbestos.

The Control of Asbestos at Work Regulations 2002 (ACOP & Guidance L127) requires that all materials containing or having the potential to contain asbestos will be identified and their location marked. The survey to comply with these requirements, which may be a desktop survey, will be carried out by the local authority property and contracts department. A copy of the results of that survey will be kept by the responsible person i.e. The Dukes Aldridge and Lancasterian Site Managers. All contractors must check and sign available information in the Asbestos Log before commencing work on site.

### **3.4 Contractors**

All Contractors will:-

- Observe their own health and safety policies and procedures
- report to the Site Manager and sign in at Reception on arrival
- comply with the general requirements of the school health and safety policy particularly in relation to emergency procedures
- Examine the Asbestos Log prior to commencing any work on site
- Comply with the requirements of the Construction (Design & Management) Regulations 1994
- report to the Site Manager and sign out at reception when leaving

### **3.5 COSHH – Control of Substances Hazardous to Health Regulations 1994-2002**

Risk Assessments required under COSHH will be undertaken on all hazardous substances. These assessments will only be carried out by competent persons. For the purposes of this policy a competent person is one who has received sufficient training and has the knowledge and experience to make decisions about the risks and actions needed. The assessments and required actions will follow the guidance set out in the Approved Code of Practice (ACOP L5).

In the vast majority of commercially available chemicals the presence of a warning label will indicate whether COSHH is relevant. Such labelling is required under the Chemicals (Hazard Information and Packaging for Supply) Regulations 1994-2000 (CHIP). These Regulations also require the supplier to provide a safety data sheet.

COSHH also applies to biological agents connected to the workplace e.g. Legionella, dust in harmful concentrations, pesticides not covered by CHIP and substances produced in chemical processes.

Copies of COSHH risk assessments including actions required will be kept in accordance with Section 1 of this Part detailing the distribution of Health and Safety Information.

As a general principle it is the policy of the Governing Body that wherever possible safer alternatives be considered when purchasing hazardous substances.

### **3.6 Display Screen Equipment**

The Health and Safety (Display Screen Equipment) Regulations 1992 require employers to minimize the risks for staff who habitually use DSE as a significant part of their normal work.

- Workstation risk assessments will be carried out by competent persons on all stations in accordance with the Guidance on Regulations No L26 issued by the HSE.
- Eye tests should be facilitated for those staff falling within the regulations in accordance with the above guidance. (No L26)
- Staff using DSE must ensure that the adjustable elements of their workstation are set to promote ease of use and comfort e.g. screen, mouse and keyboard position, height of seat, avoidance of glare and reflections, etc. More detailed information is available in the guidance and in the HSE leaflet "Working with VDU's".

### **3.7 Electricity at Work**

The Electricity at Work Regulations 1989 requires that electrical installations be maintained to prevent danger.

- Fixed installations will be inspected and tested by the Council's Properties and Contracts Department at 5 yearly intervals and in the event of a fault developing.
- Portable equipment shall be checked in accordance with the guidance issued by the HSE and summarised in their leaflet "Maintaining portable equipment in offices and other low risk environments"
- In addition to the safety checks detailed above staff using portable equipment should take notice of the condition of plugs and flexes each time a particular piece of equipment is used and should report any faults identified to the School Business Manager.

### **3.8 Emergency Procedures**

#### a) Evacuation

Buildings will be evacuated in emergency situations such as suspected fire, bomb threat, gas leak or any other situation, which may cause an imminent risk to personal safety.

**Each of the three sites has its own fire evacuation procedure and it is the responsibility of all staff to read the relevant notices and follow the instructions.**

- All staff are required to read the emergency "FIRE ACTION" notices displayed in each classroom and at other key points in the building and to familiarise themselves with the location of fire fighting equipment.
- Deputy Head or the senior member of staff in the building at the time of the alarm sounding is to act as "Fire Precautions Officer". They must ensure the building is clear.
- The teacher with the group at the time is responsible for checking to ensure that all pupils and staff working with the group have been safely evacuated.
- If a fire is discovered do NOT waste time, or endanger yourself trying to extinguish it.
- Ring the nearest Fire Bell.
- Begin Evacuation procedures.
- Shut all doors when leaving your room. It is not necessary to take out your bags.



- If there are students in standing frames or out of wheelchairs the teacher with the group must allocate members of staff to evacuate them. Pupils evacuated in standing frames should be moved as far from the building as possible.
- If there are members of staff who are not working with specific groups in the building when the alarm sounds they must make themselves available to class teachers to assist with evacuating students.
- Only carry students from the building as a last resort.

#### In addition

- All fire appliances will be checked at least annually by specialist maintenance personnel.
- All fire stop doors must be free swinging at all times so that they are normally closed. Fire exit doors must be unlocked and easily accessible and possible to open from within the building.
- The fire alarms will be tested on a weekly basis using a different call point each time and the results should be recorded.
- Fire Drills will be held at least once per term, when the Fire Marshals will record the evacuation time and the general performance of the drill.
- Appropriate members of staff will be trained how to use relevant fire appliances. Department Heads and the School Business Manager will identify fire training needs and will incorporate that information into the Health & Safety Training Plan.
- Clear instructions must be issued to staff regarding the nearest fire call point, fire extinguisher, the means of escape and assembly points during fire drills. These instructions must be issued on the first day of employment as part of the induction process. Details of Fire Marshals and assembly points are set out in Appendix 1.
- The school is inspected annually by a Fire Prevention Officer to ensure compliance with relevant fire legislation including the Fire Precautions (Workplace) Regulations 1997. Fire risk assessments will be carried out using a competent person from the LA or Fire Authority

#### b) Bomb Threat

- In the event of a warning the School Business Manager or Deputy Head in consultation with the Dukes Aldridge and Lancasterian Site managers will institute emergency evacuation procedures. Personal belongings should be taken out at the same time if that can be achieved without causing undue delay. This will facilitate the search process.
- Any suspicious objects should be reported to line managers or directly to the School Business Manager or Senior Leader. Under **no** circumstances should the object be touched or moved.

#### c) Chemical or Biological Incident

- Any chemical or biological incident within the school will be dealt with according to the scope and seriousness of the incident. Appropriate emergency procedures will be applied by the School Business Manager in consultation with the Head teacher.

#### d) Emergency Closure Plan

##### **AIM**

The aim of this plan is to ensure that in the event of an emergency situation the school can be closed without access to the buildings being necessary and that all interested parties are contacted quickly, receive clear concise information and that we have consistency across all bases. This will work via a pyramid system similar to the one used for the 'School Safe' alert.

##### **EXAMPLE**

1. A situation arises that makes a school closure necessary, the Head makes the decision to close the school and the emergency plan is put into action.
2. The Head Teacher makes the necessary calls to trigger the plan.
3. Each member of staff commences their cycle of calls immediately following receipt of their trigger call. It is important to be consistent and ensure that all staff and parents/ pupils receive the same information.
4. When calls are completed, staff should feedback to their emergency plan instigator to confirm that all parties have been informed.
5. Some closures may be site specific and in that case only the site involved will instigate the plan.
6. Staff must be contactable during the closure IT IS NOT A DAY OFF!!
7. It may be necessary to repeat this process later in the day when more information regarding the length of the closure has become available.

## RESOURCES

Each member of staff in the pyramid will need to have the necessary contact numbers at home. Staff using personal telephones will be reimbursed for the call charges. A pack will be issued containing the information required. Due to data protection laws information will be distributed on a 'need to know' basis as follows.

### e) Critical Incident Plan

The Vale is included in the Critical Incident Plans for Belmont Infants and Juniors, Lancasterian Primary School and Northumberland Park Community School to ensure that any response is co-ordinated and coherent for each site.

### f) First Aid

- First Aid boxes will be maintained at the sites specified in Appendix 1 to this part.
- It is the policy of the Governing Body that there will be sufficient numbers of trained First Aiders on the site at all times. Those with current certificated training are listed in Appendix 1 to this part. Below 50 employees only an "Appointed Person" is required, between 50 and 100 employees 1 First Aider is required and 1 per 100 thereafter. In consideration of Pupil safety it is recommended that additional First Aiders in the ratio of 1 per 250 pupils be provided.
- A record of treatment given must be maintained by the qualified first aider or appointed person and shall be used in conjunction with the accident reporting and investigation procedures as a means of accident prevention. In addition good records of initial treatment may be valuable if further medical attention is required or if legal action is considered by those involved in an accident.

