



**Margaret McMillan Nursery School  
and Children's Centre**  
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## **HEALTH AND SAFETY POLICY**

Key Health and Safety Manager

Ms Mary Hart (Headteacher)

In the absence of Key Health and Safety Manager

Ms Hannah Fitzgibbons  
(Deputy Headteacher)

In the absence of the above

Ms Pamela Henry (SNEW)  
Ms Anne Moore (SNEW)  
Ms Tracie Nugent  
Ms Sue Hashemi

**It is the responsibility of the key health and safety manager to ensure that all staff are familiar with the school health and safety policy and that duties are carried out in accordance.**

**It is the responsibility of all staff to be familiar with the contents of the school health and safety policy in order to ensure their own safety and that of other staff, children and visitors. Staff will be expected to co-operate with measures designed to promote health and safety at work.**

### **BROKEN/DAMAGED EQUIPMENT**

Any equipment which may prove dangerous must be:

- Taken out of use immediately.
- Reported, in writing, to the key health and safety manager who will arrange for equipment to be repaired or condemned.

All defects to the building or furniture must be reported in the defects' book (kept by the Premises manager in the main office). The information recorded must include the date, details and location of defect and the name of the person reporting the defect. The Premises Manager will be responsible for effecting repair procedures.

Any equipment donated to the school should be passed to the key health and safety manager before being used.

### **SECURITY**

- The main doors are to be kept locked at all times unless closely supervised by a member of staff.
- All internal doors with electronic locks must be kept shut at all times.
- All children must be marked present in the fire register on arrival. Children leaving before their usual time should be marked out as they leave.
- All messages regarding collection or lateness must be recorded in the relevant message book(s).
- Staff should check information before allowing children to leave with someone other than the identified carer.

- Class teachers and SNEWs are responsible for ensuring staff and parents are aware of collection procedures for children.
- Class teachers and SNEWs must ensure that all agency or part-time staff are aware of and understand door and collection procedures.
- Agency and part-time staff should not cover door duty unless they are long-term members of the team and are confident about procedures.
- Visitors, unknown to staff, should be asked to state their business before admittance to the premises.
- All visitors should sign in the visitors' book in the main school office.
- Staff should ensure that they complete the fire register in their area when they enter and leave the school.
- Class teachers and SNEWs should ensure that additional staff and visitors are added to their fire register and are conversant with the contents of the school's health and safety policy where appropriate.
- Garden doors should be kept unlocked at all times when staff/ children are on the premises.
- Open doors must be fastened securely.

### **RISK ASSESSMENT**

The Management of Health and Safety at Work Regulations 1992 require employers to make a suitable assessment of the risks to the health and safety of their employees and others who may be affected by their undertaking, and to identify what measures they need to take to prevent or control these risks. These assessments are carried out on a regular basis and copies of findings, points of action and persons responsible for taking action can be located in the Risk Assessment box in the main office.

### **HAZARDOUS SUBSTANCES**

COSHH guidelines must be followed regarding use and storage of hazardous substances. Please see Premises Manager or Key Health and Safety Manager.

Staff should not use any substances, e.g. cleaners, air fresheners etc. that have not been purchased centrally and distributed by the Premises Manager or Headteacher.

Staff should check with the Key Health and safety Manager before they use any substance that has been bought on local purchase.

### **DESIGNATED AREAS**

There must be a member of staff supervising every designated area at all times when children are present. The designated areas are:

<b>Classes 1 and 2:</b>	garden
	- craftroom
	- conservatory
	brickroom
<b>CC Activity Room</b>	Playroom
	Garden
<b>Homebase:</b>	- Garden
	- Craftroom/
	- Construction room
	- Living room
	Dream room
<b>Babyroom</b>	-Garden
	-Playroom

Children should not be allowed in cupboards and shed areas unless closely supervised.

## FIRST AID

**First aid provision must be available at all times while people are on school premises, and also off premises whilst on school visits.**

### DESIGNATED FIRST AIDERS

The school has three designated first aiders. Notices are sited in key areas and at first aid box locations as to who these designated first aiders are and their telephone extension. Designated first aiders will advise and treat accidents and emergencies to children, staff and visitors.

In addition each area has staff trained as paediatric first aiders.

### ACCIDENTS AND EMERGENCIES

#### **Adults:**

Accidents to staff should be reported in the staff accident book which is located in the main school office. When the staff member has completed the accident report they should put it in the pigeon hole of one of the named First aiders.

The First aider will investigate the accident and pass the form, with comments if necessary, to the key health and safety manager.

The key health and safety manager will decide upon and take appropriate action.

#### **Children:**

All serious accidents and bumps to the head should be reported in an accident book these are located one in:

- Main Homebase, bathroom
- Class craft room bathroom
- Babies room bathroom
- CC activity Room high level cupboard

Staff should consult with a colleague if they are unsure whether to complete the accident book (err on the side of caution).

