



MMI – HEALTH & SAFETY POLICIES



Reviewed May 2025

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Introduction

MMI's vision is a world where Montessori education is empowering the next generation to be happier, more fulfilled and better able to make a positive difference to their family, their community and the planet.

The Maria Montessori School offers the highest quality and authentic Montessori education for children and must also ensure it complies with all UK regulatory requirements. This document contains all **health and safety policies** pertinent to our School.

This document will develop and change in line with changes in regulations and our practice and we will endeavour to keep it up to date.

The table of contents offers a ready reference and will help you quickly locate policies.

It is important that you familiarise yourself with these health and safety policies.

It is also a requirement that you can demonstrate a knowledge of the **safeguarding and relationships education policies** which are not reproduced in full in this document, but which can be found here:

https://www.mariamontessori.org/wp-content/uploads/2023/04/Relationships-Education_2023.pdf

https://www.mariamontessori.org/wp-content/uploads/2023/07/Safeguarding-Policy_2022_2.pdf

A full copy of these two policies will be sent to you at the start of each academic year and on receipt of any updates from the Department for Education.



Health and Safety Policy

Health and Safety Introduction

The Maria Montessori Institute (MMI) greatly values the role played by staff and is committed to doing everything possible to safeguard their Health and Safety at work.

This précis of our Health and Safety Policy should help you to understand:

- Our responsibilities towards you in respect of Health and Safety.
- The policies that we have to meet these responsibilities and to provide further safeguards.
- How you can help yourself and your colleagues to stay safe whilst at work and also protect our pupils.
- Who in the organisation you can approach for help or to discuss your ideas for improvements.

You must read this Policy carefully, refer back to it when appropriate and discuss it with colleagues. As you will see it is intended to give outline guidance on Health and Safety issues that might affect you. A copy of this Health and Safety Policy is also available at every MMI's premises and on the server for you reference.

Please remember that although we are a charity, we are still responsible for complying with Health and Safety legislation and can be prosecuted if our employees or we do not. Please help us to achieve good standards of Health and Safety.

Executive Director

HEALTH & SAFETY AT WORK etc. ACT 1974
The Maria Montessori Training Organisation trading as Maria Montessori Institute
STATEMENT OF GENERAL POLICY

The Maria Montessori Institute (MMI) is, through its Board of Trustees and all levels of management, committed to ensure, so far as is reasonably practicable, that:

- All employees are safeguarded fully in respect of health, safety and welfare whilst at work.
- Members of the public who enter our premises as contractors' employees, or visitors, are not exposed to any Health and Safety risks during the course of their business or employment.

No work is carried out by the MMI or its contractors that is liable to expose employees, visitors or members of the public to hazards to health, unless suitable and sufficient assessments of the risk are made and necessary measures to prevent or control the risk have been introduced.

The Board of Trustees has the ultimate responsibility for the implementation of this policy and will ensure that the requirements of all Health and Safety legislation are established. Health and Safety representatives are responsible for the implementation of this policy within their respective departments. Matters that cannot be resolved at this level will be referred to the appointed Safety co-ordinator.

Through its Board of Trustees and management, MMI's objectives are:

- To provide conditions of work for all employees which prevent any danger to health. This requires that risk assessments be carried out, as appropriate, to ensure that hazards and risks to be identified to enable the standards of safety to be adapted and enforced.
- To ensure that all plant and equipment is maintained properly and that none will be used knowingly when it presents any risk to the safety of the staff or the public.
- To provide means of access and egress to MMI's premises that are safe and without risks to health.
- To provide comprehensive information, instruction, training and supervision - with the object of ensuring, so far as is reasonably practicable, the Health and Safety at work of every employee and visitor.
- To ensure that the health, safety and welfare of all employees and visitors are under continuous review by management at all levels.

This policy is largely dependent upon the total co-operation of every person who works in or on MMI's premises and has personal responsibilities under the law. We require everyone to:

- Take reasonable precautions in safeguarding the Health and Safety of themselves and others.
- Observe all Health and Safety rules and procedures as laid down by MMI and use all Health and Safety equipment provided.
- Alert the H&S representative, safety coordinator, or management to any potential hazard that they have noticed and report all accidents or incidents that have led, or may lead to, injury, illness or damage.

If any person fails to follow laid down Health and Safety procedures and policies or acts in a reckless manner constituting a serious danger to any person or resulting in serious damage to MMI's property, disciplinary action may be taken. Volunteers may be asked not to offer their services in future.

This policy will be monitored to ensure it is effective and will be regularly reviewed and revised as necessary. (Current review May 2025)


Signed:

Chair of the Board of Trustees
Date: 30th May 2025


Signed:

Executive Director
Date: 30th May 2025

The Health and Safety at Work etc. Act 1974 places a duty on all employers *to safeguard so far as is reasonably practicable, the health, safety and welfare of their employees and of others who may be affected by work activities, such as contractor's staff and visitors. They must ensure that all premises, equipment and substances are safe and without risk to health.*

The MMI has the ultimate responsibility for ensuring that it meets the requirements of the Health and Safety at Work etc. Act 1974 and all its relevant subordinate legislation. The arrangements for carrying out the Health and Safety Policy include general and specific procedures for safe working and precautions to be taken for ensuring the Health and Safety of staff, children, students, contractors, and visitors. This policy provides the means for doing this in a simple and practical manner.

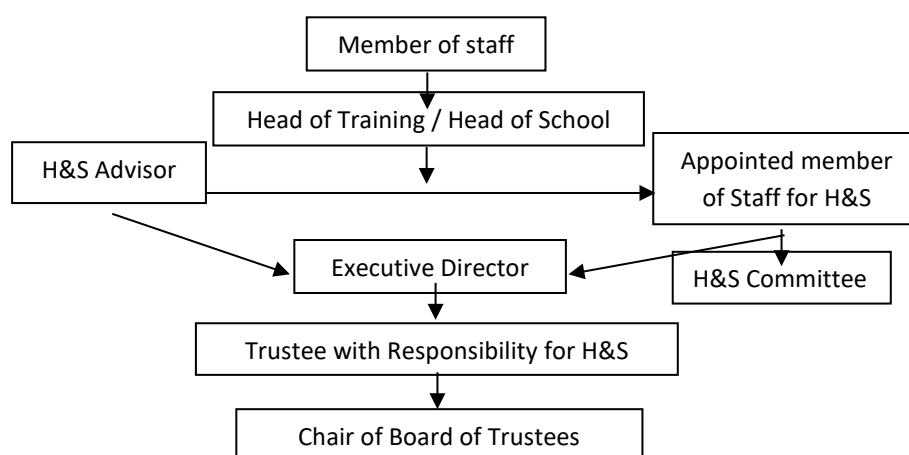
INFORMATION TO EMPLOYEES

The Health and Safety at Work etc. Act 1974 requires that employers provide such information, instruction, training, and supervision as is necessary to ensure, so far as reasonably practicable, the Health and Safety of their employees.

To this end the following arrangements shall be made:

- MMI's Policy statement will be clearly displayed at all of our Premises.
- All employees will have access to the MMI's Health and Safety Policy and specific policies and procedures.
- All staff will be issued with safety information including information about MMI's Health and Safety policy and individual responsibilities.
- At all MMI's management meetings, items concerning Health and Safety may be raised and discussed. Whatever and whenever Health and Safety matters are raised, records of such matters shall be kept.
- Health and Safety notices will be provided in accordance with statutory requirements.
- Any instructions about Health and Safety matters should, where practicable, be written and shall be brought to the attention of all who may be affected.

MMI's Health and Safety Organisational Chart



Responsibility for Health and Safety



General Organisation responsibilities

To achieve the aims set out in the Statement of Policy responsibilities are delegated to MMI's Board of Trustees and Executive Director who have the overall responsibility for health, safety and welfare matters.

The Board of Trustees and Executive Director must:

- Review the H&S policy,
- Include H&S on Board meeting agendas,
- Monitor and consider inspection reports,
- Prioritise actions where resources are required and ensure actions are taken,
- Ensure that the management team has set performance standards for security and Health and Safety, and they are achieving them,
- All decisions with regards to Health and Safety must have an element of risk assessment, e.g. balancing costs against benefit, and considerations of reasonable practicability, and
- Prepare a disaster plan to reduce the interruption of business life following a major incident such as fire, explosion or flood. The plan will take matters well beyond just Health and Safety.

The H&S Committee is responsible for:

- Keeping informed of changes in legislation and advising on the implications for MMI,
- As when appropriate external H&S Advisors will be used to advise and independently audit H&S standards,
- Monitoring the audit reports by outside agencies and the reports from the H&S representatives, and
- As part of the monitoring process, the H&S Committee will meet every school term (three times a year) to discuss Health and Safety, welfare and when appropriate safeguarding issues, including reviewing accidents and incidents, and Health and Safety reports and surveys.

The Executive Director is responsible for implementing the Health and Safety policy and can delegate this to the Leadership Team as appropriate. Specific responsibilities are to:

- Communicate all safe operating procedures and instructions to all staff. Procedures and instructions should be reviewed when necessary,
- Plan and offer Health and Safety training as required to all staff. Provide induction on H&S for new starters,
- Ensure all safe operating procedures and instructions are known and followed,
- Provision of Health and Safety inspections, and
- Provision of structural repair and maintenance as well as non-structural repairs,

The H&S coordinators at School and Training Centre are then responsible for:

- Coordinate administrative aspects of H&S, including H&S inspections,
- Coordinating appropriate risk assessments for every MMI's site,
- Assessing accident reports. Serious incidents and accidents should be reported and subsequently investigated according to the RIDDOR procedures, ensuring that appropriate remedial measures are discussed and taken to prevent reoccurrence, and
- Coordinating the termly H&S surveys to be undertaken, recorded and discussed with the H&S committee.



The H&S representatives at School and training Centre are responsible for ensuring that MMI's policies and working practices are carried out correctly to ensure the health, safety and welfare of staff, children, students, contractors, and visitors.

Specifically to:

- Ensure that those aspects of MMI's safety policies and working practices that are relevant to their activities are fully adhered to,
- Provide H&S information and updates as required to all staff, students, children, and visitors, etc, to ensure that everyone knows and understands MMI's safe working practices,
- Each accident and incident are reported according to the accident reporting procedure and resulting injuries and complaints are dealt with promptly,
- Ensure that the appropriate emergency procedures and first aid provision are in place at their sites, including an emergency evacuation drill twice a term,
- Liaise with the H&S coordinator on safety matters that are within their area of responsibility,
- Ensure the safety of all fixtures and fittings within their premises,
- Assess hazards with the support from the H&S coordinator via the annual risk assessment of the premises and working practices and review as necessary (e.g. when a situation changes), and
- Report to the H&S coordinator the termly H&S survey and forms.

Secure premises

Doors and gates must be locked at all times. Where any door or gate has a code, only members of staff have the codes, and these must be kept private.

The doors and gates are left unlocked in the morning as the children come in or in the afternoon as the children go out. A member of staff must be present next to the door or gate throughout this time. The doors and gates must be kept locked at all times if there is no member of staff present. The last staff member to leave the premises must ensure that the premises are secure, the alarms activated and the necessary doors locked.

Individual Responsibilities

In addition to the specific responsibilities detailed above, all members of staff must:

- Take reasonable precautions in safeguarding the health, safety and welfare of themselves and others who may be affected by their work or omissions at work and must co-operate with their employer by working safely and efficiently and enable the employer or any other person to perform or comply with any duty or requirement imposed by or under any of the relevant statutory provisions,
- Observe all Health and Safety policies and procedures as laid down by the Organisation and use all Health and Safety equipment provided,
- Know the Health and Safety organisation and arrangements to be adopted in their own working areas and ensure they are applied,
- Not intentionally or recklessly interfere with or misuse anything provided in the interest of health, safety, hygiene and welfare in pursuance of any of the relevant statutory provisions,
- Co-operate with the Organisation in providing a safe place and systems of work, which may include the use of personal protective clothing or equipment,
- Bring to the attention of the appropriate Senior Staff Member any faulty or defective plant or equipment and any other hazards or potential safety hazards that come to their notice,
- Seek advice or report to the appropriate Senior Staff Member when unsure of a particular work requirement or when visiting unfamiliar work areas,



- Observe standards of dress consistent with safety and/or hygiene,
- Exercise good standards of housekeeping and cleanliness, and
- Report to the appropriate Senior Staff Member all accidents, incidents, or dangerous occurrences, in order that they can be investigated and, where necessary, take remedial action to prevent recurrence.

Special obligations of any class teacher

In addition to the individual responsibilities of employees, class teachers must:

- Raise any health, safety and welfare concerns outside their control related to their class area with the Head of School,
- Exercise effective supervision of children and know the emergency procedures in respect of fire, first aid and other emergencies, and carry them out,
- Provide clear instructions and warnings to children as appropriate,
- Follow safe working procedures, and
- Avoid introducing any personal items of equipment or substances that may cause a physical risk in their use.

The children

Children will be shown through modelling and individual and group practice of grace and courtesy lessons how they are expected to behave in different situations. Children over 6 years will be involved in discussions to remind them of what is expected, in particular to:

- Exercise personal responsibility for the Health and Safety of themselves in accordance with their phase of development,
- Observe all the Health and Safety rules of the school and, in particular, the instructions of staff given in an emergency, and
- Use with care and respect the things provided for their Health and Safety.

The students

Students will be informed of what is expected in relation to Health & Safety, in particular to:

- Exercise personal responsibility for the Health and Safety of themselves and others in the premises,
- Observe all the Health and Safety rules of the Training Centre and, in particular, the instructions of staff given in an emergency, and
- Use with care and respect the things provided for their Health and Safety.
- All students are asked to sign in when attending the premises.

Contractors

- Contractors must abide by the MM's Health and Safety policy and not endanger children, students, staff or other visitors to the site.
- All contractors must report to the Senior Staff Member before any work takes place and prior to each working session. The Senior Staff Member should then inform the contractor of any conditions which may affect his safety and that of others.
- In the case of any major work being carried out at any of the Organisation's premises, the Senior Staff Member will ensure that the correct Health and Safety procedures are followed. Where short-term contractors are engaged the Senior Staff Member should complete the relevant declaration form.



- Parents, carers, visitors and other users of the premises are required to observe the health, safety and welfare rules of the school. Visitors are made aware of the H&S policy applicable to them, including evacuation procedures, by the staff member who accompany the visitor.
- All people visiting the Premises are asked to sign in and out and wear the visitor's badge at all times whilst on the premises.

OVERVIEW OF LEGISLATION

This section gives a brief overview of the main legislation that is relevant to the Organisation and its activities. There are of course a larger number of specific acts and regulations that those mention below but the ones given are considered to be the most significant with regards to general Health and Safety requirements.

Legislation

- ◆ Health and Safety at Work etc. Act 1974
- ◆ The Management of Health and Safety at Work Regulations 1999 (as amended 2006)
- ◆ The Workplace (Health, Safety and Welfare) Regulations 1992
- ◆ The Provision and Use of Work Equipment Regulations 1998
- ◆ Personal Protective Equipment at Work Regulations 1992
- ◆ The Health and Safety (Display Screen Equipment) Regulations 1992
- ◆ Manual Handling Operations Regulations 1992
- ◆ The Control of Substances Hazardous to Health Regulations 2003 (COSHH)
- ◆ The Control of Noise at Work Regulations 2005
- ◆ The Electricity at Work Regulations 1989
- ◆ Gas Safety (installation and use) Regulations 1998
- ◆ Pressure Systems Safety Regulations 2000
- ◆ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- ◆ The Safety Representatives and Safety Committee Regulations 1977
- ◆ The Control of Asbestos at Work Regulations 2012
- ◆ Management of Health and Safety at Work and Fire Precautions (Workplace) (Amendment) Regulations 2005
- ◆ Fire Safety (Regulatory Reform (Fire Safety) Order 2005)
- ◆ The Food Safety Act 1990
- ◆ The Food Safety (General Food Hygiene) Regulations 2006
- ◆ The Food Premises (Registration) Regulations 1991
- ◆ Environmental Protection Act 1990.