### **Accident /Emergency Procedure - to be followed in the event of a serious accident or someone taken ill/ having an epileptic seizure.**

- DON'T try to manage on your own - If you are working with an individual pupil make sure someone knows where you are and that you can attract attention easily. Stay with the victim and use the alarm bells, the internal telephone or your voice. Do not move or attempt to restrain the pupil.
- If further help is required inform a member of the Senior Management Team who will call an ambulance and allocate a member of the staff to go with the pupil to hospital.
- Every accident and other incidents which have a bearing on the safety or security of staff, pupils and other visitors must be recorded in the Accident Book and the relevant accident reporting form completed. All other accident forms are completed with the Deputy Head who acts as the Accident Reporting Officer for the workplace.

The duties of the Accident Reporting Officer are summarised below.

- 1) Records details of accidents locally
  - 2) Compiles and maintains accident statistics for workplace.
  - 3) Passes on relevant information to:
    - ❖The Head teacher
    - ❖LA Accident Notification Officer
- Each site has a qualified First Aiders at Work identified on the Health and Safety notice board. Each term they will check the contents of the first aid boxes and replenish as necessary.
  - All support staff will receive training and accreditation in first aid.

### **Emergency Procedure related to a major incident**

See appendix 3 for the partnership school converged procedures.

## **3.9 Inspections, Monitoring and Audit and Review of Performance**

### a) Inspection

General inspections take place once per term by the School Business Manager and the Site Manager with the assistance of other managers as necessary and in consultation with the Safety Representatives.

In addition Senior Managers and staff in supervisory roles will carry out monthly checks on their area of operation and report any problems to the School Business Manager.

### b) Monitoring

The Safety Committee will meet at least once per term and usually following the termly inspection so that any issues found can be addressed.

The Head teacher will monitor the school's performance on Health and Safety issues.

The Governing Body will receive a report on the review and audit of Health and Safety at least annually and will have a standard item on the agenda of each meeting for any Health and Safety issues arising.

### c) Audit and Review of Performance

There will be an annual audit of all aspects of Health and Safety and the Safety Representatives will be invited to participate in the audit process. Findings will be reported to the Governing Body.

### **3.10 Lifting Operations and Lifting Equipment**

Passenger or goods lifts on site together with any lifting equipment is covered by the Lifting Operations and Lifting Equipment Regulations 1995 (LOLER) and the Approved Code of Practice L113 issued by the HSE, which will be complied with.

The School Business Manager will ensure that the statutory 6 monthly inspections take place when due.

All staff using the equipment must be familiar with the Health and Safety requirements regarding its use.

### **3.11 Management of Health and Safety**

The Management of Health and Safety at Work Regulations 1999 and the Approved Code of Practice and Guidance L21 will form the basis of the School Health and Safety system. In addition the principles contained in HSG65 Successful Health and Safety Management will be given high priority and implemented wherever practical.

Risk assessments and safe systems of work will be developed and implemented in each section by competent persons with the assistance of the School Business Manager. These will be available to all employees in the locations set out in section 3.1 Distribution of health and safety information. Training will be given where necessary in accordance with the Health and Safety Training Plan which will be revised annually.

The Governing Body wishes to ensure that health and safety becomes an integral part of the daily operation of the School and to that end it is essential that all employees comply with Section 7 of the Health and Safety at Work Act 1974. This section imposes duties on employees to take care of their own health and safety and that of others who may be affected by their actions or omissions. In demonstrating that care staff will be expected to follow advice and training given and to report to their immediate line manager any hazards, incidents or near misses.

### **3.12 Manual Handling**

Manual Handling causes over one third of all reported injuries. It is the policy of the Governing Body that management and staff will comply with the requirements of the Manual Handling Operations Regulations 1992 and the guidance issued by the HSE (L23)

The general principles are to avoid manual handling wherever possible, to assess the risks where manual handling is necessary and to reduce those risks to the lowest level which is reasonably practicable.

Training will be a key part of reducing the risks for those staff involved in manual handling.

Lifting and Handling of Pupils at the Vale School has been identified as a priority area. It is important to eliminate as many risks both to pupils and staff as possible.

There are four members of staff who have been trained as a trainer in manual handling and have a responsibility for carrying out and updating lifting assessments for relevant students, monitoring and co-ordinating the maintenance of equipment and for running training sessions for staff.

All pupils who need to be lifted must have a transfer profile. Staff must familiarise themselves with these profiles and follow the procedures identified. The profiles are reviewed annually or if anything changes ie. equipment or surgery. Any concerns or changes of circumstances must be brought to the attention of the Manual Handling Advisor who will make any necessary changes to the profile. New pupils to the school should be prioritized to ensure a transfer profile is in place as soon as possible.

New support staff and supply support staff **must** receive training in lifting practices before they begin working with the students. All staff should have repeated sessions in lifting techniques to update their skills. Permanent support staff will receive accredited certification for manual handling.

The training will include:

1. Ergonomics - the theory of lifting and back care.
2. The use of equipment - hoists, plinths etc.
3. Practical lifting techniques.
4. Fitness advice.

If you see a colleague using unsafe lifting technique, please warn them - it is dangerous to both staff and students! If you are in doubt as to whether you can use safe lifting techniques seek advice from trained staff.

### **Rules for Safe Manual handling**

1. Think before you lift.
2. Straddle the load; spread your feet to create a wide base. Stand as close as possible to the load.
3. Bend your knees and straighten your back.
4. Grasp the load firmly.
5. Raise your head as you start to lift.
6. Lift with your legs, using smooth movements.
7. Tuck your arms in, to avoid straining your neck or shoulder muscles.
8. Hold the load close to your body.
9. Don't block your view by carrying too large a load.

### **In order to apply the above principles you must**

1. Wear suitable clothing - loose comfortable garments, flat shoes.
2. Inform the Senior Management Team if there is any reason why you should not lift.
3. Be aware of your own fitness and capability to follow safe lifting procedures.

### **3.13 Infection Control**

To reduce the risk of infection, certain procedures should always be followed:

- Hands should be washed, and dried thoroughly (using disposable towels or air hand dryers) before and after using the toilet and/or handling food. The six step hand decontamination technique is recommended
- Disposable vinyl gloves must be worn when touching blood, faeces, semen or vaginal secretions and the hands should be washed before and after the use of gloves. Gloves must be disposed of as infected waste.
- All open cuts and grazes must be covered by a waterproof dressing.
- Spillage of body fluids (blood, faeces, urine, saliva) should be cleaned away immediately with hot water and bleach (household or equivalent) wearing good quality vinyl gloves.
- In the event of an accident in which blood from another has penetrated your skin or splashed in your eye –
  - a) Wash the affected part immediately and thoroughly and
  - b) Go straight away to the Accident and emergency department of a hospital, taking a copy of the standard letter included in this section which should help to ensure that Gamma globulin is administered.

**Report all incidents using the current accident reporting procedure, however minor the incident may seem at the time. Please complete the Accident Book. This form should be given to the Deputy Head teacher.**

- Waste which is soiled with urine, faeces, blood or vomit must be disposed of as infected waste, in bags which are then sealed, and placed in yellow bags marked 'clinical waste'. If you are planning college links or school visits please consider the arrangements for the disposal of waste. Discuss any problems with the Deputy Head.
- If you consider a student in your class is ill contact the school nurse. If there is a risk of infection the student will be kept apart from others as much as possible until the parent/carer can collect him/her. The nurse will advise the student's parents/carers not to send their child to school until fully recovered. **The decision to send an ill pupil home lies with the Head or Deputy / Assistant Heads.**
- We strongly recommend that all staff in contact with students and also cleaning staff should have a course of hepatitis B injections - see your own GP about this.

- Care must be taken during cookery sessions to ensure the safe handling and preparation of food and the cleaning of equipment used.

**The Haringey Schools Health Handbook** contains relevant information plus policy guidance on health issues. Copies are kept on each site for reference.

### **3.14 New Plant, Machinery and Equipment**

The relevant requirements are contained in the Provision and Use of Work Equipment Regulations 1992 (PUWER) and the ACOP L22. It is the responsibility of manufacturers and suppliers to ensure that any article is designed and constructed to be safe and without risk to health when properly used. They must give instructions to purchasers as to the way in which the article may be used safely. This information will then be given to employees during instruction on safe use.

Second hand articles or those belonging to staff will not be allowed to be used on site without the express permission of the Site Manager. He will not grant such permission unless he can be sure that all Health and Safety implications have been satisfied.

### **3.15 Noise at Work**

The Noise at Work Regulations 1989 requires employers to assess and minimise the risks associated with exposure to high levels of noise. There is an Approved Code of Practice (L108) on the implementation of these regulations issued by the HSE.

In the School environment the circumstances where these regulations may apply are very limited. Assessments will be made on the noisiest activities to determine whether it is likely that they will apply e.g. woodworking and metalworking equipment and ride on grounds maintenance equipment.