The accident book should be completed in pen.

#### **Information must contain:**

- date and time of accident
- child's full name
- nature of incident
- action taken
- name of staff member who administered first aid

Staff are advised to use their discretion when dressing wounds - some heal better uncovered.

Parents/carers must be informed of accidents; a brief note can be left in the message book to alert staff on door duty to check the accident book. Accident books from class will transfer to Homebase at the end of the day.

If staff feel further treatment is needed they should first consult a designated first aider who will consult the key health and safety manager who will make any necessary arrangements.

Designated first aiders should review accident books on a half-termly basis to establish any patterns of accidents. They should sign and date each book as they complete their review and report any findings to the key health and safety manager.

#### **First aid kits**

There are three types of first aid kits: Kit A for dealing with everyday, minor first aid; Kit B for more serious incidents; Kit C for outings and school trips.

#### Kit A

Located one each in

- Main Homebase, bathroom
- Class craftroom bathroom
- Babies room bathroom
- CC activity Room high level cupboard

#### Kit B

Located:

- one in the main school office (staff use),
- one in disabled access bathroom in class, one in the Babies Room;
- one in large Homebase bathroom,
- one in the Children's' Centre Activity Room.

- Kit C

Located

- one in each outing rucksack.

All first aid containers must be made of materials that keep damp and dust out. Containers must be marked with a white cross on a green background.

Each Kit A should contain:

- First aid guidance leaflet
- disposable gloves
- 20 individually wrapped waterproof, sterile adhesive dressings, assorted sizes
- tweezers

All staff are responsible for the maintenance of these kits - spare materials are kept in the disabled access bathroom in classes 3 and 4. There are specialist dressings available for children with plaster allergies; these can be obtained from the key health and safety manager on request.

Each Kit B should contain:

- 6 triangular bandages
- 2 sterile eye pads
- 6 safety pins
- sterile swabs
- 2 large sterile unmedicated wound dressing (approx. 18cm x 18 cm)

Designated First Aiders will check kits half-termly and arrange for out of date supplies to be discarded and replaced and any new supplies ordered by premises manager. All staff should inform designated first aiders if they use any equipment from these kits.

Each Kit C should contain:

- First aid guidance leaflet
- 6 individually wrapped sterile adhesive dressings
- 2 triangular bandages
- 2 safety pins
- 5 individually wrapped moist cleansing wipes
- 1 pair of disposable gloves
- 1 large sterile unmedicated wound dressing (approx. 18cm x 18 cm)

The designated trip leader is responsible for checking and maintaining these kits.

Staff should advise designated first aiders if supplies are running low so they can inform premises manager of goods needing to be ordered.

### **Special needs**

Information regarding any special medical needs of children is recorded on a chart in each first aid box. It is the responsibility of the class teachers and SNEWs to record and update this information.

## **REPORTING ACCIDENTS, DANGEROUS OCCURRENCES AND NEAR MISSES**

The council has procedures for reporting the above, these procedures are a legal requirement. It is vital that all such incidents are reported promptly and fully.

Incidents which must be reported are:

- Where a member of staff, pupil, student, other user or anyone else on the site is injured, attacked, threatened, robbed or suffering from an acute illness requiring medical treatment.
- Where a potentially or actually dangerous occurrence or near miss takes place on site. This includes all fires, spillage of chemicals and mishaps with equipment or parts of the premises which cause a potentially dangerous event to occur.
- Where either of the above occur involving staff or pupils near the site, on their way to or from the site or other incidents which occur as a result of staff or student's connection with the institution.
- Where either of the above occur which involves staff, students or other people directly associated with an official activity of the institution, project or centre taking place off site.

If one of these incidents takes place, the most senior member of staff present (or otherwise the person who first hears of the incident) should:

- immediately inform the key health and safety manager
- arrange for appropriate forms to be completed for despatch within 24 hours (guidance is available in the accident reporting pack)
- give the completed form to the person in charge for signature and despatch

In certain cases serious incidents have to be reported immediately by telephone to the Council. The person in charge will deal with this in accordance with procedures set out in the reporting pack.

**THE REPORTING PACK IS LOCATED IN THE MAIN SCHOOL OFFICE AND IS LABELLED HEALTH AND SAFETY ACR4**

## **MEDICINES**

**(see also separate administering medicines policy)**

School staffs are not required to administer medication. In order to enable children to take part in everyday school activities staff can volunteer to administer medication. This means that the school will only undertake to administer medication:

- Where there is an identified and on-going condition, e.g. asthma, eczema
- Where adequate (as determined by the school) medical advice has been received
- Where, if the school deems it necessary, staff receive appropriate training from a trained medical practitioner.