Contraventions of the above legislation are criminal offences. In the event of prosecution, the onus on proving that something was not reasonably practicable in the circumstances is placed on the defence. Failure to comply with an Approved Code of Practice raises a presumption that a related safety requirement was not complied with.

Any regulations made under the Acts cited are legislative, whereas EU Directives may be regarded more as codes of practice or guidance notes. Although much of the Health and Safety documentation falls into the latter category, and consequently has no legal standing. Penalties can be very costly if Health and Safety issues are judged to have been ignored.



Health and Safety at Work Etc. Act 1974

The Act states that it is the duty of every employer, so far as is reasonably practicable to ensure the health, safety, and welfare at work of all employees. The Health and Safety Commission can issue additional regulations relating to Health and Safety under its provisions. The Act applies to all places of work and to all employee situations.

There is, in some areas, specific advice given on how an employer might be expected to meet these duties and guidance Codes of Practice are usually issued to accompany The Organisation's safety regulations. Approved Codes of Practice have no legal standing, but they do act as standards against which actions are judged in the event of an accident occurring.

Management of Health and Safety at Work Regulations 1999

These regulations are wide ranging and reinforce/overlap with many other regulations. Their most important requirement is the duty placed on employers to carry out 'Risk Assessments':

1. The regulations make clear that wherever possible the responsibility for Health and Safety should be an employee, i.e. that consultants are used to advise rather than be active in the internal management of safety.
2. The regulations make employers liable whether or not it can be shown that fault also lies with an employee.

The general principles of Risk Assessment are as follows:

- the regulations require all employers to assess the risks to workers and any others who may be affected by their undertaking,
- a risk assessment should usually involve identifying the hazards present in any undertaking (whether arising from work activities or from other factors, e.g. the layout of premises) and evaluating the extent of the risk involved.
- The Approved Code of Practice gives the following definitions:
- a **hazard** is something with the potential to cause harm (this can include substances or machines, methods of work and other aspects of work The Montessori Place),
- a **risk** expresses the likelihood that the harm from a particular hazard may be realised, and
- the **extent of the risk** covers the population that might be affected by a risk (i.e. the number of people who might be exposed, and the seriousness of the consequences for them).
- Risk, therefore, reflects both the likelihood that harm will occur and its severity. The code also states that the aim of risk assessment is 'to identify the significant risks in the workplace. One should not obscure those risks with an excess of information or by concentrating on trivial risks.'

Workplace (Health, Safety and Welfare) Regulations 1992

These regulations aim to ensure that the workplace meets the minimum health, safety and welfare requirements for each member of the workforce -that includes people with disabilities. It stipulates not only that workers must be informed of all measures to be taken concerning the Health and Safety of the workplace, but that, in addition, consultation and participation must take place.

The regulations lay down the minimum requirements for new and existing workplaces and cover ventilation; temperature in indoor workplaces; lighting; cleanliness and waste materials; room dimensions and space; workstations and seating; condition of floors and traffic routes; falling objects; the design and safety of windows and doors; traffic and emergency routes and exits; staff rest, changing and sanitary conveniences.

Provision and Use of Work Equipment Regulations 1998



These regulations place duties on all employers providing work equipment to ensure that it is safe, well maintained, and suitable for the task. Workers must have at their disposal adequate information and, where necessary, written instructions containing at least adequate Health and Safety information. This should include conditions relating to the use of equipment at work, foreseeable abnormal situations and conclusions to be drawn from experience in using work equipment.

Training must be given on the use of work equipment and this should include the hazards and risks that such use may entail. Again, consultation and participation is required.

All new equipment must meet any relevant product Directive produced by the EU. In practice this means all new equipment must have a CE mark on it to indicate it complies with the relevant product Directive and EU Declaration of Conformity.

Personal Protective Equipment at Work Regulations 1992 (as amended)

These regulations are secondary to the general requirement of employers to identify and assess the risks to Health and Safety in the workplace and to reduce those risks to an acceptable level.

Where the regulations are applied, they concern the assessment of suitability and provision and use of PPE. They require adequate information on each item to be provided and made available to employees.

There are also standards concerning the quality of the equipment that must attain newly defined EU levels.

Health and Safety (Display Screen Equipment) Regulations 1992

These regulations concern the protection of people who habitually use display screen equipment from musculoskeletal problems, visual fatigue and stress. The regulations only apply to those people who fall within the definition of 'Users'.

The regulations lay down minimum Health and Safety requirements for work with display screen equipment (DSE). Employers are required to provide workers with information on all aspects of Health and Safety relating to their workstation; in particular; information relating to the analysis of risk and the daily work routine. This must include information on any measures taken to comply with the requirements of the regulations, including possible eye tests, where required.

Every worker must receive training in the use of the workstation before commencing this type of work. Training should also be provided whenever the organisation of the workstation is substantially modified, and a full review of the workstation is required.

The Display Screen Regulations are most likely to be applicable in the Training Centre and School management and administrative office areas as these are the only people likely to be classed as 'users'. They could, however, have implications extending particularly into areas of intensive computer training.

Manual Handling Operations Regulations 1992 (as amended 2002)

The application of these regulations depends upon the findings of the more general duty on employers to make suitable and sufficient assessment of risks to Health and Safety of their employees. Where this general assessment indicates the possibility of risks to employees from manual handling of loads then requirements of these regulations should be followed.

The regulations establish a clear hierarchy of measures:

- avoid hazardous manual handling operations,
- make suitable and sufficient assessments of hazardous activities that cannot be avoided, and
- reduce the risk of injury so far as is reasonably practicable.

These regulations require workers and their representatives to be informed, as a result of assessments, of all measures to be implemented. Employers must ensure workers receive general indications and, where possible, precise information on the weight of the load and the centre of gravity of the heaviest side when a package is eccentrically loaded; in addition, workers should receive proper training and information on how to handle loads correctly and the risks they might incur, particularly if the tasks are not performed correctly.



Manual Handling Regulations will apply, of course, to the movement of equipment within the premises, including such things as equipment, furniture, bulk supplies, and possibly even people.

Control of Substances Hazardous to Health Regulations 2002 (as amended)

These regulations, known as the COSHH Regulations, established the way in which all potentially harmful substances are handled at work to ensure that exposure to all substances hazardous to Health and Safety are adequately controlled by measures appropriate to the risks themselves.

The requirements of the COSHH regulations can be summarised under the following five areas:

1. **Assessment:** a full assessment must be made of any work that is liable to expose, through inhalation, ingestion or consumption to hazardous liquids, dust, fumes or gases. The assessment must be completed in order to determine the health risks and to decide on actions to eliminate or reduce these risks.
2. **Control of Substances Hazardous to Health:** introduction of measures is required to prevent, or where this is not reasonably practical, to control adequately the exposure to substances hazardous to health; personal protection is the last resort.
3. **Use of Controls and Maintenance:** members of staff have a duty not only to introduce control measures but also to ensure that these are used and maintained and that procedures are observed.
4. **Routine Monitoring and Health Surveillance:** the exposure to hazardous substances must be routinely monitored and employees exposed to particularly hazardous occupations must be included in the health monitoring system.
5. **Information, Instruction and Training:** necessary information and training must be provided to ensure that staff members understand fully the use of hazardous substances in their work, the risks involved and the control measures to be used at all times.

The COSHH Regulations are of particular importance where work activities involve the use of any potentially hazardous substances from cleaning materials to high-risk chemicals and it is important that records, once established, are up-to-date and available when required.

The Noise at Work Regulations 1989

These regulations impose specific duties on employers to prevent deafness caused by excessive noise levels at work. There are requirements for noise assessments to be carried out by "competent persons" should the action levels be exceeded over a period of exposure time; personal protective equipment must be provided or worn where the assessment has determined the need for it.

The Electricity at Work Regulations 1989

The Regulations requires employers to ensure, so far as is reasonably practicable, that all electrical equipment and installations are safe and without risk to health. Employees also have a responsibility to co-operate with the employer and to comply with those regulations that are within their control. These regulations impose duties in respect of all systems, electrical equipment and conductors and work activities on or near electrical equipment. They apply to all systems regardless of when they were manufactured or purchased and with no reference to voltages. The criteria for action is whether or not 'danger' (risk of injury) arises.

The regulations contain provisions regarding the design and maintenance of systems, earthing, maximum uses and means of isolation. In addition, there are stipulations that work must be undertaken by persons having the necessary technical knowledge and that work should not take place



on live conductors, except in very exceptional circumstances. Visual inspections and specific testing of equipment and systems are required.

The Electricity at Work Regulations apply to the installation, use and maintenance of any electrical equipment or system within the premises. The regulations cover, for example, control over simple matters such as who can replace a fuse and plug to any electrical appliance and also complicated matters such as who can work on electrical systems.

Gas Safety (Installation and Use) Regulations 1998

All gas installation work must comply with these regulations. Gas appliances must be fitted and maintained by a competent person and the Council of Registered Gas Installers (CORGI) must approve their employer.

Pressure Systems Safety Regulations 2000

The intention of these regulations is to minimise the risk of danger to persons from stored energy as the result of failure of a pressure system or any part thereof. The regulations, supported by approved Codes of Practice, provide a structured framework of responsibilities, mainly for users in the operation and maintenance of pressure systems.

The regulations require that all steam boilers, air receivers, steam receivers etc. shall be thoroughly examined by a competent person. Reports of these examinations must be produced and copies kept for at least three years following the date of each examination.

Reporting of Injuries and Dangerous Occurrences Regulations RIDDOR 1995

These regulations, impose on employers a duty to report to the relevant enforcing authority by the quickest practicable method (i.e. the telephone) any injury or dangerous occurrence where:

- any person dies as a result of an accident arising out of or in connection with work ;
- any person at work suffers a major injury as a result of an accident arising out of or in connection with work;
- any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury;
- any person not at work suffers a major injury as a result of an accident arising out of or in connection with work at a hospital; or
- there is a dangerous occurrence.

The employer must also report to the enforcing authority as soon as practicable and, in any event within 10 days of an accident, any incident where an employee is incapacitated for work for more than three consecutive days (excluding the day of the accident but including weekends). This means in practice the report is made on the fourth day following the accident even if this includes a weekend. The report should be in writing on RIDDOR form F2508.

The Control of Asbestos at Work Regulations 2012

Asbestos is a mineral fibre, three types of which, Chrysotile (white), Amosite (brown) and Crocidolite (blue) are of the greatest significance. Asbestos dust can cause diseases of the lungs and intestinal tract.

It is a legal requirement to 'manage asbestos in the workplace. The regulations will require employers to undertake an assessment to determine whether asbestos is or is liable to be present in non-domestic premises occupied by them and in which persons work. In making the assessment all reasonable steps must be taken and the condition of any asbestos that is, or is assumed to be present, must be considered. In practice this means that as much information as possible must be established about the buildings and their contents, including stores, yards, sheds, outbuildings, service ducts, corridors, vertical risers, pipe runs, etc.



Once the survey, assessment and register have been completed and any immediately necessary action has been undertaken, it is necessary to develop a management plan to remove or keep asbestos containing materials in safe condition. This should include periodic inspections of asbestos containing materials to monitor their condition, and the provision of information to those that need to know about its presence, e.g. tenants, staff and visiting contractors.

Food Safety Act 1990

This Act deals with various areas of food safety and consumer protection in the sale, supply and advertising of food for human consumption. The Act covers all areas of food, including drink, articles and substances of no nutritional value that are used for human consumption (chewing gum and similar products), and articles and substances used as ingredients in the preparation of food for human consumption. It makes it an offence to render any food intended for human consumption injurious to health by means of any addition or subtraction of constituents. It also makes it an offence for any person to sell, offer; provide or advertise for sale, food for human consumption that does not comply with food safety requirements.

The Food Safety Act and the statutory regulations will apply wherever food is prepared or supplied from the establishment. The catering department will need to carry out food-based risk assessments and implement the necessary controls to ensure food safety.

The Food Safety (General Food Hygiene) Regulations 1995

These regulations require "all proprietors of a food business to identify any step in the activities of the food business which is critical to ensuring food safety and ensure that adequate safety procedures are identified, implemented, maintained and reviewed." This requirement introduces the concept of risk assessment to food safety procedures as well as Health and Safety matters.

The regulations also lay down the basic requirements for a food business in terms of structure, facilities, cleanliness, and staff hygiene.

The Food Premises (Registration) Regulations 1991

Made under the Food Safety Act 1990 these regulations provide for the registration of food premises, including vehicles and moveable structures if used for the purpose of a food business for five or more days in any period of five consecutive weeks.

Environmental Protection Act 1990

This Act is already viewed as having far-reaching effects, both in terms of the way businesses operate and also in terms of the costs to industry of pollution control and waste disposal. Parts one and two of the Act introduce major and new regulatory frameworks for integrated pollution control and waste disposal. The remainder of the Act deals with a wide range of issues, from litter; to the control of dogs and stubble burning.

Part Two of the Act imposes a duty on producers and other holders of waste to ensure that controlled waste is not illegally managed, that it is transferred only to an authorised person and that it is adequately described to enable proper handling and treatment. The term "controlled waste" means household, industrial and commercial waste, although householders are specifically exempted from the duty of care for their own household waste.

The Environmental Protection Act will apply in that there is also a responsibility under the Waste Disposal Directives, including the new duty of care, to ensure that all waste, especially specified 'hazardous' waste, from the premises is removed by authorised persons and correctly disposed of, in line with advice received from the appropriate Enforcing Authority.

STAFF CONDUCT

**DO NOT:**

1. Do not attempt to fight a serious fire, raise the alarm and evacuate to the correct assembly point and report to the fire warden. Do not pour water on a fat, oil or electrical fire. If a minor fire, and trained, use a fire blanket on an oil/fat fire and a CO fire extinguisher on electrical one.
2. Do not obstruct or lock any fire exit. Do not wedge open any fire door or any door.
3. Do not leave articles or equipment on the floor or in a corridor or emergency escape route or on stairways, where they could become a tripping hazard.
4. Do not use any equipment or substance on the premises except that which is provided for a specific purpose or with the express permission of your H&S representative.
5. Do not bring onto the premises any chemicals and do not use any chemical not fully authorised by the MMI, or one that you have not been instructed on how to use.
6. Do not decant or put any cleaning or other chemicals in an unmarked container, especially an ex-food container.
7. Do not remove or tamper with any safety guards or the means of their activation.
8. Do not attempt to manually handle a heavy or awkwardly shaped object without help. Ensure you lift all objects correctly making full use of your leg muscle, keeping your back straight. Avoid lifting heavy objects - if in doubt do not lift, wait and seek help.
9. If using ladders - you may require another person to foot a ladder, do not attempt to use a ladder unless it can be secured or footed by a second person.
1. Do not leave spillages on the floor. Wipe them up immediately.
2. Do not climb on furniture or building structures.
3. Do not attempt to repair any electrical or other equipment. Report the defect.
4. Never take safety short cuts just to save time. Consider the risks involved.
5. Do not smoke in areas other than those designated.
6. Do not indulge in horseplay, practical jokes which may result in an accident or injury.