As a general rule the regulations will not apply where noise levels are below 85dBA. Where trigger levels are exceeded an external competent person will be commissioned to carry out the required assessment.

### **3.16 Occupational Health**

#### a) Access to Occupational Health services

The Local Authority has an Occupational Health Service, which can provide confidential assistance on a wide range of matters affecting personal health.

Where the health of an individual is causing concerns for the health and safety of others, management reserve the right to refer that person to the occupational health service following consultation with Children's Services.

#### b) Bullying

Bullying of any employee will not be tolerated and will be regarded by the Governing Body as a disciplinary issue.

The school's Code for Staff Relations (Staff Handbook 4.a) and Code of Conduct (Staff Handbook 4.b) should be followed and addresses this issue.

#### c) Drugs and Alcohol Policy

Where it is apparent that the behaviour and performance of an individual is impaired by drugs, substance misuse or alcohol to the extent that there is a potential risk to the health and safety of others the matter will be dealt with in accordance with the approved Drugs and Alcohol Policy.

Managers have the option of involving occupational health services following discussion with the individual concerned in an attempt to provide constructive assistance. In serious cases managers may involve disciplinary procedures.

#### d) Health Surveillance

It is not considered that any employees on site are subjected to continued exposure to any substances which are so hazardous as to require their health to be monitored.

#### e) Health Promotion

The Governing Body recognises that, whilst it will make every effort to provide a healthy workplace, it is the behaviour and personal choices of the employee that have the greatest impact on individual health. The 3 most important factors affecting health are smoking, diet and lack of regular exercise.

Encouragement will be given wherever practical in relation to:

- a) smoking cessation courses
- b) encouraging healthy diet (healthy options available in school dining facilities)
- c) encourage staff to use the sporting and exercise facilities on site

#### f) Legionnaires Disease

Legionnaires disease is caused by ubiquitous bacteria which are present in water systems and when allowed to colonise and proliferate can cause serious outbreaks of disease. This is well recognised and an Approved Code of Practice (L8) has been issued by the HSE.

Whilst it has frequently been associated with cooling towers it is also common in showers, whirlpool baths, spray taps and virtually any water system capable of generating airborne droplets which can be inhaled.

The advice in the Code of Practice will be followed on site. Specific actions will include removal of all shower heads and sterilising them prior to the commencement of each school year. Hot and cold water systems will be flushed through to remove any stagnant water from the system and storage tanks will be checked for any growth of algae. This will be undertaken by the Caretaker or the Council's Building Services Department.

#### g) New and Expectant Mothers

The guidance issued by the HSE in their booklet "New and expectant mothers at work – A guide for health professionals" will be used and a risk assessment initiated.

#### h) Smoking Policy

Haringey Council has a Non Smoking Policy that applies to all schools in the borough which means specifically that smoking is not allowed on the school site.

#### i) Stress at Work

Stress is becoming an increasingly important issue. The Department of Health has identified the annual cost to employers of 80 million days lost at £3.7bn and more than 2500 legal actions commence each year against employers.

The HSE has issued guidance in HSG218 Tackling work-related stress: A manager's guide to improving and maintaining employee health and well-being. It has also issued in conjunction with the Education Service Advisory Committee a guidance document entitled "Managing work-related stress: A guide for managers and teachers in schools". It is the policy of the Governing Body that this guidance be followed.

Other useful publications from HSE that employees can refer to are "Work Related Stress – A short guide" and "Tackling work-related stress – A guide for employees".

Management standards for dealing with stress are set out in section 3.10.4

#### j) Violence at Work

Violence to any employee will be treated very seriously and the advice set out in the document issued by the HSC Education Service Advisory Committee will be adopted as the means of dealing with such incidents when they occur and in the development of strategies to minimise their occurrence.

### **3.17 Off site Educational Visits/Activities**

In the last few years there have been a number of fatalities associated with educational holidays, visits or activities, some of which have led to high profile litigation. It is therefore imperative that the guidance manual issued by the LA is strictly adhered to.

A good practice guide has been issued by the DfEE entitled "Health and Safety on Educational Visits" which must also be followed.

All staff planning a trip must ensure they are familiar with school visits policy and procedures described in the Visits File which is located with each class team.

There are specific issues relating to visits with students with disabilities. The trip may be being organised by mainstream staff but it is important to follow The Vale procedure for Vale pupils.

Adequate and careful planning will help to identify potential problems and minimise risks. The documentation in the Visit File acts as a checklist to ensure that visits are carefully planned. **Risk assessments prior to the visit are essential.**

### **Health and Safety considerations**

- Transport.
- Access - fire evacuation.
- Toilet facilities re manual handling.
- Timing - avoid over filling the schedule.
- Pupil information and medical details - in case of accidents or illness.
- Sufficient numbers of responsible adults.
- Equipment.

It is the responsibility of the DRIVER to ensure that all pupils are secured into seats using the appropriate safety harnesses, and that wheelchairs are securely clamped into position. The driver should not move off until s/he has checked that this has been done.

Electric wheelchairs provided by the DHSS can only be used indoors and on external areas agreed by the appropriate authority e.g. Harlingen Wheelchair Services. They are not designed for outdoor use. If an accident occurs from unauthorised use, then the staff that organised the visit would be held accountable. This means that pupils who usually use DHSS electric wheelchairs must use manual wheelchairs outside school premises.

### **3.18 Personal Protective Equipment**

The requirements of the Personal Protective equipment at Work Regulations 1992 and the Guidance on Regulations issued by the HSE (L25) will be followed.

The circumstances where these regulations apply are fairly limited within school premises e.g. Science & Technology, but where risk assessment has identified that any personal protective equipment is necessary it will be supplied by the school. Employees must then ensure that it is worn at appropriate times.

Abuse of any PPE supplied is a direct offence under Section 8 of the Health and Safety at Work Act 1974.

### **3.19 Safety Representatives/Safety Committee/Consultation**

Under the Safety Representatives and Safety Committees Regulations 1977 employers must put in place arrangements to enable Safety Representatives to be consulted on appropriate health and safety issues.

The Health and Safety (Consultation with Employees) Regulations 1996 require employers to consult with representatives or directly with non union employees.

Employers also have obligations under the Health and Safety (Information for Employees) Regulations 1989

The Governing Body will fulfil these obligations through the Head teacher who will involve all staff including representatives in the development of health and safety. This policy details the methods of involvement including accompanied inspections, safety committee meetings, development of risk assessments, disseminating information and assisting in developing training needs.

### **3.20 Site, Building, Staff Security and Safety**

#### a) Site

The Vale will work collaboratively with the 'Partnership' schools to ensure that the site is securely fenced and where it is not possible to secure the whole site strategically placed CCTV cameras will provide a deterrent to unauthorised access.

#### b) Separation of Vehicular and Pedestrian movement

The Site Manager will ensure that car parking arrangements including those for disabled persons do not compromise the safety of pedestrians

The Site Manager will ensure that when contractors are on site that their activities and vehicular movements do not compromise the safety of pedestrians.

The Site Manager will ensure that deliveries are not made during break or lunch times or for 15 minutes prior to the opening and after the close of school in order to avoid peak pupil movement times.

Separate access will be delineated for pedestrian access which removes as far as reasonably practicable the risk of contact with moving vehicles.

#### c) Staff

Staff working either in isolated part of the building and/or out of normal hours should follow the HSE advice on "Lone Working" where applicable.

Staff undertaking home visits as part of their responsibilities must follow the guidance contained in Appendix A of the Home School Agreement (Staff Handbook 4.g)

#### d) Visitors

Visitors must sign in at reception and will be issued with a visitor's badge which must be returned on leaving the site.

### **3.21 Statutory Inspections and Examinations**

Statutory inspections and examinations of boilers, pressure vessels, lifting equipment and fire equipment will be carried out at statutory intervals by competent persons. The register of these will be held by the Dukes Aldridge and Lancasterian Site Managers who will confirm to the School Business Manager that arrangements for inspection and examination are made by the due dates.

### **3.22 Supervision of Pupils**

The Head shall take all reasonable steps to ensure that appropriate staff supervision is provided for pupils during lessons and off-site activities.

The Head shall take all reasonable steps to ensure appropriate supervision by duty staff at break time and lunch time.

All staff will share the responsibility for ensuring that pupils adhere to the school code of conduct in terms of their behaviour when moving between different parts of the building.

Staff supervising pupils in and around practical rooms i.e. in science laboratories, gyms and sports hall, technology rooms, etc will be responsible for ensuring that pupils behaviour is safe and in accordance with the school code of conduct

Staff who are supporting students attending lessons in mainstream classes must be aware of the partnership school's Health and Safety policy. Please consider the following issues for students with disabilities.