In order to assess whether the school staff are able to administer the medication; to ensure children receive the correct medication and that health and safety guidance is adhered to, the school needs the following information from a qualified medical practitioner, usually the child's general practitioner.

- Child's name:
- Date of Birth:
- Address:

- Name of medication:
- Dose:
- When to administer: e.g. when parent requests, before lunch, after exercise, if scratching but not if skin is broken, etc.
- How to administer: e.g. use volumatic inhaler etc.
- Any other information the medical practitioner feels is relevant or necessary

The medical practitioner will need to sign and date their advice.

Medicines can only be administered under medical advice where there is an identified and on-going condition.

Staff must refer parents/carers to **the class teacher or SNEWs** if they require medication to be administered.

1. Class teacher or SNEWs will meet with the parent to explain our policy on administering medicines. The class teacher or SNEW will assess whether the medication is such that specialist training and guidance is required, e.g. epilepsy, anaphylaxis or whether specific advice from a medical practitioner is adequate, e.g. asthma inhalers, eczema creams.
2. If specialist training and guidance is required the teacher or SNEW will refer the matter to the key health and safety officer for further action. These children will have a medication care plan, usually drawn up by the paediatric community nursing team, which is specific to their needs. The key health and safety manager will ensure relevant training and support is put in place.
3. If no specialist training is required the teacher or SNEW will explain to the parent the type of documentation required before we will undertake to administer medication. There is a letter detailing this information that is available for parents to take to their GP.
4. Once the parent has acquired relevant documentation the team leader will ascertain as much information as possible about when and how the medication should be administered. This information and medical advice should then be passed to the Deputy Head who will undertake to write guidelines for administering this particular medication.
5. The class teacher/SNEW will then go through the guidelines with the parent, clarify any issues, get the parent to sign and date the guidelines if agreed, the Deputy Head will make 1 copy each for the parent, child's file and office medication file (stored in the Deputy Head's Office), and medication card.
6. Once this process has been carried out the medication can be administered. One person, usually the class teacher or SNEW, will be nominated as the link between carer and school.

#### **All medicines must be:**

-Accompanied by a Doctor's letter or pharmacist's instructions giving explicit instructions regarding administration

-if it is prescribed medication it should be clearly labelled by a pharmacist with the child's name and dosage

-In their original packaging

-kept out of reach of children in a designated area (e.g. in a labelled lidded plastic box in a fridge, high cupboard or locked medicine cabinet)

-be accompanied by a school medication chart (one per child) which must contain the following information:

- time to be administered
- dosage
- copy of guidelines, which include consent from parent to administer the medication
- signed and dated
- The adult/s nominated to administer the medication must sign to confirm that the medication was administered. This must be done in ink (not pencil).

The nominated administer must inform parents/carers well in advance if new supplies are needed.

Medication should be sent home during school closure periods.

## **BODY FLUIDS**

In order to prevent the spread of infection staff are required to follow these procedures when dealing with spills and routine personal care.

Blood, vomit, urine and excreta should be cleaned up as quickly as possible. Other people should be kept away from the area until it has been cleaned and disinfected.

Contaminated waste must be disposed of in nappy dispensers. Nappy dispensers are located one in the Homebase bathroom, one in the babies' room bathroom and one each in the class bathrooms where children with disabilities are changed.

### **Blood**

1. Always wash hands first
2. Ensure that any cuts or wounds you have are covered with waterproof dressings
3. Wear disposable gloves
4. Clean wound (using running water and paper towels for minor cuts or a sterile swab and water for major cuts) and dress if needed.
5. Dispose of swabs, plasters and paper towels in the contaminated waste bin or nappy dispenser.
6. Dispose of gloves in contaminated waste bin
7. Wash hands

### **Urine, Vomit, Excreta**

1. Wash hands
2. Wear disposable apron and disposable gloves.
3. Cover spill with paper towels
4. Clean child
5. Placed soiled clothing in double plastic bag and tie securely - do not attempt to wash clothing.
6. Clean spill and disinfect area using disposable paper towels and Milton solution.
7. Place soiled gloves, aprons, nappies, tissues etc. in nappy dispenser.
8. Wash down surfaces with Milton solution (in spray bottle) and paper towels
9. Discard paper towels in nappy dispenser.
10. Wash hands.
11. Check kit, replace any necessary items and replace in appropriate bathroom.

When changing nappies use a new pair of gloves and apron for every child and wipe down changing mat with Milton solution between children.

### **SPILLS KIT**

Each area has a spills kit located in a designated bathroom, it is the responsibility of all team members to ensure spills kit is correctly maintained.

#### Contents

Disposable aprons

Disposable gloves

Paper towels

Bottle of diluted Milton solution

### **FIRE PROCEDURES**

There is a separate fire procedures policy. All staff members should be conversant with the contents and relevant procedures.