DO:

1. Do ensure you 'record' your presence on site every day before starting work and be sure to sign out when you leave the premises. A signing in book is provided for this purpose.
2. Do be sure of where the nearest fire escape is located to your workplace and where to assemble in the event of a fire or other emergency.
3. Do ensure that you follow any instructions on safe systems of work.
4. Do inspect your work area for any hazards daily, report any defects to the H&S representative.
5. Do keep your workplace clean and tidy.
6. Do throw rubbish away in the refuse bins on site. Never leave waste paper or other flammable material in an area where it could ignite from naked flames or the sun's rays.
7. Do wear any provided personal protective equipment when necessary. Never take risks or short cuts.
8. Do obey all displayed safety signs and instructions on product labels at all times.
9. Do transport equipment, materials and substances carefully.
10. Do report all accidents or near misses to the H&S representative and ensure they are entered into the accident book.
11. Do obey the MMI's standards of dress and behaviour. In particular wear sensible slip resistant footwear at all times.
12. Do inform someone if you are to undertake work away from your usual workstation in a remote area, of what you are doing, where you will be and what time you expect to be finished.

RISK ASSESSMENT



It is not only a legal requirement, but also a firm belief, that risks to Health and Safety at the MMI should be controlled wherever possible through Risk Assessments. These are therefore conducted on a regular basis and cover all identified risks to our children, students, staff, visitors, buildings, outside spaces, in our daily routine and at all events.

A risk assessment is a tool for conducting a formal examination of the harm or hazard to people (or an organization) that could result from a particular activity or situation.

- A **hazard** is something with the potential to cause harm.
- A **risk** is an evaluation of the probability (or likelihood) of the hazard occurring.
- A **risk assessment** is the resulting assessment of the severity of the outcome.
- **Risk control measures** are the measures and procedures that are out in place in order to minimise the consequences of unfettered risk (e.g. staff training, clear work procedures, heat detectors, fire alarms, fire practices, gas and electrical shut down points and insurance).

Risk Assessments for each MMI's site are conducted annually at the beginning of every academic year by the Lead teachers in School and Training Centre with the help of the Safety Coordinator. The Head of School, the Head of Training, and the Safety Coordinator will be responsible for ensuring that suitable Risk Assessments are completed covering all processes and activities. The Safety Coordinator regularly reviews the risk assessments, and the Health and Safety Committee has oversight once per term.

MMI provides training to all staff in risk assessments tailored to their specific areas if necessary.

Responsibilities of all Staff

All members of staff are given a thorough induction into MMI's arrangements for Risk Assessments and Health and Safety (which is recorded).

However, **staff are responsible for taking reasonable care of their own safety, together with that of children, students and visitors.** They are responsible for cooperating with the Head of School or the Head of Training in order to enable the trustees to comply with their Health and Safety duties. Finally, all members of staff are responsible for reporting any risks or defects to the Bursar or Executive Director.

All completed and signed Risk Assessments related to the premises are kept in the Health & Safety folder at each MMI's site, at the Head Office, and on the server.

Risk Assessments

There are two main types of risk assessment:

- General risk assessments should be completed for hazards or activities that are common throughout the School and the Training Centre.
- Specific assessments should be completed for particular tasks, procedures, equipment, locations, and educational visits, which have specific or significant risks.

The essential steps that are taken to carry out a Risk Assessment are:

- Identify the hazards to health or safety arising from the activity, learning environment or setting.
- Decide who might be harmed and how.



- Evaluate the risks and decide whether existing precautions are adequate or more needs to be done.
- Record the findings.
- Review the assessment and revise it if necessary (prescribe remedial action, i.e. risk control measures).

Thorough Risk Assessment involves answers to such questions as the following:

- What hazards are we faced with?
- Who might be affected?
- How can the risks be reduced to an acceptable level?
- Can effective measures be implemented now?
- If not, what contingency plans will serve us best for the time being?
- Who May be Affected? Consider children, students, teachers, trainees and those who may not be directly involved with the activity but who may still be affected by the process. This may include cleaning or office staff, contractors, or parents. Or when beyond the School, members of the public.

Risk Evaluation

Evaluate the risks (low/medium/high) to which individuals might be exposed. This will be a subjective evaluation but should be used to give an indication of the priority with which the risk needs to be addressed.

Where risks are already controlled, monitor the effectiveness of the control to decide whether they are sufficient. Where the risk to individuals is thought to be medium or high, additional control measures must be considered.

Risk Control

Decide what controls are necessary to reduce the risk to individuals:

- Avoid the hazard – can the hazard be avoided or altered to reduce the likelihood or risk?
- Substitute or replace the hazard.
- Procedural controls – can the procedure be altered to avoid or reduce the risk? Can the individual be removed/distanced from the risk? Can the activity be carried out at a time that would have a lesser impact on others?
- Child management – make sure that the staff are aware of each child's needs.
- Setting management – such as the monitoring of exits and entrances.
- Additional equipment/staff – can a lifting device or an additional person be utilized to avoid or reduce the risk?
- Personal Protective Equipment – consider the value of using such things as gloves, over garments.
- Emergency procedures – have contingencies in the event of things going wrong such as an accident or incident.
- The Head of School, the Head of Training and the Safety Coordinator monitor the control measures instigated to ensure that they are effective and implemented correctly.
- The H&S Committee meet once per term to review all issues and risk assessments and any other issues.



- The tasks that you may need to give special consideration include such things as: use of electrical equipment, use of teaching equipment, manual handling, outside activities, external visits, use of stairways, lone working, security of premises.

Safe Systems of Work

The Risk Assessment procedure will have identified hazards that require priority attention. Some of those hazards will form part of job tasks which may therefore require the production of a safe system of work, others may only require the hazard to be remedied by, for example, the repair of a defect.

For each work task that presents a significant risk to staff or others' safety a safe system of work or procedures should be drawn up. The safe systems of work will ensure that all members of staff carry out their duties to a safe working standard that will not endanger either themselves or others.

What areas require a Risk Assessment?

There are numerous activities carried out at MMI each of which require separate Risk Assessments. The most important of these cover:

- *Fire safety and other security and safety procedures*
- *Educational visits and trips.*

Separate model policies cover each of the two areas mentioned above. However, Risk Assessments are also needed for many other areas, including:

- *Educational:* science experiments, sport activity, art/music
- *Medical and First Aid:* There are different policies that cover the treatment and procedures for medical and first aid: 'Health and Hygiene Policy', 'First Aid Policy', 'Accident Reporting Policy', 'Allergen Safety Policy'.
- *Child Protection:* The MMI's 'Safeguarding Policy' forms the core of our child protection risk management. Safer recruitment policies and procedures ensure that the School is not exposed to the risk of employing staff who are barred from working with children and who are not allowed to work in the UK. By extending this regime to the trustees and volunteers and by ensuring that everyone in our school community receives regular child protection training, we manage this risk to an acceptable level.
- *Support Areas:*
 - *Catering and Cleaning:* Risk Assessments and training are required for every item of catering and cleaning equipment, as well as for manual handling, slips and trips and the control of substances hazardous to health (COSHH).
 - *Maintenance:* Risk Assessments and training are required for every tool and item of equipment, as well as for manual handling, slips and trips, working at height, lone working, asbestos, control of contractors on site, electricity, gas, water and the control of substances hazardous to health (COSHH).
 - *Gardening:* Risk Assessments and training are required for every tool and piece of machinery, as well as for manual handling, slips and trips, working at height, lone working, use of pesticides, storage of flammables and COSHH.
 - *Office staff:* Risk Assessments are required for the display screen equipment (DSE) used by those staff (primarily office-based) who spend the majority of their working day in front of a screen.
- *Access by Children:* Risk Assessments of all areas of the school reinforce the policy of ensuring that our children do not have unsupervised access to potentially dangerous areas. Doors to these areas are kept locked when not in use. Children are only allowed access when accompanied by a member of staff. Children do not have access to the equipment rooms, storage sheds, catering and cleaning storage areas in the school.



Reviews

All Risk Assessments are reviewed and recorded when: a new equipment is introduced, a major structural work is planned, or in the event of an accident. The Health and Safety Policy describes the arrangements for regular Health and Safety audits.

PERSONAL SAFETY

Risk of Violence and Assault

The MMI recognises that work related incidents of violence can impair the safe performance of individuals whilst at work. It can also result in increased sickness absence, low staff morale, a poor organisational image, high staff turnover and recruitment problems. The MMI accepts that the violence can include any of the forms below:

- Verbal abuse and threats (with or without a weapon),
- Physical force against a person,
- Rude gestures,
- Sexual or racial harassment.

Dealing with violence at work is a continuing process to which the senior management is fully committed. The MMI accepts that the written policy statement alone cannot ensure problems of violence will be alleviated. It will, however, be an important step towards legitimising debate on the subject and encouraging support by staff at all levels for the victims of these problems. Detailed records of all incidents and "near misses" must be kept in order that problems can be identified and dealt with.

Staff who are most likely to be at risk are those who interact with the public. Differences in people's cultural backgrounds will play a significant role in how they interact and the understanding they have of one another. Certain behaviour (gestures, speech and voice patterns and body language) may be acceptable to members of one culture but may cause offence or be misinterpreted by others of a different culture. Where staff are likely to interact with people from different cultural backgrounds (colleagues, students, or parents), they should be given guidance on cultural differences in order that they can communicate clearly and understandably with one another.

Contact with people who are under the influence of drugs or alcohol can increase the risks of violence if misunderstandings arise.

Incidents

Detailed records of all incidents and "near misses" should be kept in order that any problems can be identified and dealt with. The report form should have details of what happened, where, when, who was involved, and any possible causes. The completed form must be forwarded to the safety co-ordinator to analyse particular trends, patterns and factors can be detected and preventative strategies determined.

All staff, visitors, and contractors:

- Avoid lifting heavy objects - if in doubt do not lift, wait and seek help,
- If using ladders - you may require another person to foot a ladder, do not attempt to use a ladder unless it can be secured or footed by a second person,
- If you are to undertake work away from your usual workstation in a remote area, inform someone of what you are doing, where you will be and what time you expect to be finished,



- Regular checks must be made whilst lone contractors are on site to ensure their safety. This is particularly important when, electricians and other maintenance workers, are carrying out work.

Precautions to be taken where **lone working** occurs:

- Lone workers must be medically fit and able to work alone. You must consider both routine work and foreseeable emergencies that may impose additional physical and mental burdens.
- **Staff should never put themselves at risk.**
- Where staff are suffering from a medical condition that could put them at increased risk, they should inform their Senior Staff Member in order that it may be taken into consideration. This does not necessarily mean that they will be unable to carry on doing the job, merely that additional precautions may be taken where necessary.
- Specific training may be required to ensure proficiency in safety matters. This is particularly important in work activities where there is limited supervision to control, guide and help in situations of uncertainty. It may be critical to avoid panic reactions in unusual situations.
- Solitary workers need to fully understand the risks involved in the work, the necessary precautions and be sufficiently experienced. There should be established clear safe systems of work to set the limits to what can and cannot be done while working alone. These safe systems should specify how to behave in circumstances which are new, unusual or beyond the scope of the training, e.g. when to stop and seek advice from a Senior Staff Member.
- Although a solitary worker cannot be subject to constant supervision, it is still the duty of MMI to provide appropriate control of the work. Supervision complements information, instruction and training and helps to ensure that the risks associated with the work are understood and that the necessary safety precautions are taken. It can also provide guidance in situations of uncertainty. The extent of supervision required is a management decision. Safety supervision will generally be carried out when visits are made to check the progress and quality of the work and may take the form of joint visits coupled with discussions in which safety issues are assessed.
- Illness, accident and emergency situations may arise and solitary workers should be capable of responding correctly. Emergency procedures are established within the MMI and all staff should be trained to implement these procedures. Information about emergency procedures should be fully understood and lone workers should know the location of and have access to adequate first aid facilities. Mobile workers should also carry a first aid kit suitable for treating minor injuries.

Falls from heights

Ladders are amongst the most commonly used pieces of access equipment and perhaps, the most often misused.

Generally, storage should be organised so that no one has to climb in order to store or retrieve items but if this is impossible, kick stools should normally be used. Where the use of stepladders is unavoidable there must be a record of their location and the following precautions should be followed when using them:

- Use only for their intended purpose and ensure that they are free from defects.
- Set them on a firm and level base.
- Whenever possible set steps at right angles to the work.
- One person should be on the stepladder at any time.
- Wear suitable footwear for maintaining good grip on the rungs.
- Always face inwards when climbing or descending the stepladder.
- Work with the knees level or below the top tread of the steps.
- Ideally use steps with a working platform and a safety grab rail.
- Do not over reach when on a stepladder as this leads to overbalancing. Thighs and hips should be kept between the stiles.



- Do not use tools requiring two hands when on the stepladder.
- If the steps are not high enough for the task do not stretch up or climb on to racking or ledges. Stop and obtain advice from your H&S coordinator.

CONTROL OF CONTRACTORS AND VISITORS

The MMI recognises its legal responsibility as an occupier of premises to all who have recourse to those premises, including contractors undertaking any work and visitors. In this instance “visitors” does **not** include children or students.

No contractor or visitor should be exposed to risk or allowed to knowingly introduce any risk into the premises. To ensure this:

- Members of staff will be responsible for the safety of their visitors at all times.
- All visitors and contractors arriving at the premises should sign in and be handed a visitors’ badge which should be worn at all times. The visitors’/contractors registration book is both a safety and security document, therefore it is necessary for all non-employees having access to register both on their arrival and departure times. Any badge issued must be returned to reception on leaving the site and the visitor signed out.
- All visitors, contractors to the premises should, before being allowed access, be sent/given information outlining procedures to be followed whilst on the premises.
- All visitors to the premises should, before being allowed access, be given information outlining procedures to be followed in the event of an alarm being raised and the relevant assembly points. This is included in the general guidance notes for all visitors.
- The contractors terms included in whole or in part in any contract should clearly set out the limitations on contractor’s activity.

For more details, please refer to the MMIs ‘**Visitors Policy**’.

WORKPLACE AND MAINTENANCE

- Premises should have adequate ventilation so that stale air or air that is hot and humid is replaced at a reasonable rate.
- Temperature in work areas should provide reasonable comfort without the need for special clothing.
- Lighting in workplaces should be sufficient to enable people to work, use facilities and move from place to place safely without risk of injury or eyestrain. Stairs and common areas will, where possible, be well lit and in such a way that shadows are not cast over stair treads, workstations or pedestrian crossing points.
- Workplaces, equipment and fittings must be kept clean. Refuse must not accumulate except in suitable waste bins. Waste bins should be emptied at least every day or more frequently as required.
- Spillages must be cleaned up immediately and where a wet floor results people should be warned of the potential slipping hazard by the use of “Wet Floor” warning signs.
- Floors, fixtures and fittings should be cleaned in accordance with a written cleaning schedule with the cleaning company that should prescribe the task, its frequency, the method of cleaning, the materials required and all safety equipment and measures to be used. Cleaning



that should be done by members of staff should be done and recorded in accordance with instructions and frequency noted on the safety log sheets.