#### a) Design and Technology/ Cookery sessions

All students should wear protective clothing when handling hot things. Students in wheelchairs should have a long plastic apron with a towel on top. Students with Spina Bifida must in addition have a towel under the apron. Staff should be extra vigilant with students working with sharp tools.

#### b) Swimming Sessions using the Vale Hydrotherapy Pool

Particular care must be taken during swimming sessions and in the pool area.

No member of staff can take a pupil swimming on their own and there must always be an adult on the side of the pool while pupils are in the water and at least one member of staff must have been trained in recovery and resuscitation procedures in the water at every swimming session. There will be refresher training sessions each term. Although the floor in the pool is non-slip, do not run and do not allow pupils to run.

The pool door is to be kept locked when the pool is not in use. The keys are kept in the Primary Resource Base office.

Staff involved in changing pupils must not leave pupils unattended on plinths.



Care must be taken to operate the hoist safely.

In the event of leakage of faeces or pollution of pool water by blood or vomit, all pupils and staff must leave the water immediately. The swimming instructor will then ensure the necessary steps are taken.

Incontinent pupils should be dressed for swimming sessions in some form of plastic or waterproof pants, under their swimming costumes.

**There is a telephone on the wall outside the swimming pool.**

#### c) Safety during Physical Education

Staff who support pupils during PE sessions must follow manual handling procedures. Discuss any concerns with the member of support staff with responsibility for manual handling.

#### d) Safety during break times.

Vale staff are on duty during break times. Students green files contain information regarding mobility issues and relevant medical information.

It is the responsibility of the class teams to inform staff on duty if any Vale student needs to wear protective equipment outside, e.g. a helmet.

### **3.23 Training**

All employees shall be instructed as to possible hazards which may occur at their place of work and shall receive such information, instruction and training as may be deemed necessary to enable them to do their work in a safe and efficient manner.

#### a) Induction Training

Every effort must be made to ensure that all new staff receive appropriate induction training which should include making them aware of their statutory duties, emergency procedures, relevant risk assessments and an explanation of this policy. On the first day of employment the Safety Induction checklist must be completed and a copy of Parts I to III of this policy will be issued.

#### b) Management Training

The Governing Body recognises that all sectors of management must receive the training necessary to enable them to effectively carry out their duties in the areas for which they are responsible.

#### c) Specialist Training

The Headteacher will arrange specialised courses of training as appropriate for employees in the safety requirements of their duties. The need for such courses will have been identified in the Training Plan.

#### d) Fire Training

All members of staff shall receive training on actions to be taken in the event of fire, advice on fire precautions and where necessary, practical training on the use of fire fighting equipment and alarms.

#### e) Educational Visits

All Educational Visits Co-coordinators must have successfully completed an accredited course.

### **3.24 EATING, DRINKING AND LUNCHTIME POLICY**

#### **Introduction**

At the Vale School lunchtimes and snack times are an important part of the school day and organisation for these sessions must facilitate a quality experience for our students.

1.1 Elements which facilitate quality lunchtime include:

- A pleasant and conducive environment
- Knowledge of and adherence to each student's Eating and Drinking Profile
- Access to appropriate equipment
- An emphasis on developing social and communication skills

- An emphasis on developing a student's independence
- 1.2 Aims of meals and snack times include
- Facilitation of safe eating and drinking skills
  - Development of the highest degree of independence possible
  - Development of functional communication and social skills
  - Facilitation of healthy nutrition and hydration
  - Awareness of fatigue (e.g. maximum mealtime should be 30 minutes)

### **Eating and Drinking Profiles**

Each student will have individual profiles with in-depth and up to date information collated jointly by the MDT Team and Class Teacher.

- 2.1 Profiles will be reviewed for every student at the beginning of the academic year and at each IEP by the SLT, SSCO's (Support Staff Coordinators), and class team. Profiles will also be updated to reflect changing needs if required, throughout the year, with regular input from SMSAs (School Meals Support Assistants).
- 2.2 A growing number of our students have complex needs regarding eating and drinking. If changes are seen in a student's eating and drinking or if concerns arise, the SSCOs and/or the class team should refer students to the School Therapy Team as appropriate. (See over page and Appendix 1)
- 2.3 Student's profiles should be easily accessible to staff involved in meal/snack times. It is the responsibility of the member of staff to follow the guidelines on the profile and seek guidance if advice is not clear.
- 2.4 Students' weight and height should be recorded twice a year and more frequently for students who are of concern. The School Nurse in collaboration with the SSCO will deliver this programme.

### **Identification of students for referral to the school therapy team**

- 3.1 Any member of staff or parents/carers can refer students who present with one or more of the following to the School Therapy Team. This could be in the context of home or school:
- Difficulty in positioning and seating themselves
  - Difficulty in coordination of hand to mouth movement
  - Students who are showing signs of discomfort or distress e.g. coughing, eye blinking (see Appendix 2 for more signs)
  - Difficulty with eating skills e.g. removing food from spoon, chewing etc...
  - Occurrence of repeated chest infections
  - Difficulty eating and maintaining appropriate nutrition.
  - Difficulty drinking and maintaining satisfactory hydration levels.
  - Change in individual skills (improvement or deterioration).

### **Role of the class team**

- 4.1 Members of the class team should work closely together to ensure consistency of approach with each student.
- 4.2 Staff involved with a meal or snack time session must ensure that they are familiar with the Eating and Drinking Profile for each student under their supervision. If in doubt staff must seek advice from the SSCO or relevant therapist.
- 4.3 Where changes occur (e.g. in the way a student is assisted) these must be passed on promptly to the SSCO and /or therapist involved so that amendments can be made to the profile by the therapist.
- 4.4 The SSCO is responsible for monitoring progress and ensuring profiles are followed with advice from the therapy team.
- 4.5 Class teams are responsible for contacting therapy team if they are concerned

### **The role of the Therapy Team**

The Therapy Team will:

- 5.1 Accept all appropriate referrals for advice on eating and drinking
- 5.2 Liaise closely with class staff and provide detailed assessments of a student's skills
- 5.3 Consultation and training for parents/carers, carrying out home visits where necessary
- 5.4 Request any additional information required from relevant agencies
- 5.5 Refer to outside agencies if necessary. For example: Specialist Dysphagia Clinic at G.O.S.; Social Services.
- 5.6 Reach broad agreement on the content of a student's profile
- 5.7 Provide written eating and drinking profile which should provide information on:
- Preparation of food and drink
  - Positioning

- Equipment
  - Procedure
  - Names of people involved with the profile
- 5.8 Ensure review/updating of profiles carried out
- 5.9 Provide practical demonstration on a specific technique or preparation (e.g. using thickeners).
- 5.10 Train staff on specific issues relating to eating and drinking, especially during the transfer of students between classes or bases.

*Each member of the MDT should adhere to their professions guidelines/policies regarding involvement with students with eating and drinking difficulties. Professional guidelines should be available to the head teacher.*

### **Feeding clinics**

Any student can be referred to the MDT feeding clinic by parents/carers, school staff or health professionals. These clinics will run fortnightly with an emphasis on safe management of a student's nutrition and hydration. The feeding clinic is attended by: parents/carers, dietician, SLT, SSSCo, and the school nurse.

Following a clinic appointment it may be necessary to refer to the Consultant Paediatrician although over time it is anticipated they will be involved in the clinic.

### **Equipment**

- 6.1 Any specialist equipment required by students should be identified and stipulated in the eating and drinking profile.
- 6.2 Any child who has difficulty using normal cutlery should have access to specialist equipment (adapted knives, spoons, forks).
- 6.3 School staff, parents/carers can refer students to the therapy team for advice on specialist equipment.
- 6.4 Once referred Therapists are responsible for identifying, maintaining and reviewing specialist equipment.
- 6.5 Equipment can be requested from and is ordered by the OT or SLT.
- 6.6 Equipment (spoons, handles) is for use only by stipulated students and not by anyone else.
- 6.7 Thickening agents or specific feeds are supplied by the students GP directly to the parents. Parents are responsible for sending a supply into school.

### **Environment/Communication**

In principle all pupils should eat in the communal dining facility with their peers from the Vale and the mainstream school where they are located. However in exceptional circumstances when the child's nutritional needs are been compromised then the following will be given consideration.