- Floors within the building must be sound; suitable for the purpose, strong enough to take loads and kept free from unnecessary obstructions. The surfaces should be kept free from any damage, slope and uneven or slippery surfaces that may lead to slips, trips or falls.
- The condition of floors must be regularly checked and any defects dealt with or brought to the attention of your H&S representative.
- Slopes on floors should be no steeper than necessary. Moderate or steep slopes or ramps, particularly those used by the disabled, must be provided with appropriate secure handrails.
- Floor surfaces liable to become wet or subject to regular spillages should be covered with a slip resisting floor finish.
- Arrangements should be made to minimise risks from snow and ice, particularly outside stairs.
- A secure and substantial handrail should be provided and maintained on at least one side of every staircase.
- As far as is reasonably possible all windows should be within easy reach to adults and should open and close in a safe manner. Controls should be placed so that people are not likely to fall through or out of the window. Where there is danger of falling from a height, safety devices or opening restrictors should be provided to prevent the window from opening too far.
- The glazing of all windows and doors below waist height should be either safety glazing or be coated with safety film, designed to prevent injury should anyone fall against a window.
- Suitable provision should be made for windows and skylights to be cleaned safely. A professional window cleaning company will carry out the task of this cleaning every half term.
- Suitable facilities must be provided for staff to change into and store work clothing and personal clothing. Storage facilities should be located in dry, warm and well-ventilated areas.
- Suitable and sufficient toilets and hand washing facilities must be provided for staff. All facilities should be maintained in a clean and orderly manner. The room(s) containing such facilities must be adequately ventilated and lit. Wash hand basins must be provided in the immediate vicinity of all sanitary conveniences and must have a supply of hot and cold running water. Soap and hand drying facilities must be provided. Suitable means for the disposal of sanitary dressings must be provided where appropriate.
- A supply of “wholesome” drinking water must be available. If any problems with drinking water are identified, you should speak to your H&S representative.

Maintenance

There are five types of maintenance:

1. **Cleaning:** Prevent injury or ill health to staff by establish safe methods of cleaning, pay attention to the safe use of cleaning materials, train and supervise staff, clean up spillages on the floor immediately, rinse detergent off the floors, and dry floors immediately after wet cleaning, or if this is impractical, display a wet floor sign.
2. **Routine checks:** check daily for obvious visible wear, tear and damage to: machines, gas appliance controls, electric plugs and cables, ventilation systems, and equipment causing leaks onto floors. Staff members should report to the safety coordinator.
3. **Planned maintenance:** appliances need to be routinely services to ensure their continued safe operation. Competent personnel such as appropriately qualified service engineers must do this.
4. **Breakdown maintenance:** only a competent person using the correct components must carry out safety-critical repairs. It is important that functional safety and safety test are made before putting equipment back in use.
5. **Inspections and tests:** periodic thorough examination is legally required for equipment such as steam and pressure appliances, lifts and hoists.



There are five main types of accident caused by poor maintenance:

Accident Type	Relevant factors	Prevention
Slips	Uncleared leaks and spillages, Unsafe wet cleaning methods, Not drying floors after cleaning	Mend leaking equipment, Use lids on containers of liquid being carried, Clean up spillages immediately, Dry floors immediately after cleaning, Repair damaged area, Display 'wet floor' signs if slippery area cannot be cordoned off.
Hot or harmful substances	Poor maintenance of equipment leading to leaks, Exposure to hazardous cleaning materials and hot oil while cleaning fryers.	Establish safe cleaning and oil draining procedures, Maintain and inspect steam plant and dishwashing machines.
Electrical injury	Faults in plugs or cables and poor maintenance of heated food trolleys	Regular checks and inspections
Fire and explosion	Poor or no maintenance of gas appliances	Regular inspection and maintenance of appliances by competent person.
Machinery accidents	Incorrect cleaning and poor maintenance.	Training cleaning and test procedures, Regular checks and repairs as necessary.

FIRE SAFETY AND EMERGENCY EVACUATION

Fire Safety

Fire safety must be given the highest priority by all staff.

A risk assessment system has been devised for use in all of MMI's premises.

Where defects or omissions were noted during the Risk Assessment they must be included in the action plan. Please inform the H&S Committee through your H&S representative

The Head of Training, Head of School and the Bursar, as appropriate, must ensure that all members of staff are aware of the relevant procedures for fire control and fire and emergency evacuation.

They must ensure that the following are brought to the attention of all staff:

- The procedure for evacuating the building, where to assemble and whom to report to in the event of an emergency.
- The assembly point for each work area must be filled in on the standard "Fire Safety Plan" sign, which must then be displayed.
- A copy of the site emergency evacuation plan.

Every new member of staff must be given training on fire safety at the start of their first day at work and during their subsequent induction training. Refresher training is to be carried out on a regular basis for all staff. Training records for fire safety must be kept up to date.



Visitors/ Contractors

In this instance “visitors” does not include children or students.

- All visitors, contractors to the premises should, before being allowed access, be sent/given information outlining procedures to be followed whilst on the premises.
- All visitors to the premises should, before being allowed access, be given information outlining procedures to be followed in the event of an alarm being raised and the relevant assembly points.
- All visitors/contractors arriving at the premises should sign in and be handed a visitors’ badge which should be worn at all times. The visitors’/contractor’s registration book is both a safety and security document, therefore it is necessary for all non-employees having access to MMI’s School sites and Training Centre to register both their arrival and departure times.
- Members of staff will be responsible for the safety of their visitors at all times.

Emergency Evacuation Procedures

- Every staff member must be aware of the emergency evacuation procedure. This should be explained to every new member of the team when they start working at MMI. Additionally, a copy of the evacuation plan should be displayed on the notice board. Please ensure that all staff read the plan.
- It is imperative that everyone knows who is responsible for fire safety and other emergencies and also to how to get out of the building safely and where to assemble.
- It is important that staff always remember to sign in and out of the building in the book provided. This means that the Emergency Services will know exactly who is in the building in the event of an emergency and will, therefore, reduce the risks to them.
- **ALWAYS RESPOND IMMEDIATELY TO ANY ALARM**
- There will be regular fire drills and everyone is asked to co-operate fully. **Dates of drills, practices and alarms must be recorded on the Fire drill log.**

Emergency Evacuation Plan - General Guidance

The overriding consideration in an evacuation or emergency response plan must be the safety of children, students, staff, visitors and contractors who may be on site. For this reason, the following steps should be taken:

- Ensure that MMI’s management, staff, visitors and contractors are fully acquainted with, confident about and in agreement on the procedures to be followed in the event of an emergency. Procedures should also allow for incidents outside normal working hours.
- All staff, visitors and contractors on site must be fully conversant with the channels of communication to be followed in the event of an emergency situation. Visitors should be given basic information on evacuation procedures and assembly points when signing in.
- Regular refresher training sessions should be given to all occupants of the building on the emergency evacuation plans, especially if they are changed for any reason.
- Regular evacuation drills must be held and their success evaluated. Evacuation drills must occur in every MMI’s premise once every half term.
- Warning systems and alarms, where fitted, should be regularly tested. Fire alarm systems should be tested weekly, if existing.
- In the event of any bomb threat, it must be carefully evaluated and all the details of the call logged on the “Action to be completed in the event of a bomb threat” form.
- Any suspect packages found should not be touched or moved and staff should be fully aware of the communication system to call for emergency assistance.



- In the unlikely event of a bomb threat, there should be an agreed system for carrying out a positive and efficient search of the site to determine the nature and location of the threat. Whether the site is evacuated before or after the search is a decision that needs to be agreed with the Senior Staff Member as part of the evacuation plan. A decision on these matters should be taken only after consultation with the local emergency services.
- Consideration should be given to preventing staff, children, students and others unwittingly entering the building after an evacuation. Areas to consider are car parks and side or rear entrance doors. These areas should not be blocked in case emergency services require access.
- The success or failure of any evacuation plan is likely to rest on the training of staff. This is best secured through procedures being implemented and practised by staff who will be a vital factor in ensuring an evacuation occurs with the maximum speed and the minimum confusion.
- All assembly points for fire evacuation/bomb threats must be carefully thought out to ensure that there is no danger from the spread of any blast materials, especially glass or from structural collapses.

Safety Signs

All signs displayed meet current regulations, for example, fire exit signs must contain a relevant pictogram.

All members of staff should check regularly that signs have not become detached or obscured and inform the Safety coordinator when they need to be cleaned or replaced as necessary.

It is important not to confuse staff and visitors with too many signs and notices.

If you have any queries about what signage is required, please contact the Bursar.

Other Emergency situations

MMI has procedures to respond effectively to typical foreseeable emergency situations and protect the Health & Safety of those who may be affected by emergency events.

Emergency situations include, but are not limited to:

- serious injury to a child, student or member of staff
- significant damage to MMI's property, e.g. fire
- criminal activity, e.g. bomb threat
- severe weather, e.g. flooding
- public health incidents
- effects of disaster in a local community

The Executive Director and senior management will be responsible for the planning of the emergency procedures. The planning process for emergencies will involve risk assessments, planning, training, practising, and reviewing.

For more details on emergency procedures, please refer to the MMI's '**Emergency Situations Procedures**' document.

PERSONAL PROTECTIVE EQUIPMENT

MMI recognises that all employees must be provided with all appropriate personal protective equipment (PPE) and hygiene wear for any task requiring it.

MMI has a requirement to identify and assess the risks to Health and Safety present in the work place, so enabling the most appropriate means of reducing those risks to an acceptable level.



There is in effect a hierarchy of control measures, and PPE should always be regarded as "the last resort" to protect against risks to safety and health; engineering controls and safe systems of work should always be considered first because:

1. PPE protects only the person wearing it, whereas measures controlling the risk at source can protect everyone at the work place.
2. theoretical maximum levels of protection are seldom achieved with PPE in practice; and the actual level of protection is difficult to assess.
3. PPE may restrict the wearer to some extent by limiting mobility, visibility, etc.

MMI should, therefore, provide appropriate PPE, suitable information, instructions, and training in its usage for their staff wherever there is a risk to Health and Safety that cannot be adequately controlled by other means, to enable them to make effective use of PPE.

PPE must be suitable for the purpose for which it is to be used. It must be maintained in good condition and replaced as and when necessary.

All jobs or tasks which may require the provision of PPE should be listed on the Risk Assessments of the different areas of the School and Training Centre, it should be also listed what type of PPE is required to provide sufficient protection to the employee(s) carrying out the task.

All members of staff should use any equipment, e.g. plastic aprons or gloves, that have been provided and are specified in procedures or 'safe systems of work'. They have been identified as being necessary to protect you, if you feel that there are additional items which would be useful, please discuss this with your Senior Staff Member.

It is the responsibility of the MMI's Senior Staff Member to ensure that the correct equipment is used, please co-operate with them.

DISPLAY SCREEN EQUIPMENT (DSE)

Guidance on DSE is applicable to all employees who use display screen equipment, including both laptops and desk mounted units. This will make certain that those who regularly use DSE are identified so that a suitable assessment may be undertaken and to ensure, so far as is reasonably practicable, that their Health and Safety is not adversely affected by the use of the DSE.

Guidance for Staff

- The Bursar is responsible for ensuring that DSE assessments are completed, remedial action implemented, and the assessments reviewed as appropriate.
- Members of staff who regularly use DSE should have their workstation assessed.
- The Bursar will ensure that a self-assessment has been completed for each member of staff and that any remedial action identified is implemented. Completed assessments will be kept by the Bursar. The self-assessments should be reviewed on an annual basis or when there has been a significant change in their work environment.
- Where the assessment indicates a need for ancillary equipment this will be provided MMI. Equipment includes, but is not limited to specialist seating, footrests, anti-glare screens, wrist support, window blinds, specialist desk.
- Employees who may be suffering from ill health effects, which may be caused by or made worse by the use of DSE, should report these effects to the Bursar. Occupational health assessments may be required to be undertaken by users.



- Where eye tests are requested by DSE users, these will be provided free of charge via an NHS Optometrist. Where a user provides evidence from an optician showing that they require spectacles for DSE work, then the cost of a basic pair of frames and lenses suitable for that purpose will be reimbursed by MMI (up to a reasonable figure). Individuals may put this sum towards a pair of spectacles which may also be suitable for other purposes as long as these spectacles are made available for use at work.
- Eye tests should be undertaken every 2 years.

Please refer to MMI's '**Display Screen Equipment Policy**' for more information regarding:

- The DSE self-assessment form.
- Guidance on posture, simple exercises to help circulation and to combat fatigue and on the need to take regular, short breaks from the screen.
- Further considerations at workplace when using DSE.

MANUAL HANDLING

MMI recognises that manual handling of loads is one of the most common causes of injury at work and that every effort must be made to prevent such injuries. Courses on manual handling are therefore provided for all relevant staff and it is vital that you take advantage of this training. The following notes are intended as a reminder and not as an alternative to training.

How to Pick up an Object

Preparation:

- NEVER attempt to carry anything too heavy or where the shape inhibits your movement. Get help.
- Plan the move. Determine where you are taking the item and whether there is a clear space already available to receive it. If lifting to shoulder height check that there is somewhere to rest it mid-way, e.g. a bench or shelf. Ensure that your vision over the top of the load will not be obstructed.
- Try the object for weight first by lifting one corner slightly. Determine which side is heaviest.
- Lifting:
 - Stand firmly – feet about 12 to 15 inches apart.
 - Stand close to the object with one foot slightly in front of the other and pointing in the direction of the movement.
 - Bend the knees.
 - Back should be held straight with the chin tucked in.
 - Grip the object firmly but safely within the bounds of your reach. If this is not possible ask for help.
 - Use the whole of the hand and not the fingertips.
 - Use mainly your leg muscles, not your arms or back.
 - Don't jerk the object as you lift keep the movement smooth.
 - Keep the load close to the body and keep the heaviest side towards your trunk.

How to Put Down an Object:



- Keep your back straight and lower the object by bending your knees.
- Keep the movement as smooth as possible.
- Avoid trapping your fingers by putting the load down askew and adjusting afterwards.

How to Push/Pull a Heavy Object:

- Ensure the path you intend to push/pull across is clear and smooth.
- Tuck the chin in.
- Keep the back and arms as straight as possible.
- TO PUSH – Thrust with the front foot and use the back foot to maintain balance.
- TO PULL – Thrust with the back foot and use the front foot to maintain balance.

Remember always ask for assistance if you are unsure.

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

HAZARD - "Means the potential to cause harm, including ill health and injury; damage to property, plant, products or the environment; production losses or increased liabilities." The hazard presented by a substance is its potential to cause harm. Some substances can harm a person in several ways; e.g. if the person breathes them in, swallows them or gets them on their skin.

RISK - "Means the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during, work activities or by the products and services created by work activities."

A substance hazardous to health is a product that, because of its chemical nature, might prove harmful to health. This could be a long or short-term process.

The RISK from a substance is the likelihood that it will cause harm in the actual circumstances of use. This will depend on: the hazard presented by the substance, how it is used, how it is controlled, who is exposed, by how much, for how long? and what they are doing, and so on.

All chemicals used on the site have been registered and assessed and to ensure they are appropriate to the tasks for which they are required and are the safest available product. Further, to ensure that where an element of risk is present measures have been taken to control that risk.

Cleaning products should be kept into original containers. Under no circumstances should staff bring cleaning products from home or decant them into other containers.

Poor control can create a substantial risk even from a substance with low hazard. With proper precautions the risk of being harmed can be adequately controlled.

The following step-by-step guide should be used to assess all chemicals used or stored on the site:

1. Use an Initial COSHH Assessment to establish all the chemicals currently used or stored on the site.
2. The safety co-ordinator will carry out an assessment producing a "Detailed COSHH Assessments to ascertain what the chemicals are used for. All non-essential chemicals should be disposed of safely in accordance with the manufacturer's instructions.
3. Use the information contained on the product hazard data sheets to identify the active ingredients and the type of hazard classification, e.g. harmful, corrosive, toxic, etc.

Once all chemicals have been assessed, a register of the final approved chemicals will be established.