- 7.1 The students in Foundation Stage have their lunch in the classroom, while the majority of students are in the hall.
- 7.2 Where a child is clearly distracted by what is going on around them and this is effecting their eating and drinking, alternatives should be thought through and discussed with the MDT.
- 7.3 Students who have difficulties functioning in a noisy environment will be fed in a quieter room (e.g. startle response/ sensory defensiveness).
- 7.4 Students who are gastrostomy fed and for whom tasters are contra-indicated, should be given alternative activities at lunch time.
- 7.5 Opportunities for communication should be used including symbol placemats and communication systems. If additional resources are required, refer to the SLT.
- 7.6 It is important to optimise the calmness of the environment, minimising distractions where possible.

### **Training**

- 8.1 Deputy Head Teachers and SSSCo's will inform the SLT of the arrival of new staff. All newly appointed staff (including SMSAs) will be given training by the therapy team in areas related to eating and drinking.
- 8.2 All staff that are supervising meal/snack times must complete basic dysphagia training provided by the MDT before supporting an individual student.
- 8.3 Advanced training will be supplied on a student specific basis (depending on complexity of needs) for all staff involved in feeding that student (See Appendix 3 for details of training content).
- 8.4 All staff involved with feeding will receive an annual refresher course. Advanced training should be revised as needed.

### **Development of Oral Motor Skills**

- 9.1 Students may require an OM programme in order to: reduce hyper-sensitivity, increase sensation, develop particular skills required for managing saliva, eating and drinking and speaking.

- 9.2 Where appropriate, students will have access to an individual OM programme. This will be devised and overviewed by OT and SLT, and implemented by class staff/parents.
- 9.3 Each class will have access to group sessions which incorporate particular oral motor activities for individual students.
- 9.4 All OM programmes are written for specific students and are not to be used generally with the whole class.

### **Identification and Management of students who require non-oral feeding (gastrostomy feeding)**

Students will have a multi-disciplinary assessment of their eating and drinking skills on entry to school. Additional assessment can be requested at any time if a change in skills or health has been identified. Following assessment each student will receive a profile detailing specific recommendations.

Any assessment or further investigation, will always involve close liaison and consultation with parents/carers and where appropriate the student

A student will require further investigation from the MDT when assessment indicates one or more of the following:

- Risk of aspiration on food or fluids (food/drink going into the lungs).
- Unable to maintain adequate hydration (indicated by chronic constipation, poor health, fatigue)
- Unable to maintain adequate nutrition levels (indicated by significantly low weight, failure to grow, low immune system).
- Aversive behaviours towards eating and/or drinking.

The MDT in these circumstances can involve any or all of the following:

- School staff (SSCo and class team).
- SLT,OT,PT.
- School nurse.
- Dietician
- Consultant paediatrician.

This may include referral to outside agencies (local hospitals e.g. video swallow study, chest x-rays; specialist tertiary centres e.g. dysphagia or respiratory clinics at the Wolfson Centre).

When a student has been identified as not being able to meet their hydration and/or nutrition levels, and/or is known to be aspirating, then non-oral intake typically via gastrostomy tube will be recommended.

This recommendation will be made by the MDT in consultation with parents and the school team.

### **Support to parents/carers in decision making**

It is important that parents/carers and the students are fully involved at every stage of the decision making process. They should be well supported and understand the implications of continuing with oral intake compared to non-oral intake. They should be able to confidently give informed consent for the operation and management thereafter.

Parents and students will be provided with some/all of the following:

- Accessible information describing the specific difficulties their child is experiencing and the impact on their long-term health and well-being. This will involve evidence from detailed observation of the child eating and/or drinking, x-rays (swallow study and chest status), growth charts and daily levels of food and fluid intake.
- Regular opportunities to raise concerns, ask questions and discuss with relevant professionals.
- Opportunity to meet a parent or family whose child already has a gastrostomy.
- Written information on the procedure and aftercare.
- SLT to accompany family on appointments to hospital (x-ray studies, meetings with Gastroenterologists).

### **Reaching agreement**

Every effort should be made to ensure agreement between professionals and parents with regard to how their child receives nutrition and hydration.

It is recognised that failure to introduce non-oral intake when indicated can lead to significant harm (long term health and learning implications).

In cases where parents have decided not to consent then it is important for the MDT to establish why and work through their concerns.

A key professional will be identified at this stage to work with the family on their specific concerns. For example, if the concerns are related to the operation then the school nurse and Specialist nurse at G.O.S.H. will take the lead.

If agreement is still not reached then it is necessary to involve Social Services. Failure to keep a child safe from significant harm due to eating and drinking difficulties is ultimately a child protection issue. Therefore child protection procedures should be followed.

### **Management of Gastrostomy**

Staff working with students who have gastrostomy feeds will receive training from the SS Co or School Nurse on this procedure so that the student can be fed at school.

Monitoring of the care and condition of the gastrostomy will be delivered by the School Nurse and the support staff involved with individual students.

The feeding regime is devised, monitored and managed by the Community Dietician. This regime should be agreed with parents/ carers and school team.

### **3.25 Visitors**

Employees will ensure that all reasonable steps are taken to safeguard visitors and that they are made aware of emergency procedures.

In the event of an evacuation, visitors should accompany the employee they have come to see to the approved assembly point identified in Appendix 1.

### **3.26 Work Experience/Placements**

All students who go off site for work experience must have all relevant visit forms, insurance and risk assessments in place and checked by the educational visit coordinator (EVC) before commencing their work experience.

### **3.27 Home/School Transport**

Home/school transport arrangements in school is the responsibility of the School Business Manager. Students' health and safety on the buses is the responsibility of school staff until the bus has left the school site, i.e. outside the school gates.

School staff and in particular the teacher teaching the students for the last lesson of the day are responsible for seeing that the students get onto the bus safely. Incidents of inappropriate behaviour should also be dealt with by the teacher until the bus has left the school site.

Buses parked in the school grounds while loading students should have their engines switched off. If the bus needs to leave the engine running due to a possible flat battery then the buses exhaust should be on the opposite side to where the students are waiting.

### **3.28 POLICY FOR ADMINISTRATION OF MEDICATION – PLEASE SEE NEW UPDATED SEPARATE POLICY 'WHITTINGTON HEALTH NHS TRUST SPECIAL SCHOOLS IN HARINGEY MEDICINES POLICY'**

**APPENDIX 1**  
**COMPETENT PERSONS AND RELEVANT LOCATIONS**

**PRIMARY DEPARTMENT**

<b>RESPONSIBILITY</b>	<b>COMPETENT PERSON</b>	<b>LOCATION</b>
First Aid Appointed Persons	See main noticeboard	
First Aid Box Locations		School Office Kitchen Classrooms
First Aiders	All Support Staff	
Accidents Notified to	Deputy Head	School Office
Accident Book Kept by	Deputy Head	School Office – 1 <sup>st</sup> aid drawer
RIDDOR Notifications by	Deputy Head	School Office
Fire Marshals	See main noticeboard	See Health and Safety notice board
Assembly Points		Junior playground Infant playground Safe Areas
Emergency Procedures		
Asbestos Survey	Lancasterian Site Manager	Site Manager's office
Asbestos Log Kept by	Lancasterian Site Manager	Site Manager's office
Statutory Inspections i) Boilers ii) Hoists & Lifts iii) Fire Safety	i) Lancasterian Site Manager ii) School Business Manager	i) Site Manager's office
Out of School Visits	Deputy Head	School office
Risk Assessments	Deputy Head	School office
COSHH Assessments	Lancasterian Site Manager	School office
Noise Assessments	Deputy Head	School office
Manual Handling Assessments	Manual handling trainers	Classrooms
Work Station & DSE Assessments	School Business Manager	School office
Electrical Safety	Lancasterian Site Manager	
Caretaking & Cleaning	Lancasterian Site Manager	Site Manager's office
Grounds Maintenance (grass cutting, litter picking and gardening equipment)	Lancasterian Site Manager	Site Manager's office
Catering	Lancasterian School	
Occupational Health		
Safety Representatives	See noticeboard	Primary

## SECONDARY DEPARTMENT

RESPONSIBILITY	COMPETENT PERSON	LOCATION
First Aid Appointed Persons	See main noticeboard	
First Aid Box Locations		Classrooms School office Teachers' room
First Aiders	All Support Staff	
Accidents Notified to	Deputy Head	
Accident Book Kept by	Deputy Head	
RIDDOR Notifications by	Deputy Head	
Fire Marshals	Safe area teams	See Health and Safety notice board
Assembly Point		Main gate of Astro turf/Corner of seating area by the grass verge
Emergency Procedures	Dukes Aldridge Site Manager	Office School foyer
Asbestos Survey	Dukes Aldridge Site Manager	Dukes Aldridge Site Manager Office
Asbestos Log Kept by	Dukes Aldridge Site Manager	Dukes Aldridge Site Manager Office
Statutory Inspections i) Boilers ii) Hoists & Lifts iii) Fire Safety	i) Dukes Aldridge Site Manager ii) School Business Manager iii) Dukes Aldridge Site Manager	i) Dukes Aldridge Site Manager ii) School Business Manager iii) Dukes Aldridge Site Manager
Out of School Visits	Deputy Head	
Risk Assessments	School Business Manager	
COSHH Assessments	Dukes Aldridge Site Manager	
Noise Assessments	School Business Manager	
Manual Handling Assessments	Manual handling trainers	
Work Station & DSE Assessments	School Business Manager	
Electrical Safety	Dukes Aldridge Site Manager	
Caretaking & Cleaning	Dukes Aldridge Site Manager	Site Manager's office
Grounds Maintenance (grass cutting, litter picking and gardening equipment)	Dukes Aldridge Site Manager	Site Manager's office
Catering	Head of Catering Service	School dining hall
Occupational Health	School Business Manager	Room 39
Safety Representatives	See noticeboard	

## APPENDIX 2: MONITORING HEALTH AND SAFETY PERFORMANCE

The H&S regulations require that there is system in place to check the arrangements made to control Health and Safety. This consists of regular inspections, checks and drills to practice procedures.

This will not replace the daily checking of the school with regards to cleaning and safety that is the responsibility of the site manager. Nor does it remove the responsibility of all staff to be vigilant as they move around the school premises and to ensure safe procedures are followed.

### HEALTH AND SAFETY INSPECTION CHECKLIST

AREA	INSPECTION TIMESCALE	WHO
1. SITE INSPECTION	TERMLY	D/HT and SSCO
2. BASE INSPECTION	TERMLY	D/HT and SSCO
3. GOVERNOR INSPECTION	ANNUAL	GB HEALTH AND SAFETY AND PREMISES CMTEE
4. FIRST AID BOXES	TERMLY	SSCO
5. HOISTS	TERMLY	SSCO
6. FIRE DRILL	TERMLY	D/HT and SSCO
7. FIRE EXTINGUISHERS	YEARLY	DUKES/ALDRIDGE SITE MANAGER
8. EVACUATION CHAIRS	YEARLY	SSCO
9. NURSE CALL ALARMS	TERMLY	D/HT and SSCO
10. ELECTRICAL EQUIPMENT	YEARLY	SCHOOL BUSINESS MANGER
11. HEPATITIS LETTER	INDUCTION AND CHECKED TERMLY	D/HT and SSCO
12. HEALTH AND SAFETY POLICY	ANNUAL REVIEW	HT and GB
13. HAZARD REPORTS	AS NECESSARY	D/HT and SSCO
14. FIRST AID TREATMENT RECORD	AS NECESSARY	D/HT and SSCO
15. TRANSPORT	TERMLY	SCHOOL BUSINESS MANAGER
16. TRAINING RECORD FOR EMERGENCY PROCEDURES	YEARLY	SSCO
17. INFORMATION FOR SUPPLY STAFF/ VOLUNTEERS ETC	YEARLY	D/HT
16. SWIMMING POOL		SWIMMING INSTRUCTOR
HOIST	2 X A YEAR	ARJO
WATER QUALITY Temp and clarity	Daily	Swimming Instructor
WATER TREATMENT		
Chlorine	Daily x 2	Swimming Instructor
PH test	Daily x 2	Swimming Instructor
Total Alkalinity	Weekly	Swimming Instructor
Calcium hardness	Weekly	Swimming Instructor
T.D.S	Weekly	Swimming Instructor
Water balance	Weekly	Swimming Instructor
Bacteriological	Monthly	Hydrocare



VALE PRIMARY DEPARTMENT  
INTERNAL SITE INSPECTION (conducted by DHT, SBM, DUKES/LANCASTERIAN SITE MANAGER)

Date:									
Walkabout completed by:									
Location	Items	Condition			Comments / Actions	Timescale			
		N/A	UNSAT	SAT		I	S	M	L
ADMIN OFFICE	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Vale inside entrance	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Panda Class	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Brown Bear Class	Windows/Blinds								
	Alarm/Signage								
	Lighting								

	Floors								
	Housekeeping								
Vale hallway	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Teachers Office	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Hydrotherapy pool	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Laundry Room	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Therapy Office	Windows/Blinds								
	Alarm/Signage								

	Lighting									
	Floors									
	Housekeeping									
Polar Bears Class	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
Girls Toilet	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
Boys Toilet	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
Outside back garden	Surface									
	Fences									
	Environment									

**We are all responsible for health and safety. Thank you for your co-operation.**

VALE SECONDARY DEPARTMENT  
INTERNAL SITE INSPECTION (conducted by DHT, SBM, DUKES/LANCASTERIAN SITE MANAGER)

Date:									
Walkabout completed by:									
location	Items	Condition			Observations/Recommendations	Timescale			
		N/A	UN-SAT	SAT		I	S	M	L
VO1 Inclusion Room	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
VO2 HT Office	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
VO3 Office	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
VO4 Meeting	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								

	Housekeeping								
VO5 DHT Office	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
VO6 Reprographics	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Girls Toilet	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Boys Toilet	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
VO7 Training Room	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
Sensory Room	Windows/Blinds								
	Alarm/Signage								
	Lighting								

	Floors									
	Housekeeping									
VO8 Therapy Office	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
Corridor	Fire Doors									
	Housekeeping									
Outside	Surface									
	Fences									
	Environment									
VO9 SLT Office	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
V10 Teachers Room	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									
	Housekeeping									
V11 Therapy Room	Windows/Blinds									
	Alarm/Signage									
	Lighting									
	Floors									

	Housekeeping								
V12 TH Room Office	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
V13	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
V14	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
V15	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
V16	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								
V17	Windows/Blinds								
	Alarm/Signage								
	Lighting								

	Floors								
	Housekeeping								
V18	Windows/Blinds								
	Alarm/Signage								
	Lighting								
	Floors								
	Housekeeping								

**We are all responsible for health and safety. Thank you for your co-operation.**





## **Guidelines for the Management of Human Bite Injuries**

**Guidance on dealing with injuries where teeth break the skin**

Author:	Helen Donovan Immunisation Lead NHS Haringey
Development of policy	NHS Haringey Public Health Department GOSH in Haringey children's services, school nursing and special schools nursing teams. North East and North Central London Health Protection Unit.
Policy Lead	Immunisation Lead Public Health NHS Haringey
Date	2010
Version History:	Draft V1 May 2010, V2 June 2010 V3 final September 2010
Approved by:	Immunisation and Vaccination steering group September 2010
Review date:	September 2011

# **Contents**

<b>1. Introduction</b> .....	35
<b>2. Scope of guidance</b> .....	35
<b>3. Initial Assessment</b> .....	36
<b>4. HPU Actions / Advice</b> .....	36
<b>5. Workplace-related incidents</b> .....	36
<b>6. Good practice and infection control</b> .....	36
<b>References</b> .....	37
<b>Appendix 1</b> .....	38
What to do about bites – the biter and the bitten.....	38
A quick guide for schools and non health care professionals.....	38
<b>Appendix 2</b> .....	40
General Risk Assessment Tool .....	40
<b>Appendix 3</b> .....	41
Treatment Guidance for Healthcare Professionals.....	41

## 1. Introduction

Bites from humans are relatively common in some settings and these often become infected. Human bites frequently occur in educational or care settings for children or people with learning disabilities. Injuries may also occur during fights where teeth break the skin. Most of these human bites occur on the fingers or hands.

Where the bite breaks the skin the wounds may be contaminated with pathogens, even if there are no clinical signs of infection. Bacteria that often contaminate human bites include streptococci, *Staphylococcus aureus*, *Haemophilus* spp and *Bacteroides* spp and other anaerobes. Transmission of viruses (e.g. hepatitis B, hepatitis C, HIV) following human bites is much less common.

If medical attention is delayed (e.g. more than 12 hours after the injury), localised cellulitis, lymphangitis and regional lymphadenopathy may be present. Individuals who are immunocompromised are at risk of developing particularly severe infections.

Routine prophylactic measures should include general good hygiene and hand washing (see section 6).

The use of prophylactic hepatitis B vaccination for those at risk has been considered in the development of these guidelines. The guidance from the Department of Health is that the vaccine should be considered following local risk assessment. In general routine vaccination in the community is not considered to be cost effective based on the low incidence of bites which break the skin and the likelihood of the bite being contaminated by the hepatitis B virus. As the majority of pathogens likely to cause infection are not vaccine preventable the best advice is to follow good hygiene and infection control measures and for prompt referral, as appropriate to the severity of the wound (see appendix 2).