To ensure that no unauthorised chemicals are brought on site after the initial assessments it is recommended that the purchase request procedure be followed so that anyone purchasing a new chemical must inform the safety co-ordinator of the proposed purchase and record the details of the substance. The substance should then not be authorised until an assessment has been carried out.

CONTROL OF LEGIONELLOSIS

MMI recognises that there is a need to take all reasonable measures to prevent Legionellosis in water systems and chemicals such as biocides and chlorine use in treatments against it from coming into contact with staff members, students, children, or visitors in a potentially hazardous manner.

Legionnaires' disease is the name commonly given to Pneumonia caused by the organism *Legionella pneumophila*. The organism is found in water supplies, particularly air conditioning cooling towers and plumbing systems. It is thought that the organism gains nutrient from the sludge in the bottom of calorifiers and cooling tower ponds and gains access to the respiratory system of a susceptible person, by inhalation of the droplets in water vapour. The disease cannot be contracted through drinking contaminated water.

Risk Assessment

Risk Assessments must be made whenever water is stored and used in a way that may create a reasonably foreseeable risk of Legionellosis. It may colonise storage tanks, calorifiers, pipe work and water softeners, filters and taps, showers and other appliances wherever conditions for growth occur.

There are no water tanks at any of the premises used by the MMTO as at the date of this handbook. In the event of new premises with water tanks the following should be adhered to.

The Risk Assessment should include:

- all routine operation and use of the system plus commissioning,
- maintenance, breakdown
- water temperatures.

Once the risk has been identified and assessed, a scheme should be prepared for preventing or controlling it. Growth and transmission may be prevented by:

- avoiding water temperatures between 20°C and 45°C,
- avoiding water stagnation,
- avoiding the use of material in the system that provide the conditions for bacterial growth,
- keeping the system clear of sediments, etc,
- proper and appropriate water treatment, and
- ensuring that the system operates is properly maintained and in optimum working condition.

Routine Inspection and Maintenance

The system should be routinely checked, inspected, and should be well maintained. The frequency of inspection and maintenance will depend on the system and the risk it presents. For most systems these checks should be made:

- water temperatures in calorifiers (monthly)
- water temperatures at taps after 1 minute running
- conditions and cleanliness of tanks.
- conditions and cleanliness of tanks of calorifiers (annually).
- condition of pipe work and its insulation
- condition of any thermostatic mixer taps



Hot water should be stored at 60°C and distributed so that, after 1-minute of running, the water is at least 50°C at taps. Cold water storage and distribution to be at 20°C or below.

At water temperatures of 43°C and above there is a risk of scalding. Where a significant scalding risk has been identified the use of thermostatic mixer taps at baths and showers should be considered to reduce the water temperature.

ELECTRICAL AND GAS SAFETY

Electrical Safety

Equipment is classified in two categories:

Class 1 equipment is earthed and has three wires in the cable: Earth - green and yellow, Neutral - blue (formerly black), or Live - brown (formerly red)

Class 2 equipment is usually called 'double insulated' and has only two wires in the cable, and should be marked with a double square symbol, one inside the other.

General rules on electrical safety:

- All staff must ensure that electrical faults and hazards are reported immediately to the Safety Coordinator who should ensure that the relevant corrective action is taken immediately.
- Once a faulty piece of equipment is identified it must not be used under any circumstances and if possible (without risk to personal safety) it should be isolated from the mains supply. If there is any likelihood of the equipment being reconnected by mistake then the plug should be removed.
- All Class 1 portable electrical equipment will, where necessary, receive regular appliance tests and any defects rectified before being issued or re-issued to staff.
- Routine visual inspections should be made using an "Electrical Equipment Register"
- No person is to attempt to repair any faulty electrical appliances or carry out any electrical work without being 'competent' and without having management authority, suitable training and correct equipment. Where necessary a permit to work may be required before certain high-risk work can begin.
- Keep a record of all formal inspections and repairs carried out to equipment or installations.
- Under no circumstances must electrical equipment be used if a fault is recognised and either an approved electrical contractor or a "competent" electrician may only carry out repairs.
- Ensure visual inspections of electrical equipment, flexible cables, plugs and sockets are included in safety surveys, etc.

Procedures for electrical safety:

- An inventory of all the electrical equipment provided in their various work locations should be created using the "Electrical Equipment Register". Include all portable electrical equipment such as radios, hand tools, etc. Once listed, the forms should be collated and held centrally or electrically.
- Once identified all electrical equipment may be given a unique code number that can be displayed on the body of the equipment or plug and logged in the register.
- At least every 12 months a 'competent person' should carry out a comprehensive electrical check (PAT test) of all Class 1 portable electrical equipment. The date of this check should be recorded in the main register and on the body or plug of the electrical equipment.
- Every time a new piece of electrical equipment is purchased or brought on site it should be tested, marked and entered onto the register under the appropriate location.
- At least every 12 months the whole register should be updated and any redundant and isolated equipment removed from the register.



- Staff should be instructed to carry out a basic visual check each time a piece of equipment is used, moved or altered in any way.
- A quarterly visual inspection of all listed equipment should be carried out. The results should be recorded.

The nominated electricians are: Simi Construction Limited

They can be contacted at: 07778 921890

Under No Circumstances Must Electrical Equipment Be Used If A Fault Is Recognised And Repairs Must Only Be Carried Out By The Approved Electrical Contractor Or A Nominated “Qualified” Electrician.

Gas Safety

Employers are required to ensure that any gas appliance; flue or installation pipework installed at a place of work controlled by them is maintained in a safe manner. An employer, or person responsible for any premises, must not permit the use of any unsafe appliance.

Boilers have to be serviced every year and a Gas Safety Register should be emitted by competed company. The Safety coordinator will arrange the inspection.

Staff Responsibility

All staff must ensure that any gas faults and hazards are reported immediately to the Safety Coordinator who must contact the approved gas contractor and request immediate attendance or contact the office to ensure that this is done:

1. Once a faulty piece of equipment is identified it must not be used under any circumstances and if possible (without risk to personal safety) it should be isolated from the mains supply. If there is any likelihood of the equipment being reconnected by mistake, then the control valve must be either locked off or if not possible, a sign affixed to the valve warning of a hazard and instructing people not to reconnect the supply.
2. All gas equipment owned by MMI will receive regular maintenance tests and any defects rectified before being approved for use.
3. NO person is to attempt to repair any faulty gas fitting or appliance or carry out any work on gas fittings or appliances. Only employees who are GAS SAFE registered and have management authority may work on gas equipment.
5. A record must be kept of all inspections and repairs carried out to gas equipment or installations.

In the Event of a gas emergency:

1. Shut off the gas supply at the main shut off valve in the event of an escape of gas and ventilate the room/building.
2. If gas continues to escape after the shut off valve has been closed, clear the area and contact the gas supplier’s emergency service (the number should be by the shut off valve). Do not smoke and extinguish all sources of ignition. Do not operate electrical switches.
3. Do not re-open shut off valve, until all steps have been taken to prevent the re-escape of gas.

The National Freephone Emergency Service telephone number is **0800 111 999**.

Under no circumstances must gas equipment be used if a fault is recognised. The site gas contractor or a nominated “GAS SAFE” gas fitter must only carry out repairs and records should be kept of all gas appliances and of installation pipework.

MMI management should make assessments of First Aid needs within the workplace and review together with staff the need for First Aid provision within the School or Training Centre.

Whilst first aiders carry out their duties voluntarily, they do so in the course of their employment with MMI. All teaching staff will receive Paediatric First Aid training.

Communication is important for effective first aid, displaying information showing names of first aiders and the location of the first aid box, and contact details of the emergency services, local hospital and other available medical assistance (telephone number and address). This information needs to be sited near to every telephone in every classroom and other key places.

All staff should be aware of the location of the First Aid kit(s) and be familiar with its content and guidelines.

First Aid procedures

Should a member of staff, child, student or visitor suffer a major injury or look seriously ill, the local hospital or ambulance service must be called immediately by calling 999 or 112.

The parent/emergency contact of a child should be contacted to collect the child as soon as possible in different scenarios:

- After an incident/accident that does not allow the child to continue with school activities or requires medical advice.
- The child is not feeling sufficiently well to remain in school.
- The child has a high temperature.
- The child is displaying symptoms of any virus.

First Aid will be administered as appropriate and emergency services will be sent for if the injury warrants this action. Wherever possible, ensure another adult is present or aware when first aid is being administered.

All head injuries (however slight) of children are reported to parents, in case of possible complications later. Also, in the event of an injury requiring further investigation, parents are advised to seek medical advice.

When applying cold packs after minor incidents, following precautions should be followed in order to protect the skin:

- Place a towel or cloth as a protective barrier between the person and the source of cold to prevent direct skin contact.
- Limit the application of cold therapy to 15-minute sessions. After a 1 to 2 hour break, reapply.
- Stop applying cold therapy if the skin becomes blotchy, red, and raised after contact.

First Aid / Emergency Area

MMI should provide at every site a suitable area that can be used for medical treatment when required. The first aid area does not need to be used solely for first aid purposes but must be readily available when needed. Ideally, it should be situated near a toilet.



If the child is ill and awaiting collection, they should be moved to the emergency area where they can be isolated with appropriate supervision. Ideally, a window should be opened for ventilation and they should be at a safe distance from others. Whilst accompanying the child, the member of staff should wear Personal Protective Equipment PPE if a safe distance cannot be maintained or contact is necessary (for a very young child). Materials that the ill person has touched and the areas where they have been (including the bathroom) should be cleaned and disinfected before being used by anyone else. Waste should be disposed of safely. Clinical waste should be disposed of in the yellow bags provided.

First Aid Kit

- There should be at least one fully-stocked first-aid kit for each site and per class and one additional first aid kit ready for outings.
- It is important to have a fully-stocked first aid kit to deal with minor accidents and injuries. This requires regular checks and back up supplies of first aid equipment. Every time something is used there has to be a stock order to replace the used items. As a general guide each box should be checked termly.
- First-aid kit(s) should be kept out of children's reach but where adults can easily get them, and all staff members should know their location.
- All members of staff should read the first aid manual regularly.

Please refer to the MMI's '**First Aid Policy**' for more information about First Aid area equipment and facilities, and the content of the First Aid kit.

Medicines

- No medicines other than prescribed medicines may be given with Consent Medicine Administration form signed by parents/carer.
- Medicines should remain in their original container must be stored on separate shelves in locked cupboards. All medicines must be clearly labelled and kept together with their respective Consent Medicine Administration form.

Please refer to the MMI's '**Health and Hygiene Policy**' for more information about administration of medicines.

Guidance on Infection Control

In order to avoid the spread of infection we follow these procedures:

- All surfaces will be cleaned with an anti-bacterial cleaner.
- Everyone washes their hands after using the toilet and doing activities in the garden. Hands should be washed before handling food, and at regular intervals throughout the day.
- Individual paper towels will be available and disposed of hygienically.
- Children are encouraged by example and word to cover their mouth when coughing or sneezing.
- Tissues are used and available to blow noses and disposed of hygienically.
- Staff and children are encouraged not to touch eyes, nose and mouth with unwashed hands.
- Children are asked not to share items that come into contact with the mouth.



In the unusual event that someone is taken ill and there is blood or bodily fluid spills (e.g. urine, vomit) the following precautions should be followed:

- Wear protective gloves and other PPE if necessary.
- Wash the wound with water.
- Apply a suitable hypo-allergenic dressing (in case of minor injury).
- It is important that surrounding area is evacuated and cleaned immediately wearing disposable PPE.
- Pour sterilising fluid / antibacterial cleaner on to paper towels or absorbent material and place these over the spill and wipe as much as possible.
- Pour more sterilising solution on top for 20 minutes and then wipe up remaining solution.
- Ensure that everything is wiped and cleaned up effectively.
- All non-disposable cleaning materials need to be disinfected with solution and allowed to air dry.
- All disposable PPE and cleaning material should be disposed of and be placed into the waste bin immediately.
- Double bag and securely tie up waste bags and discard.
- Thoroughly wash hands with soap and water.

WASTE DISPOSAL

The main type of waste generated by MMI will be:

- 1) Domestic waste.
- 2) Food waste.

The Local Authority will normally make weekly collections of waste.

Disposal of Hazardous Waste

Staff involved in the disposal of potentially hazardous waste, e.g. housekeeping or cleaning staff, etc, should adopt the following advice:

1. Bodily Waste and Fluids

Protective gloves, and where appropriate protective clothing, should be worn when disposing of bodily waste and fluids.

Urine and faeces should be disposed of down a toilet in the usual manner. After use, commodes and potties should be washed and disinfected then either air-dried or dried with disposable paper towel.

Soiled waste, e.g. incontinence pads, nappies, sanitary towels should either be burnt or:

- Small quantities should be double bagged in sealed plastic bags. The bag should then be sealed by knotting and they can then be disposed of via the normal refuse collection arrangements.
- Where there are significant quantities of waste or regular smaller amounts of waste then the services of a specialist collection service should be sought.

2. Hypodermic Needles, Syringes, etc.

Used syringes, needles, razor blades, etc. must be placed in a suitable "sharps" container, substantial enough to withstand a needle puncture and disposed of as follows:

- Small quantities may be placed in stout containers, tightly sealed and disposed of via the normal refuse collection arrangements.
- Purpose made "Sharps" containers can be purchased, but if not available then stout plastic or metal containers with screw tops can be used. No attempt should be made to bend, break or re-sheath needles or any other sharp instrument after use. "Sharps" should not be put down carelessly because they may find their way into plastic waste sacks or laundry bags and could result in injury and infection.



- Local hospitals or doctor's surgeries may be able to assist with the disposal of sharps.
- Large numbers of hypodermic needles and syringes should be disposed of using a special collection service.
- Where health authority staff gives injections, the district health authority is responsible for disposing of the equipment.

3. Waste from Processes

Any toxic or otherwise potentially harmful or offensive waste should be disposed of in accordance with the guidelines of the local waste disposal authority or its approved contractor. An assessment of the risks associated with this waste should be undertaken to ensure that its handling and disposal does not pose any risks to staff, waste contractors or the environment.

4. Waste from Catering Departments

It is unlikely that the catering department will generate any hazardous waste but they may generate a great deal of general waste. All catering waste must be stored correctly in the bins provided.

ACCIDENT REPORTING

Recording of incidents and accidents is one of the most effective ways of managing Health and Safety. Information from the facts gathered during accident reporting and investigations will highlight trends and patterns. As a result of this information, measures can be put into place which will reduce the frequency and severity of the accident rates. Accidents in School or Training Centre can be caused by the acts or omissions of either MMI staff, children, students or visitors.

Most incidents that happen in School premises or school outings do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under (RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 as amended 2012).

Duties of MMI

- MMI's Executive Director has overall responsible for the appropriate level of reporting of incidents and accidents in the School and the Training Centre; however, this duty is delegated to The Head of School and the Head of the Training Centre and the supporting members of staff.
- MMI must keep records of:
 - o any incident/accident report of a reportable death, specified injury, disease, dangerous occurrence that requires reporting under RIDDOR;
 - o any incident/accident report of any occupational injury where a member of staff is away from work or incapacitated for more than three consecutive days (excluding the day of the accident but including weekends). This means in practice the report is made on the fourth day following the accident.

Incident/accident records must be kept for at least three years after the incident/accident.

- Investigate the circumstances of every accident reported which results in personal injury to one its member of staff, child, or student.
- Report to RIDDOR any injury or dangerous occurrence where:
 - o any person at work suffers a major injury or dies as a result of an accident arising out of or in connection with work;
 - o any person not at work, e.g. a child, student, or visitor, suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury. or
 - o there is a dangerous occurrence.