Routine prophylactic vaccination would only be considered where the number of incidents leads to concern that there is significant risk of exposure to infection. For this reason it is important that a record of all incidents is kept including actions taken and that this is shared with the PCT, NHS Haringey or GOSH in Haringey children's services.

## 2. Scope of guidance

These guidelines have been drawn up by; NHS Haringey Public Health department, with GOSH in Haringey, children's services school nursing service. The guidelines have been developed with advice from the occupational health departments at St Ann's Hospital and Haringey Council alongside the North East and North Central London Health Protection Unit (HPU). Where staff are involved in biting incidents they must also refer to their appropriate occupational health policy for their area (see section 5 work related incidents)

The aims of these guidelines are to ensure that appropriate, prompt advice treatment and follow up is taken by individuals involved in human bite incident and to ensure that necessary measures are taken to protect those at risk as a result of human bites.

The guidelines are intended for all NHS Haringey PCT staff or staff contracted to work in Haringey, GP practice staff or other independent contractors working within The London Borough of Haringey.

### 3. Initial Assessment

***If the bite injury in a child is caused or suspected to have been caused by an adult, child protection guidelines must be followed. The incident should be discussed with the appropriate line manager and/or the designated or named staff for child protection. The incident should be referred to the first response team if appropriate Tel: 020 8489 4592/5652/5762 or the out of hours Duty Team Tel: 0208 348 3148***

Initial assessment should include assessing whether the bite has broken the skin, documenting who was bitten, by whom, the timing and nature of the bite, any immunosuppression, and any known antibacterial allergies. If the bite is particularly severe, the patient may require urgent first aid treatment (e.g. to control bleeding) before a detailed clinical assessment. Consideration should be given to the possibility of existing infections or other medical conditions in both parties. Medical advice should be sought for human bites which break the skin. (See risk assessment tool appendix 1 and treatment guidance appendix 2)

Full clinical assessment should be undertaken to examine for signs of infection, foreign bodies, damage to blood vessels, nerves, tendons, joints or bones and lymphadenopathy. If the assessing clinician requires further advice regarding communicable disease concerns related to the bitten person or the biter then they should contact the local Health Protection Unit.

### 4. HPU Actions / Advice

The North East and North Central London Health Protection Unit provide advice for healthcare professionals. National guidance on inoculation injuries (including bites) and children is available on the HPA website see references.

Further details on the clinical management of a significant bite injury (bites which break the skin) are detailed in appendix 3.

### 5. Workplace-related incidents

Staff involved in incidents during the course of their work must refer to their appropriate Occupational Health policy for detailed guidance and policy for management of inoculation injuries (sharps / bites) or hepatitis B prevention.

As a general guide;

People whose work or other activities put them at increased risk of human bites should be risk assessed, offered hepatitis B vaccination where appropriate and have their tetanus vaccination status reviewed. They should be made aware of immediate action following a bite.

In all cases an accident/incident report should be completed. Each organisation should ensure that it has appropriate arrangements in place for the reporting and recording of untoward incidents.

Where a bite injury occurs in the workplace, staff should inform their line manager. Staff experiencing a bite that breaks the skin must seek medical attention and report the injury to the appropriate Occupational Health Department for follow up.

### 6. Good practice and infection control

Specific bite management is in appendix one. The general principles of infection control in a school environment should be adhered to at all times a short summary is detailed below: .

Hand washing is the single most important measure in reducing cross infection.

- Always keep cuts or broken skin covered with waterproof dressings;
- Avoid direct skin contact with blood or body fluids;
- If blood is splashed onto the skin, it should be washed off immediately with soap and water. Splashes of blood into the eyes or mouth should be washed immediately with plenty of water;

- If a bite/ sharps injury is sustained or blood is splashed into the eyes or mouth, or on to non-intact skin (e.g. eczema) medical advice should be sought promptly through the person's own family doctor's practice, or if a staff member, through Occupational Health;
- Wear disposable gloves when contact with blood or body fluids is likely;
- Always wash and dry hands after removing gloves;
- Always wash and dry your hands before and after giving first aid;
- Teach children about avoiding contact with other people's blood, and body fluids, as soon as they are able to understand how to protect themselves;
- Teach children to wash and dry their hands before meals and after using the toilet.

## References

- Clinical Knowledge summaries revised (2007) [http://www.cks.nhs.uk/bites\\_human\\_and\\_animal](http://www.cks.nhs.uk/bites_human_and_animal)
- Drugs & Therapeutics Bulletin\_(2004) Managing bites from humans and other mammals. September 2004 Vol 42. No. 9, Pgs 67-70
- Department of Health. (2006) Immunisation against infectious disease. Department of Health. London. On line
- Health Protection Agency (2007) Guidelines for the Management of Human Bite Injuries Guidance for healthcare professionals on dealing with injuries where teeth break the skin Health protection agency North West available on line (accessed May 2009)  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947350692](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947350692)
- Health Protection agency (2009) Management of infection guidance for primary care for consultation & local adaptation reviewed 2009. [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947340160](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947340160)
- Health Protection Agency (2009) Inoculation Injuries and Children in Schools and similar settings: Risk Assessment Guidelines for Health Protection Units.  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1259152291335](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1259152291335)

## Appendix 1

### *What to do about bites – the biter and the bitten*

A quick guide for schools and non health care professionals

#### **Introduction**

Bites from humans are relatively common in some settings and these often become infected. Human bites frequently occur in educational or care settings for children or people with learning disabilities. Injuries may also occur during fights where teeth break the skin. Most of these human bites occur on the fingers or hands.

Where the bite breaks the skin the wounds may be contaminated with bacteria and viruses. Transmission of specific viruses (e.g. hepatitis B, hepatitis C, HIV) following human bites is very uncommon.

If medical attention is delayed (e.g. more than 12 hours after the injury) swelling and infection (most commonly bacterial) can quickly result. If a child has previously been seriously ill e.g. has had leukaemia, they will be at much higher risk of a subsequent infection following a bite.

The aims of these guidelines are to ensure that appropriate, prompt advice treatment and follow up is taken by individuals after a child has been bitten. It outlines what to do with both the bitten child and the biter.

Routine prophylactic measures should include general good hygiene and hand washing.

#### **What to do**

- Attend to the child as soon as you hear about the incident.
- Always wear gloves when treating children who have been brought to you.

***If the bite injury in a child is caused or suspected to have been caused by an adult, child protection guidelines must be followed. The incident should be discussed with the appropriate line manager and/or the designated or named staff for child protection. The incident should be referred to the first response team if appropriate Tel: 020 8489 4592/5652/5762 or the out of hours Duty Team Tel: 0208 348 3148***

**Bitten Child:**

- HAS THE BITE BROKEN THE SKIN?

*If yes:*

- Encourage the wound to bleed by squeezing the edges, unless it is already bleeding freely;
- Wash the wound thoroughly with warm, running water;
- Cover the wound with a waterproof dressing;
- If the bite is on the hand the arm should be elevated - this will help it to stop bleeding.
- If a part of the body has been torn off, for example part of an ear, it should be wrapped in clean tissue and stored in a plastic bag then and placed into a second bag containing ice for transport to hospital with the child (the body part must not touch the ice directly).
- If the wound is not bleeding excessively then contact the parent and advise them to take the child to their GP
- If it is bleeding freely or looks very deep, the child should be taken to the nearest A and E, or walk in centre, and the parents contacted

*If no:*

- These bites are of no risk
- Parents should be informed
- No further action is recommended

**Biter:**

- HAS THE CHILD GOT BLOOD IN THEIR MOUTH?

*If yes:*

- If the biter has blood in their mouth, their mouth should be swilled with water.
- Inform parents and advise them to seek medical advice from A&E or their GP. (See appendix 3 treatment guidance for Healthcare Professionals for consideration of post exposure prophylaxis, PEP)

*If no:*

- No treatment required

**Recording the Incident**

A record of the incident should be kept with the school. A copy of the record should be sent to the named school nurse for the school or the named health visitor for children's centres.

The children's (biter and bitten child) GPs should be informed. The number and severity of incidents will be kept by children's services, GOSH in Haringey, for review at the Immunisation and vaccination steering group.

**Management of the Incident**

At the time of reporting the incident to both sets of parents/ carers, a request for permission to share details of both children's GPs should be made. This is so that the GP's of each child can liaise with each other in the unlikely event of further screening being required. This does not change the immediate first aid and medical management advice. Both sets of parents must give permission for their child's details and GP details to be shared. If the parents refuse permission then details must not be shared and the injury will be treated as an unknown source injury. Please note that this is the parent's decision, not the decision of the school. Written evidence of whether permission had been granted or not must be documented on the incident reporting sheet.

If permission is granted it is the responsibility of the hospital doctor or GPs to liaise with each other if required to discuss if there is any need to screen for blood borne viruses.