Duty of MMI's staff

Every member of staff, who is injured at work, must inform MMI as soon as possible after the accident took place. The member of staff will have complied with this duty if they completed the A1 Accident Form (or by having a colleague or first aid attendant enter those particulars on their behalf).

If the injured employee neglects to report the accident in the manner described above, they may forfeit any subsequent right to social security industrial injury benefit.

The information below should be available to staff either by inclusion within the staff handbook/guidance or by being available on MMI's server and Sharepoint.

Accident Internal Reporting

Any incident, however minor, or accident to members of staff, children, students or visitors must be recorded in the **INCIDENT/ACCIDENT FORM** (A1 form), signed by the parent/carer and loaded into Sharepoint (in the case of incident/accident of a child), and sent to the Safety Coordinator for analysis and report to the H&S Committee.

Incidents involving contractors (e.g. builders, maintenance staff, cleaners) working on MMI premises are normally reportable by their employers. If a self-employed contractor is working in any of MMI's premises and they suffer a specified injury or an over-seven-day injury, MMI will be responsible.

Reporting to RIDDOR

Injuries and ill health to staff at work

Under RIDDOR, the safety coordinator must report the following work-related accidents, including those caused by physical violence, if a staff member is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay;
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident;
- any case of a work-related disease linked to occupational exposure, that affects an employee and that a doctor confirms in writing;
- any work-related deaths and certain injuries to self-employed people that take place while they are working at MMI premises that owns/control.

To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury.

Incidents to children and other people who are not at work (children, students, and visitors)

Injuries to children, students, and visitors who are involved in an accident on MMI premises or on an activity organised by MMI are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a MMI activity; or
- an injury that arose out of or in connection with an MMI activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

To decide whether an accident to a child arises out of or is in connection with MMI activities, the safety coordinator should consider whether the incident was caused by:



- a failure in the way an activity was organised (e.g. inadequate supervision to prevent an incident, or failings in the organisation and management of an event, etc);
- hazardous substances (e.g. experiments, etc);
- the condition of the premises (e.g. poorly maintained, or slippery floors, etc); and/or
- damage or faulty equipment (e.g. desks, chairs, play equipment, etc)

Other incidents/accidents:

- If a child or student injured in an incident remains at the School or the Training Centre, is taken home or is simply absent for a number of days, the incident is not reportable.
- There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.
- Medical conditions: If a child is taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.
- Sport injuries: Not all sports injuries to children are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.
- Accidents during playtime: Most playground accidents due to collisions, slips, trips and falls are not normally reportable.
- Physical violence: Violence between children is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.
- Incidents on overseas trips: Incidents involving children on overseas trips is not reportable to HSE because RIDDOR only applies to activities which take place in Great Britain.
- Incidents to students on teaching practice and observation placements: students are deemed to be employees for the period of the placement. In these circumstances, MMI, as the responsible person, should report a death, injury or disease to a student, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

Dangerous occurrences

These are specified near-miss events RIDDOR reportable:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury/damage to health;
- an electrical short circuit or overload causing a fire or explosion;
- the collapse of any building or structure;
- an explosion or fire occurring in any plant or premises which results in the suspension of normal work in those premises for more than 24 hours.

Accident Investigation

MMI recognises the need to investigate all accidents. Without complete reporting of accident losses and thorough investigation there can be no true knowledge of the extent and nature of incidents that reduce the efficiency of MMI operations.

The purpose of investigation, as far as Health and Safety is concerned, is to establish cause and to prevent recurrence. In order to determine facts, it is necessary to carry out the investigation as soon as possible after the incident to avoid incorrect deductions and false assumptions.



Not every accident justifies a full, complex and formal investigation process. For many incidents, an informal investigation, usually under the responsibility of the Head of School or the Training Centre, and, where necessary, correction of fault will suffice.

Please check the '**Accidents Reporting and Investigation Policy**' for more details on the following:

- Details of the Incident/Accident form
- Information to MMI's staff and third parties
- Reporting to RIDDOR
- Accident Investigation details

AUDITING FOR SAFETY

MMI recognises that success in Health and Safety management can only be demonstrated if there is an effective system to review safety management performance. Self-auditing is an essential part of the review process and should ensure to effectively manage the MMI's Health and Safety responsibilities.

MMI is committed to reviewing and improving its Health and Safety procedures and regular audits will be carried out by the Safety Coordinator in consultation with the senior management throughout the organisation at least annually.

The purpose of the annual audit is to assess how effectively the Health and Safety Policy and procedures have been implemented thorough the organisation. This may involve checking any records of the Office, School sites and Training Centre and by discussing the appropriate sections of the policy with the H&S representatives per site.

The most important part of the review process is for MMI's management to learn from the experience of the previous year and to seek to improve overall performance by revisiting those areas shown to have shortcomings.

STAFF CONSULTATION

MMI seeks to actively involve its employees in the management of Health and Safety, which is fundamental to the success or failure of the H&S policy. MMI holds a termly H&S Committee to which it will invite appropriate staff representatives of Management, School and Training Centre.

Consultation concerning Health and Safety should include:

- any change which may substantially affect staff Health and Safety at work, for example work procedures, equipment or methods of working;
- information that staff must be given on the likely risks and dangers arising from their work, measures to reduce or remove these risks and what they should do if they have to deal with a risk or danger;
- the planning of Health and Safety training; and
- the Health and Safety consequences of introducing new technology.

A variety of methods can be chosen by MMI to consult directly with staff members:

- staff briefing meetings to allow feedback
- notice boards, newsletters



- electronic mail and surveys
- direct talks to employees

It is important that staff members are made aware of:

- when their views are being sought about Health and Safety;
- how they can give their views to their employer; and
- their right to take part in discussions on all questions relating to their Health and Safety at work.

The difference between providing information and consulting is that consultation involves listening to the views of the staff and taking account of what they say before decisions are made.

FINALLY

If you have any queries or do not fully understand your responsibilities in respect of Health and Safety, please speak to your Senior Staff Member.

In addition, you can obtain further advice from your H&S representative. Never hesitate to discuss any aspect of Health and Safety if you are concerned or if you have a particular interest or ideas for improvement that may benefit others.



OTHER POLICIES AND PROCEDURES RELATED TO HEALTH AND SAFETY

Please remember to refer to more detailed policies and procedures in relation to MMI's Health & Safety covering the following:

- Fire Safety and Emergency Evacuation
- Emergency Situation Procedures
- Visitors Policy
- Display Screen Equipment Policy
- First Aid Policy
- Health & Hygiene Policy
- Accidents Reporting and Investigation Policy
- Use of Oven and Hob Policy
- Asbestos Policy and Management Plan

HEALTH & SAFETY DOCUMENTS AT MMI'S PREMISES

The following Health and Safety documents should be displayed at each of the MMI premises:

Documents to display on the entrance notice board:

- 1) A copy of the Organisation's Health and Safety Policy Statement (appropriately signed).
- 2) A copy of the completed Evacuation Plan for the building in case of Emergency + Muster point (see section - Fire and Emergency Evacuation).
- 3) The completed Fire Safety plan (see section - Fire and Emergency Evacuation).
- 6) A copy of the current Employer's Liability Insurance document.
- 7) Visitors Policy.
- 8) No Smoking sign.
- 9) First Aid sign including Trained First Aiders and location of the nearest First Aid kit.
- 10) Emergency Services telephone numbers (999 for police, ambulance, or fire brigade or 112 to call from any mobile phone) and Local hospital contact details (telephone number and address).
- 11) Safeguarding responsible.
- 12) Fire Marshals and Muster point.

Documents to display next to the main entrance:

- 13) Staff sign in/sign out book.
- 14) Visitors sign in/sign out book.

Documents to display at the office/main room:

- 15) Statutory poster of the Health and Safety at Work etc. Act 1974
- 16) First Aid sign with Trained First Aiders trained and location of nearest First Aid kit

Documents to keep in the Health and Safety folder:

- 17) Completed Risk Assessment(s)
- 18) Completed Incident/Accident forms
- 19) A copy of the complete Organisation's Health and Safety Policy



RISK ASSESSMENT POLICY

Introduction

It is not only a legal requirement, but also a firm belief, that risks to health and safety at the Maria Montessori Institute (MMI) should be controlled wherever possible through risk assessments. These are therefore conducted on a regular basis and cover all identified risks to our children, students, staff, buildings, outside spaces, in our daily routine and at all events.

What is a Risk Assessment?

A risk assessment is a tool for conducting a formal examination of the harm or hazard to people (or an organization) that could result from a particular activity or situation.

- A hazard is something with the potential to cause harm.
- A risk is an evaluation of the probability (or likelihood) of the hazard occurring.
- A risk assessment is the resulting assessment of the severity of the outcome.
- Risk control measures are the measures and procedures that are out in place in order to minimise the consequences of unfettered risk (e.g. staff training, clear work procedures, heat detectors, fire alarms, fire practices, gas and electrical shut down points and insurance).

Who Conducts Risk Assessments?

Risk Assessments are conducted annually at the beginning of the academic year by the Lead teachers in the School or the Head of Training with the help of the Safety Coordinator.

The Head of School and the Head of Training will be responsible for ensuring that suitable Risk Assessments are completed covering all processes and activities.

MMI provides training for all staff, induction and refresher training in risk assessments tailored to their specific areas.

Who Reviews the Risk Assessments?

The Safety Coordinator regularly reviews the risk assessments and the Health and Safety Committee has oversight once per term.

Risk Assessments

There are two main types of risk assessment, generic and specific.

- Generic risk assessments should be completed for hazards or activities that are common throughout the school and organisation.
- Specific assessments should be completed for particular tasks, procedures, equipment, locations, and educational visits, which have specific or significant risks.

The essential steps that are taken in order to comply with this policy are:

- Identify the hazards to health or safety arising from the activity, learning environment or setting.
- Decide who might be harmed and how.



- Evaluate the risks and decide whether existing precautions are adequate or more needs to be done.
- Record the findings.
- Review the assessment and revise it if necessary (prescribe remedial action, i.e. risk control measures).

Thorough Risk Assessment involves answers to such questions as the following:

- What hazards are we faced with?
- Who might be affected?
- How can the risks be reduced to an acceptable level?
- Can effective measures be implemented now?
- If not, what contingency plans will serve us best for the time being?
- Who May be Affected? Consider children, students, teachers, trainees and those who may not be directly involved with the activity but who may still be affected by the process. This may include cleaning or office staff, contractors or parents. Or when beyond the School, members of the public.

Risk Evaluation

Evaluate the risks (low/medium/high) to which individuals might be exposed. This will be a subjective evaluation but should be used to give an indication of the priority with which the risk needs to be addressed.

Where risks are already controlled, monitor the effectiveness of the control to decide whether they are sufficient. Where the risk to individuals is thought to be medium or high, additional control measures must be considered.

Risk Control

Decide what controls are necessary to reduce the risk to individuals. The steps to controlling the risks are as follows:

- Avoid the hazard – can the hazard be avoided or altered to reduce the likelihood or risk?
- Substitute or replace the hazard
- Procedural controls – can the procedure be altered to avoid or reduce the risk? Can the individual be removed/distanced from the risk? Can the activity be carried out at a time that would have a lesser impact on others?
- Child management – make sure that the staff are aware of each child's needs.
- Setting management – such as the monitoring of exits and entrances.
- Additional equipment/staff – can a lifting device or an additional person be utilized to avoid or reduce the risk?
- Personal Protective Equipment – consider the value of using such things as gloves, over garments.
- Emergency procedures – have contingencies in the event of things going wrong such as an accident or incident.
- The Head of School, the Head of Training and the Safety Coordinator monitor the control measures instigated to ensure that they are effective and implemented correctly.
- The Health and Safety Committee meet once per term to review all issues and risk assessments and any other issues.

What areas require a Risk Assessment?



There are numerous activities carried out at MMI each of which require separate Risk Assessments. The most important of these cover:

- Fire safety and other security procedures
- Educational visits and trips.

Separate model policies cover each of the two areas mentioned above. However, Risk Assessments are also needed for many other areas, including:

Educational:

- Science experiments
- Sport activity
- Art/Music

Medical and First Aid:

There are Risk Assessments for first aid and all other treatments and procedures. The accident forms are maintained on SharePoint or on the Server and the trained first aider at each site is responsible for ensuring that accidents are duly recorded. Please refer to the Health and Hygiene Policy and the First Aid Policy for further details.

Child Protection:

Our Safeguarding Policy forms the core of our child protection risk management. Safer recruitment policies and procedures ensure that the School is not exposed to the risk of employing staff who are barred from working with children and who are not allowed to work in the UK. By extending this regime to the trustees and volunteers and by ensuring that everyone in our school community receives regular child protection training, we manage this risk to an acceptable level.

Support Areas:

- *Catering and Cleaning:* Risk Assessments and training are required for every item of catering and cleaning equipment, as well as for manual handling, slips and trips and the control of substances hazardous to health (COSHH).
- *Maintenance:* Risk Assessments and training are required for every tool and item of equipment, as well as for manual handling, slips and trips, working at height, lone working, asbestos, control of contractors on site, electricity, gas, water and the control of substances hazardous to health (COSHH).
- *Gardening:* Risk Assessments and training are required for every tool and piece of machinery, as well as for manual handling, slips and trips, working at height, lone working, use of pesticides, storage of flammables and COSHH.
- *Office staff:* Risk Assessments are required for the display screen equipment used by those staff (primarily office-based) who spend the majority of their working day in front of a screen.

Access by Children

Risk Assessments of all areas of the school reinforce the policy of ensuring that our children do not have unsupervised access to potentially dangerous areas. Doors to these areas are kept locked when not in use. Children are only allowed access when accompanied by a member of staff. Children do not have access to the Equipment Rooms, storage sheds, Catering and cleaning storage areas in the school.

Reviews



All Risk Assessments are reviewed and recorded, when major structural work is planned, or in the event of an accident. The Health and Safety Policy describes the arrangements for regular health and safety audits.

Responsibilities of all Staff

All members of staff are given a thorough induction into MMI's arrangements for Risk Assessments and health and safety (which is recorded).

However, staff are responsible for taking reasonable care of their own safety, together with that of children, students and visitors. They are responsible for cooperating with the Head of School or the Head of Training in order to enable the trustees to comply with their health and safety duties.

Finally, all members of staff are responsible for reporting any risks or defects to the Bursar or Executive Director.

All completed and signed Risk Assessments related to the premises are kept in the Health & Safety folder at each site and at Head Office.



VISITORS POLICY

There are occasions when there are visitors to The Maria Montessori Institute (MMI). These visitors have not been scrutinised to the same degree that staff have, who have an extensive background check including reference from former employees and DBS check. There are certain practices that ensure we keep the MMI's staff, students, children, and premises safe.

We ask that visitors comply with safety procedures, whether written or brought to their attention by other means, for your own protection and others who may be affected by your actions.

Security and Safety

- Visitors are asked to wait in the Reception area until a member of staff comes to them.
- Visitors are asked to sign in the Visitor Record Book and wear the visitor's badge at all times whilst on the premises to enable other staff to verify that you are an authorised visitor.
- Visitors are made aware of the H&S policy applicable to them, including evacuation procedures, by the staff member who accompany the visitor.
- Visitors are asked to keep all handbags and valuables with them at all times.
- Visitors must be escorted through all premises. At no time must a visitor ever be left unaccompanied on school premises.
- At the end of the visit, visitors must be escorted back to the Visitor Record Book to sign out, surrender their badge and be escorted off premises by a member of staff.
- Staff are requested to not prop open any doors which could allow access to unauthorised individuals.

Fire Safety & Evacuation

On discovering a fire:

- Visitors should sound the fire alarm by breaking the glass at a call point.
- Visitors to evacuate the building from the nearest fire exit and go to the muster point.
- Visitors to report to the office team who will be responsible for checks against the visitor book.

On hearing the fire alarm:

- The member of staff should assume the safety of Children as a priority, evacuating the building via the nearest fire exit, as quickly and calmly as possible.
- Visitors should follow any instructions given by the host and do not take any personal risks.
- The assembly must point in the event of an evacuation should have been communicated from the beginning of the visit.
- Visitors to report to the office team who will be responsible for checks against the visitor book.
- No one may re-enter the building once the alarm sounds until the all clear is given.

Disabled Visitors

Disabled visitors who feel they may require assistance during an evacuation of the building, should advise the staff on signing the visitors' book. Arrangements can then be made to assist with their evacuation if necessary.

First Aid

- For all first aid requirements visitors should contact the office, where a member of the office team will dispatch a qualified first aider. It is helpful if the visitor provides information on the extent of the injury or illness and the location of the individual requiring assistance.
- All accidents or near misses must be reported and forms are available from the Administrative office.

Smoke Free

Smoking is not permitted in any part of MMI's premises including the entrance, on land adjacent to the buildings (e.g. car parks, garden areas, walkways, playgrounds, playing fields etc.). This includes use of e-cigarettes.



CCTV POLICY

Purpose

The purpose of this policy is to regulate the management and operation of the Closed Circuit Television (CCTV) System at 26 Lyndhurst Gardens NW3 5NW (the **School**) and 41 Riding House Street, W1W 7BE (the **Training Centre**). It also serves as a notice and a guide to data subjects (including children, parents, students, staff, volunteers, visitors to the School and Training Centre and members of the public) regarding their rights in relation to personal data recorded via the CCTV system (the **System**).

The System is administered and managed by the Maria Montessori Institute, which acts as the Data Controller. This policy will be subject to review from time to time and should be read with reference to the Institute's Data Protection Policy and Privacy Notice. For further guidance, please review the Information Commissioner's CCTV Code of Practice (accessible here: <https://ico.org.uk/media/1542/cctv-code-of-practice.pdf>)

All cameras are fixed and are in plain sight on the School and Training Centre premises and the MMI does not routinely use CCTV for covert monitoring or monitoring of private property outside its grounds.

Positioning:

Locations have been selected, both inside and out, that the Institute reasonably believes require monitoring to address the stated objectives.

Adequate signage has been placed in prominent positions to inform staff, children, parents and students that they are entering a monitored area.

No images will be captured from areas in which individuals would have a heightened expectation of privacy, including changing and washroom facilities.

No images of public spaces will be captured except to a limited extent at site entrances.

Cameras are located at:

- Lyndhurst Gardens:
 - Front Door
 - Drive -right hand side (when facing the school)
 - Side Gate and left hand drive (when facing the school)
 - Entrance Hall
- Riding House Street:
 - Entry Door
 - Ground Floor hallway
 - Lower Ground Floor hallway

The Institute's purposes of using the CCTV system are set out below and, having fully considered the privacy rights of individuals, the Institute believes these purposes are all in its legitimate interests. Data captured for the purposes below will not be used for any commercial purpose.



Objectives of the System

- To protect children, parents, student, staff, volunteers, visitors and members of the public with regard to their personal safety.
- To protect the School and Training Centre buildings and equipment, and the personal property of children, students, staff, volunteers, visitors and members of the public.
- To support the police and community in preventing and detecting crime, and assist in the identification and apprehension of offenders.
- To monitor the security and integrity of the School and Training Centre sites and deliveries and arrivals.
- To monitor contractors when carrying out work duties.

Maintenance

- The CCTV System will be operational 24 hours a day, every day of the year.
- The System Manager (defined below) will check and confirm that the System is properly recording and that cameras are functioning correctly, on a regular basis.
- The System will be checked and (to the extent necessary) serviced no less than annually.

Supervision of the System

- Staff authorised by the Institute to conduct routine supervision of the System may include the Bursar, Executive Director and other Senior Staff.
- Images will be viewed and/or monitored in a suitably secure and private area to minimise the likelihood of or opportunity for access to unauthorised persons.

Storage of Data

- The day-to-day management of images will be the responsibility of the Bursar who will act as the System Manager, or such suitable person as the System Manager shall appoint in his or her absence.
- Images will be stored until automatically over-written unless the Institute considers it reasonably necessary for the pursuit of the objectives outlined above, or if lawfully required by an appropriate third party such as the police or local authority.
- Where such data is retained, it will be retained in accordance with the Act and our Data Protection Policy. Information including the date, time and length of the recording, as well as the locations covered and groups or individuals recorded, will be recorded in a system log book.

Access to Images

- Access to stored CCTV images will only be given to authorised persons, under the supervision of the System Manager, in pursuance of the above objectives (or if there is some other overriding and lawful reason to grant such access).
- Individuals also have the right to access personal data the Institute holds on them (please see the Institute's Privacy Notice and Data Protection Policy), including information held on the System, if it has been kept. The Institute will require specific details including at least: time, date and camera location before it can properly respond to any such requests. This right is subject to certain exemptions from access, including in some circumstances where others are identifiable.
- The System Manager must satisfy themselves of the identity of any person wishing to view stored images or access the system and the legitimacy of the request.



- The following are examples when the System Manager may authorise access to CCTV images:
 - Where required to do so by the Executive Director, the Police or some relevant statutory authority;
 - To make a report regarding suspected criminal behaviour;
 - To enable the Designated Safeguarding Lead or his/her appointed deputy to examine behaviour which may give rise to any reasonable safeguarding concern;
 - To assist the Institute in establishing facts in cases of unacceptable child or student behaviour, in which case, the parents/guardian of a child in the School will be informed as part of the School's management of a particular incident;
 - To data subjects (or their legal representatives) pursuant to an access request under the Act and on the basis set out above;
 - To the School's insurance company where required in order to pursue a claim for damage done to insured property; or
 - In any other circumstances required under law or regulation.

Where images are disclosed a record will be made in the system log book including the person viewing the images, the time of access, the reason for viewing the images, the details of images viewed and a crime incident number (if applicable).

Complaints and queries

Any complaints or queries in relation to the Institute's CCTV system, or its use of CCTV, or requests for copies, should be referred to the Bursar by email via info@mariamontessori.org

For any other queries concerning the use of your personal data by the Institute, please see the Institute's applicable Privacy Notice.



EMERGENCY SITUATIONS PROCEDURES

1 Scope

This guidance is applicable to all those involved in responding to and responsible for the management of emergency situations at MMI

2 Objectives

- 2.1 To ensure that MMI can respond effectively to an emergency situation
- 2.2 To enable procedures to be developed for typical foreseeable emergency situations
- 2.3 To protect the health & safety of those who may be affected by emergency events

3 Guidance

3.1 The Executive Director and senior management will be responsible for the implementation of this policy.

3.2 Emergency situations include, but are not limited to:

- serious injury to a child, student or member of staff, e.g. transport accident
- significant damage to MMI's property, e.g. fire
- criminal activity, e.g. bomb threat
- severe weather, e.g. flooding
- public health incidents
- effects of disaster in a local community

3.3 The planning process for emergencies will involve:

- risk assessment
- planning
- training
- practising
- reviewing

3.4 Emergency plan distribution

- All staff and the Board member responsible for Health and Safety should have a copy of the plan which can be referred to both during and outside of working hours.
- It may be appropriate to provide the plan to third parties, such as the emergency services
- The plan (hard copy and electronic) should be on a controlled distribution list and should be kept secure as it will contain sensitive information.
- The plan should be regularly reviewed
- It may be useful to have a summary of the plan for staff which can be easily carried about.

3.5 Grab bags

- It is recommended that a number of bags are available which may contain the following items:
 - first aid kit
 - torches
 - batteries for torch
 - whistle
 - high visibility jackets
 - petty cash
 - copy of emergency plan
- the grab bag(s) should be checked annually and be easily accessible



3.6 Risk assessment

This should take account of the particular vulnerability of the organisation and the surrounding community, which may include:

- location of chemical storage
- nearby watercourses that flood
- location and experience of severe weather
- remoteness of location from emergency services
- size of the organisation's community
- those with disabilities and special needs

3.7 Planning

- Contact details should be maintained for all those who may need to be communicated with, which may include:
 - staff
 - board members
 - children/students
 - parents / carers
 - emergency services
 - local authority
 - local media, e.g. radio stations
- Remember to include alternative contact methods
- When the plan is activated the priority is to safeguard those on-site and alert the emergency services if necessary. An incident log should be maintained.

3.8 Roles & Responsibilities

- The most senior staff member on site will take overall responsibility for co-ordinating the response to an emergency and will be supported by an Organisation Emergency Management Team ("OEMT")
- The composition of the OEMT will typically be:
 - the site manager
 - bursar
 - teachers
 - trainers
 - office staff
- The OEMT will deliver, so far as reasonably practicable:
 - overall co-ordination of the response
 - business continuity
 - communications
 - log-keeping
 - media management
 - necessary resources
 - welfare facilities
- OEMT members should be easily identifiable during an emergency, e.g. wearing arm band or high visibility clothing
- The OEMT should meet at a pre-designated frequency during the emergency
- The duration of an emergency should be remembered, and the need to relieve OEMT members
- Staff on an educational trip may wish to take a copy of the emergency plan and a grab bag.
- When visiting abroad the same precautions apply.

3.9 Post Incident support

- It is important to remember that a traumatic event can have a significant impact. This may manifest itself in:
 - sleep disturbance
 - recurrent dreams
 - disturbing images and memories of the event
 - impairment of memory
 - feelings of guilt
 - difficulty in concentrating
 - reduced interest in significant activities
 - avoidance of activities similar to the emergency event
- Those who could be affected include:

- the injured
- those uninjured but at risk
- witnesses
- related to / friends of those involved
- those who blame themselves or who are blamed by others
- pre-existing behavioural difficulties
- previously suffered bereavement or loss
- witness a similar incident before
- It should be recognised that support from educational professionals trained in psychological debriefing, critical incident stress management, bereavement counselling and trauma management may be needed to address:
 - short and long term support arrangements
 - guidance on the grieving process
 - identifying particularly vulnerable individuals
 - organisations that can provide assistance

3.10 Business Continuity

- Critical services need to be maintained during an emergency, these include:
 - utility supply
 - key personnel
 - key suppliers
 - access to telecommunications
 - access to premises
- Paper based records which could easily be destroyed by flood or fire, consider:
 - making copies of important documentation and storing off-site
 - scanning important records and storing electronically
- There should be a disaster recovery plan in place for the organisation, which has back up arrangements in place.
- The organisation must not be too reliant on any one supplier and must ensure that there are reserve suppliers in place.
- For long term emergencies the organisation will need to consider the provision of alternate premises.

3.11 Site Information

Detailed information about the organisation site can be important for those responding to an emergency and should include, possibly in separate maps:

- internal hazards, e.g. asbestos, chemical storage
- external hazards, e.g. rivers, reservoirs, industrial sites, main roads
- utility supplies, e.g. isolation of services
- evacuation procedures e.g. routes and assembly points
- significant places in the neighbourhood, e.g. rest centres, nearby schools
- pre-designated areas for use, e.g. lockdown rooms, briefing centres, temporary accommodation.

3.12 Evacuation

- Staff should be aware of warning signals, which may need to be given at short notice, they should be different for:
 - evacuation
 - lockdown
 - shelter
 - all clear
- The difference should be easily identifiable
- The purpose of evacuation is to move people away from danger to a safe place.
- There should be a rehearsed procedure in place (including any PEEPS – Personal Emergency Escape Plans)
- If the entire site has to be evacuated children, students and staff may need to move to an initial assembly point before going to alternative premises.



- The use of buddy schools, rest centres and other places of safety (village, church halls etc) may be necessary. It is important to remember to establish facilities available which may include:
 - toilets
 - catering facilities
 - heating
 - first aid
 - chairs / tables
 - beds / sleeping bags
 - access for the disabled
 - backup generator
 - office facilities
 - how to travel to the site

3.13 Shelter

- Some emergencies may require staff, children and students to shelter within the organisation building. All staff will have a key role in reassuring children and students and alleviating parental / carer concerns.
- Depending on the nature of the event, it may be difficult to estimate the duration. It may be useful to have details of individuals with any specific needs for an extended time at the organisation
- Where environmental hazards such as smoke are present, source of entry should be closed and air circulation systems switched off

3.14 Lockdown

- This is to prevent an intruder from causing harm to those at the organisation and entrances should be secured to prevent entry.
- Suitable rooms should be identified at the organisation, including an exit route if an intruder does gain access to the premises.
- The lockdown signal must be clearly identifiable to prevent confusion.
- Communication systems should be identified, eg. usage of MMI computers, mobile phones
- The procedure should be as simple as possible, so as not to promote confusion and panic.

3.15 Closing the Organisation

- This is a very rare occurrence and will normally be the decision of the Executive Director. Occasionally local or central government may recommend this course of action.
- Any decision to close must balance benefits (time for arrangements to be put in place) against the drawbacks (situation not as bad as initially feared)
- Children, students and parents/carers should be notified of any closure at the earliest opportunity.
- It may be possible for MMI to be partially operational. If this is the case priority should be given to students that are taking exams, etc.
- MMI should reopen as soon as possible so that the education of the children and students is disrupted to a minimum.

3.16 Communications

- It is likely that concerned parents and carers will be contacting MMI by phone for information. To enable consistent communication, a message only answer machine can be set up with the latest information. This must be updated as appropriate
- Specials lines may be set up for communication with the emergency services. The emergency services may advise what information should be given to children, students and parents / carers.
- Those directly affected should be contacted personally.
- A log of communications should be kept
- Points to remember:
 - text messaging can be an effective way of communicating with children, students and parents / carers



- consider a spare battery for mobile phones and the network coverage at your location

3.17 Media Management

- Any significant event is likely to attract, local, national, and international attention.
- A member of the OEMT should have media training so that they can act as a contact point
- The emergency services may be able to help with media enquiries
- All media statements should be approved by the Executive Director before issue

3.18 Bomb Threats

- All staff should be aware of the action to take when a call is received from someone claiming to have information about a bomb.
- As much detail as possible should be recorded about any call
- Bomb threats are more likely to be real when:
 - a codeword is used that is known to police
 - the police are aware of potential terrorist activity in the area
 - the threat is specific rather than general
 - the threat is credible
- A bomb threat is a crime, so even if thought to be a hoax it must be reported to the police.

3.19 Suspicious Packages

If a package of this nature is received, advice should be taken from the police.