## Appendix 2

### *General Risk Assessment Tool*

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

The risk assessment needs to consider;

- The time since the incident
- Type of injury
- Immunisation status of the patient
- General health of the individual
- Information about the biter i.e. know medical history or risk factors

Has the bite broken the skin? Or has the biter been exposed to blood in the mouth?

#### **Yes**

Where the bite has broken the skin or the biter has blood in their mouth follow initial treatment guidance. Refer on to the GP or A&E

#### **No**

Bites that do not break the skin are of no significant risk and no further action need be taken.

- Assess according to the severity of the wound, the time of day and the time since the incident occurred.
- Refer to A&E for serious wounds or to the GP for less serious wounds.
- See appendix 3 - Treatment guidance for Healthcare Professionals for possible Post-Exposure Prophylaxis treatment (PEP).
- Contact parent and or carer as appropriate ensure the patient and parent / carer has all necessary information and understands the need for follow up.



## Initial Care

### Where **the bite has broken the skin:**

- Encourage the wound to bleed, unless it is bleeding freely;
- Irrigate the wound thoroughly with warm, running water;
- Cover the wound with a waterproof dressing;
- If the bite is on the hand, the arm should be elevated to help stop any bleeding or swelling.
- If the biter has blood in the mouth they should swill it out with tap water.
- If a part of the body has been torn off, for example part of an ear, it should be wrapped in clean tissue and stored in a plastic bag. It should then be put into a separate bag or container surrounded with ice for transport to hospital, the body part must not directly touch the ice. However, management does not typically include reapplication of removed tissue.
- Both the biter and bitten person should be referred to an appropriate medical practitioner e.g. their own GP or the local Accident & Emergency Department, or Walk-in Centre facility as appropriate depending on the severity of the injury and the risk assessment.

Where the incident involves a member of staff they should be referred to their occupational health department according to the local policy. The member of staff may attend a local A&E for immediate management of the injury but must report to Occupational Health at the first opportunity.

## Antibacterial Therapy

Antibacterial prophylaxis should be prescribed for all human bite wounds less than 72 hours old. If the injury is over 72 hours old and there are no signs of infection then antibacterial prophylaxis is probably not of value.

The HPA guidance<sup>1</sup> suggested first line prophylaxis and treatment management for human bites is a 7 day course of antibiotics, co-amoxiclavB- or *If penicillin allergic:* clarithromycin and review at 24 & 48 hrs. However if local prescribing guidelines differ these should be followed.

## Prevention of tetanus

For people whose immunisation schedule is not up to date, or whose immune status is unknown, a dose of the appropriate tetanus containing vaccine should be given at the time of treatment for the injury, and further doses given as required to complete the five-dose schedule. Up to date information is available in the Green Book<sup>2</sup>. For adults TdIPV (revaxis) is currently the recommended vaccine for those requiring further doses of tetanus toxoid. Immunoglobulin may be indicated for those who are at particular risk – immunoglobulin is indicated if the wound is regarded to be heavily contaminated with material likely to contain tetanus spores and/ or extensive devitalised tissue (See the Green book for details of tetanus prone injuries).

## Blood borne viruses

A bite injury is can be an anxious time for the both the biter and victims families. A risk assessment should be done with significant bite injuries (those that have broken the skin) and where appropriate hepatitis B vaccine/immunoglobulin (see table below) and/or HIV post-exposure prophylaxis (PEP) should be offered.

## The risk assessment and further treatment should take the following into account:-

<sup>1</sup> Health Protection agency (2009) Management of infection guidance for primary care for consultation & local adaptation reviewed 2009. [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947340160](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947340160)

<sup>2</sup> Department of Health. (2006) Immunisation against infectious disease. Department of Health. London. Updated and endorsed by the Governing Body December 2019

Has the bite broken the skin? Or has the biter been exposed to blood in the mouth?

**Yes**

Where the bite has broken the skin or the biter has blood in their mouth follow initial treatment guidance. Refer on to the GP or A&E

**No**

Bites that do not break the skin are of no significant risk and no further action need be taken.

- What is the vaccination status of the biter and bitten person?
- Is the source known to be HIV positive, hepatitis B surface antigen (HBsAg) positive or hepatitis C positive?
- Is the bitten person known to be HIV positive, HBsAg positive or hepatitis C positive?
- Is the source available and willing to be tested? Ideally the status of the biter should be investigated.

In most community situations the status of the source will not be known and it will not be practicable to obtain blood for testing.

**Post exposure testing**

Explicit valid consent must be obtained from the biter and bitten person for all tests. If blood cannot be obtained for the source or other information is unavailable (such as any known diagnoses), treat their status as unknown.

**Table with summary of post exposure testing for recipient HPA Guidance<sup>3</sup>**

Time after exposure*	Hepatitis B	Hepatitis C		HIV
		RNA Testing	Ab testing	Ag/Ab testing
Baseline		Storage		
6 weeks		✓		✓
12 weeks	✓	✓	✓	✓
24 weeks	✓		✓	(✓)

\* if HIV PEP was taken, the follow up tests should be 12 weeks after cessation of PEP.

**HIV:**

If HIV is suspected in the biter or the bitten person and it is a significant bite injury expert advice should be sought immediately (e.g. from a consultant in infectious diseases, virologist or paediatric HIV consultant) about whether PEP should be considered. The risk of transmission of HIV through a bite is unknown but is likely to be extremely small.

**Hepatitis B:**

Hepatitis B is transmitted by parenteral exposure to infected blood or body fluids. Transmission mostly occurs:

- Through vaginal or anal intercourse
- As a result of blood-to-blood contact (e.g. sharing of needles and other equipment by injecting drug users (IDUs), 'needlestick' injuries)
- Through perinatal transmission from mother to child.

Transmission has also followed bites from infected persons, although this very rare.

<sup>3</sup> Health Protection Agency (2009) Inoculation Injuries and Children in Schools and similar settings: Risk Assessment Guidelines for Health Protection Units. [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1259152291335](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1259152291335)

## **HBV vaccine prophylaxis for reported exposure incidents**

Vaccinations should be administered as detailed in the DH guidance "The Green Book"<sup>4</sup>. See detail below.

*Taken from the 'Green Book' Immunisation against infectious disease (DH 2006) from PHLS Hepatitis Subcommittee guidance 1992.*

<b>HBV vaccination status of exposed person</b>	<b>Significant exposure **</b>			<b>Non Significant exposure</b>	
	<b>HBsAg positive source</b>	<b>Unknown source</b>	<b>HBsAg negative source</b>	<b>Continued Risk of bite incident</b>	<b>No Further Risk</b>
≤ 1 dose HB vaccine pre-exposure	<i>*Accelerated course of HB vaccine HBIG x 1</i>	<i>*Accelerated course of HB vaccine</i>	Initiate course of HB vaccine	Initiate course of HB vaccine	No HBV Prophylaxis reassure
≥ 2 doses HB vaccine pre-exposure (anti-HBs not known)	One dose of HB vaccine followed by second dose one month later	One dose of HB vaccine	Finish course of HB vaccine	Finish course of HB vaccine	No HBV Prophylaxis reassure
Known responder to HB vaccine (anti-HBs > 10 miU/ml)	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	Consider booster dose of HB vaccine	No HBV Prophylaxis reassure
Known non-responder to HB vaccine (anti-HBs <10 miU/ml 2-4 months post-immunisation)	HBIG x 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at 1 month	HBIG x 1 Consider booster dose of HB vaccine A second dose of HBIG should be given at 1 month	No HBIG Consider booster dose of HB vaccine	No HBIG Consider booster dose of HB vaccine	No HBV Prophylaxis reassure

\*An accelerated course of vaccine consists of a dose spaced at zero, one and two months  
A Booster may be considered at 12 months to those at continuing risk of HBV

\*\*Significant exposure; i.e. one from which HBV transmission may result.

- (i) percutaneous exposure (i.e. needlestick or other contaminated sharp object injury, a bite which causes bleeding or other visible skin puncture)
- (ii) mucocutaneous exposure to blood, (i.e. contamination of non-intact skin, conjunctiva or mucous membrane, blood in the mouth could be a potential risk)

## **Hepatitis C:**

Currently there is no recommended PEP for hepatitis C. However, a patient known to have been exposed to hepatitis C or deemed at risk will require sequential testing for Hepatitis C RNA and antibody see table above for schedule. If the patient is found to have seroconverted appropriate referral to a consultant Hepatologist will be required for immediate follow up and treatment.

<sup>4</sup> Department of Health. (2006) Immunisation against infectious disease. Department of Health. London.  
Updated and endorsed by the Governing Body December 2019