3.20 Log Keeping Guidelines

- Events can occur rapidly, so it is vital to keep a record of events
- All staff involved in an emergency should keep a log. The log should contain:
 - decisions made
 - significant conversations
 - actions taken
 - other pertinent information
- (Any information related to the incident should be copied, retained and archived as the emergency may be subject to a detailed inquiry)

3.21 Training

- Training should be provided and relevant to the roles of those receiving it. This may include:
 - demonstrating the equipment within the grab bag
 - delivering a tour of the premises
 - providing a general overview of the procedures within the emergency plan
 - organising specific training for the OEMT
- Training may be delivered through special events or as part of other training, staff meetings, Board meetings, INSET days. This could involve attendance by the emergency services.
- Children and students should be involved in training which could include:
 - a class session on risk assessment, role of children and students in an emergency, emergency preparedness at home
 - explain procedures during an induction
 - exercise drills / evacuations
- Parents and carers should be informed of emergency procedures, which may be via newsletters, letters home, school brochure, organisation website. It should cover:



- reason for contacting them
- what contingencies the organisation has in place
- actions that would be taken during an emergency
- arrangements for contacting them
- actions parents and carers should take
- reminder to keep contact details up to date

3.22 Exercising

- The purpose of these is to validate the documented procedures within an emergency plan
- Exercises may be discussion based, desktop or live
- Scenarios selected should be carefully chosen, and should include things like verifying contact details, testing equipment and checking that evacuation routes are adequate.
- All people should have received a briefing prior to any exercise
- Timing should be considered so as not to interfere with organisation operations any more than necessary
- It may be possible to involve other organisations to increase the realism.
- Exercises will normally involve facilitators, players and observers
- All those taking part should be prepared to give feedback on the session
- It is important that all those who may be affected have been notified that an exercise is taking place and do not think it is a real incident.

3.23 Reviewing

- These need to consider:
 - lessons identified from training events, exercises and emergencies
 - changes to risk assessments
 - changes to key members of staff
 - changes to organisation site
- Debriefs from exercises or incidents
 - aspects of the response which worked well
 - aspects of the response which could be improved
 - improvements that should be made to the emergency plan
 - additional training needs
- The plan should be redistributed when updated, with a copy of the previous version being archived.

4. References

A: Handbook for the Inspection of Schools - The Regulatory Requirements, Part 3 (www.isi.net)

B: Reference Guide to the key standards in each type of social care service inspected by Ofsted (www.ofsted.gov.uk)

C: [Health and Safety at Work" Section H of the ISBA Model Staff Handbook](#),

D: ["Health and Safety and Welfare at Work" Chapter N of the ISBA Bursar's Guide](#)

E: ["Insurance" Chapter K of the Bursar's Guide by HSBC Insurance Brokers Ltd](#)

F: Foreign & Commonwealth Office "LOCATE" trip submission line (www.fco.gov.uk)

G: Environment Agency flooding advice (www.environmentagency.gov.uk)

H: Met Office weather alert registration (www.metoffice.gov.uk)



The Maria Montessori Institute (MMI) recommends that children with underlying health problems, that may put them at risk of complications from 'flu, be immunised on an annual basis.

In the event of a 'flu or other pandemic, the Health and Safety representative should guide the Training Centre and every School site on doing the risk assessments. The Health and Safety Committee will review the implementation and results of the risk assessments undertaken in respect of the pandemic.

The Head of Training and the School Lead Teachers will have overall responsibility for the health and safety of the children and their staff will report any health and safety issues to the Health and Safety Representative.

All members of staff have, in addition, a responsibility to make themselves aware of all health and safety issues surrounding the pandemic, and of their particular responsibilities. An updated list of all members of staff, students and parent contact details will be readily available.

If any member of staff, students or children have travelled internationally prior to the outbreak of a pandemic, they will be asked to stay at home until the situation has settled down if necessary. Similarly, it will be expected that any sick member of staff, students or children remain home.

Members of staff will need to be trained to handle internal and external queries. One member of staff will be assigned to liaise with the mass media and the DfE, in order to keep abreast of any new development(s) surrounding the pandemic, for e.g. whether or not the Training Centre or any School site should be closed. We will close if we are advised to do so by our Local Authority or the Government. The final decision will be taken by the Executive Director. However, if there is a lack of members of staff, the Executive Director will make the decision to close without first getting the advice from the Local Authority. Closing the Training Centre and/or any School site may help to significantly reduce the spreading of the infection, but we endeavour to plan both for remaining open during a pandemic, and for possible closure.

Where the Training Centre is closed to students and/or the School is closed to children, teaching staff will be expected to deliver remote learning taking into account whether any children should be present in school (eg children of key workers). Administrative staff may be required to work from the Head Office or work from home depending on individual circumstances, and Government guidance.

If too many teaching staff are unwell, the Executive Director would need to make the decision as to whether the School should close due to staff shortages. At the end of the pandemic, members of staff will be informed of the change in alert status, but re-introduction to normal service will be phased.

If, however, if we remain open, we will take hygiene measures to minimise the risk of the spreading of infection, such as ensuring that hands are frequently and thoroughly washed, taking extra care during the disposal of waste and tissues, isolating any sick member of staff, student, or children from others until they go or are taken home or collected by parents,. We will continue to operate as normally as possible, but we will take into account much higher levels of staff absences than usual, and will therefore make allowances for this.

Our plan for a pandemic is part of our general emergency planning, and we ensure that our members of staff are familiar with this by including it in our staff handbook, and, as appropriate, we will consider the sections of it that will be helpful to share with parents, and include these in our parents handbook or website.



Our plans will be reviewed regularly, taking note of any particular advice from the Government or Local Authority, and also informing them of any information that is requested, such as absence rates, for example. Simulation tests of our plans will also be carried out. Should we be informed of the occurrence of a pandemic, our plans will be reviewed again. Checks will be made on necessary supplies and members of staff will be reminded of vital information.

ACCIDENTS REPORTING AND INVESTIGATIONS POLICY

Scope

The Maria Montessori Institute (MMI) recognises that the recording of incidents and accidents is one of the most effective ways of managing health and safety. Information from the facts gathered during accident reporting and investigations will highlight trends and patterns. As a result of this information, measures can be put into place which will reduce the frequency and severity of the accident rates.

This policy refers to accidents to the MMI staff, children, students or visitors or accidents caused by their acts or omissions.

Most incidents that happen in School premises or school outings do not need to be reported. Only in limited circumstances will an incident need notifying to the Health and Safety Executive (HSE) under (RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 as amended 2012).

Duty of MMI

MMI's Executive Director has overall responsible for the appropriate level of reporting of incidents and accidents in the School and the Training Centre; however, this duty is delegated to the The Head of the School and the Training Centre and the supporting members of staff.

MMI must keep records of:

- any incident/accident report of a reportable death, specified injury, disease, dangerous occurrence that requires reporting under RIDDOR;
- any incident/accident report of any occupational injury where a member of staff is away from work or incapacitated for more than three consecutive days (excluding the day of the accident but including weekends). This means in practice the report is made on the fourth day following the accident.

Incident/accident records must be kept for at least three years after the incident/accident.

MMI also has a duty in law to investigate the circumstances of every accident reported which results in personal injury to one its member of staff, child, or student.

MMI has a duty to report to RIDDOR any injury or dangerous occurrence where:

- any person at work suffers a major injury or dies as a result of an accident arising out of or in connection with work;
- any person not at work, e.g. a child, student, or visitor, suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury. or
- there is a dangerous occurrence.



MMI must retain correspondence from the HSE with regards RIDDOR reportable accidents and present such information as requested by auditing authorities.

Duty of MMI's staff

Every member of staff, who is injured at work, must inform MMI as soon as possible after the accident took place. The member of staff will have complied with this duty if they completed the A1 Accident Form (or by having a colleague or first aid attendant enter those particulars on their behalf).

If the injured employee neglects to report the accident in the manner described above, they may forfeit any subsequent right to social security industrial injury benefit.

The information below should be available to staff either by inclusion within the staff handbook/guidance or by being available on MMI's server and Sharepoint.

Information to MMI's staff and third parties

An additional duty on MMI to record any discrepancy between the circumstances found as a result of the investigation and the circumstances reported or recorded by the injured member of staff. This information must be furnished to an officer of the department of social security in the event that the injured person presents a claim for social security industrial injury or disablement benefit.

MMI should make information available (i.e. respond to requests for clear and relevant details of accidents) to the member of staff and their representatives (e.g. solicitor) within 21 days of date of post-mark of the written claim.

The basis for this, and a whole raft of detail regarding accidents and compensation claims, is to speed-up claims processing and make both members of staff and insurers take rapid action. The process is based on all parties being reasonable and providing proper information within the various time limits set.

Accident Reporting

Any incident, however minor, or accident to members of staff, children, students or visitors must be recorded. Details of incidents or accidents involving a child at the school should be recorded on My Montessori Child and signed on the class I-pad by the parent/carer. Incidents or accidents involving adults should be recorded on the A1 form. All A1 forms whether hard copy or electronic should be sent to the Health and Safety Coordinator for analysis and report to the H&S Committee.

Particulars that must be recorded in incident/accident report:

- Full name, address and occupation of injured person
- Date and time of accident
- Place where accident happened
- Cause and nature of injury
- Name and address of person giving notice, if other than the injured person

Incidents involving contractors (e.g. builders, maintenance staff, cleaners) working on MMI premises are normally reportable by their employers. If a self-employed contractor is working in any of MMI's premises and they suffer a specified injury or an over-seven-day injury, MMI will be responsible.

In the case of accidents that necessitate the injured person leaving the premises for treatment, the appropriate Safety coordinator using the accident investigation form must hold a formal investigation.



Reporting to RIDDOR

Injuries and ill health to staff at work

Under RIDDOR, the safety coordinator must report the following work-related accidents, including those caused by physical violence, if a staff member is injured, wherever they are working:

- accidents which result in death or a specified injury must be reported without delay (see below 'reportable specified injuries');
- accidents which prevent the injured person from continuing their normal work for more than seven days (not counting the day of the accident, but including weekends and other rest days) must be reported within 15 days of the accident;
- any case of a work-related disease linked to occupational exposure (see below 'reportable occupational diseases'), that affects an employee and that a doctor confirms in writing;
- any work-related deaths and certain injuries to self-employed people that take place while they are working at MMI premises that owns/control.

RIDDOR reportable specified injuries: these only apply to MMI staff and include:

- fractures, other than to fingers, thumbs and toes;
- amputations;
- any injury likely to lead to permanent loss of sight or reduction in sight;
- any crush injury to the head or torso causing damage to the brain or internal organs;
- serious burns (including scalding), which:
 - cover more than 10% of the body; or
 - cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space which:
 - leads to hypothermia or heat-induced illness; or
 - requires resuscitation or admittance to hospital for more than 24 hours.

RIDDOR reportable occupational diseases: these include:

- carpal tunnel syndrome due to work involving hand held vibrating tools;
- severe cramp of the hand or forearm due to repetitive movements;
- occupational dermatitis, e.g. from work involving strong acids or alkalis, including domestic bleach;
- hand-arm vibration syndrome;
- occupational asthma, e.g. from wood dust;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Physical violence: Some acts of non-consensual physical violence to a member of staff at work, which result in death, a specified injury or a member of staff being incapacitated for over seven days, are reportable. In the case of an over-seven-day injury, the incapacity must arise from a physical injury, not a psychological reaction to the act of violence. Examples of reportable injuries from violence include an incident where a teacher sustains a specified injury because a child, colleague or member of the public assaults them while on school premises. This is reportable, because it arises out of or in connection with work.



Stress: Work-related stress and stress-related illnesses (including post-traumatic stress disorder) are not reportable under RIDDOR. Stress-related conditions usually result from a prolonged period of pressure, often from many factors, not just one distinct event.

To be reportable, an injury must have resulted from an 'accident' arising out of or in connection with work. In relation to RIDDOR, an accident is a discrete, identifiable, unintended incident which causes physical injury.

Incidents to children and other people who are not at work (children, students, and visitors)

Injuries to children, students, and visitors who are involved in an accident on MMI premises or on an activity organised by MMI are only reportable under RIDDOR if the accident results in:

- the death of the person, and arose out of or in connection with a MMI activity; or
- an injury that arose out of or in connection with an MMI activity and the person is taken directly from the scene of the accident to hospital for treatment (examinations and diagnostic tests do not constitute treatment).

To decide whether an accident to a child arises out of or is in connection with MMI activities, the safety coordinator should consider whether the incident was caused by:

- a failure in the way an activity was organised (e.g. inadequate supervision to prevent an incident, or failings in the organisation and management of an event, etc);
- hazardous substances (e.g. experiments, etc);
- the condition of the premises (e.g. poorly maintained, or slippery floors, etc); and/or
- damage or faulty equipment (e.g. desks, chairs, play equipment, etc)

If a child or student injured in an incident remains at the School or the Training Centre, is taken home or is simply absent from School or the Training Centre for a number of days, the incident is not reportable.

There is no need to report incidents where people are taken to hospital purely as a precaution, when no injury is apparent.

Medical conditions: If a child is taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) this would not be reportable, as it did not result from the work activity.

Sport injuries: Not all sports injuries to children are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how schools manage the risks from the activity. If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Accidents during playtime: Most playground accidents due to collisions, slips, trips and falls are not normally reportable.

Physical violence: Violence between children is a school discipline matter and not reportable under RIDDOR, as it does not arise out of or in connection with a work activity.

Incidents on overseas trips: Incidents involving children on overseas trips is not reportable to HSE because RIDDOR only applies to activities which take place in Great Britain.

Incidents to students on teaching practice and observation placements: students are deemed to be employees for the period of the placement. In these circumstances, MMI, as the responsible person,



should report a death, injury or disease to a student, which arises out of or in connection with work. This means the wider range of reporting categories for employees is applicable.

Dangerous occurrences

These are specified near-miss events, which are only reportable if listed under RIDDOR.

RIDDOR reportable dangerous occurrences in schools typically include:

- the collapse or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness;
- the accidental release or escape of any substance that may cause a serious injury/damage to health;
- an electrical short circuit or overload causing a fire or explosion;
- the collapse of any building or structure;
- an explosion or fire occurring in any plant or premises which results in the suspension of normal work in those premises for more than 24 hours.

The Safety coordinator must ensure to report to RIDDOR and the contracted insurance company.

Accident Investigation

MMI recognises the need to investigate all accidents. Without complete reporting of accident losses and thorough investigation there can be no true knowledge of the extent and nature of incidents that reduce the efficiency of The MMI operations.

The purpose of investigation, as far as health and safety is concerned, is to establish cause and to prevent recurrence. In order to determine facts, it is necessary to carry out the investigation as soon as possible after the incident to avoid incorrect deductions and false assumptions.

Not every accident justifies a full, complex and formal investigation process. For many incidents, an informal investigation, usually under the responsibility of the Head of School or the Training Centre, and, where necessary, correction of fault will suffice.

Formal Investigation

It is essential that the types of accidents that will be the subject of formal investigation be clearly defined. The final decision on which accidents need to be investigated formally should be made by the safety co-ordinator.

It is however recommended that formal investigation process be applied to the following:

- 'Major injury' and 'Dangerous Occurrences' - as defined in RIDDOR
- Injuries arising from machinery in motion or the use of power tools.
- Where the severity of injury necessitates the person concerned being sent home to recover or to hospital for treatment.
- Accidents where the injured person has more than three days off work.

The Investigator

Whoever else may be associated with accident investigation (as safety representative or as someone with a specific contribution to make) the investigation should be conducted by a senior member of staff and /or the safety co-ordinator. As far as practicalities permit this person should be one with a responsibility for the place or activity to which the accident is related.



An investigation is often undertaken under difficult circumstances where fear, guilt, anger and hostility may exist. Those who may be called upon to investigate should have received basic training for the task.

Investigation Process

A major injury and dangerous occurrence are defined in regulations and **require immediate notification to the HSE** or the local environmental health department. It is essential that this be done prior to any interference with the scene of the incident in case an officer of the HSE or local EHO requires conditions to be left untouched until their arrival.

Once an accident has occurred the severity should be assessed. If of such severity as to warrant a formal investigation, the following steps should be taken:

- Prepare a brief description of accident: a brief account of what is thought to have taken place.
- Obtain witnesses' signed statements: these should be obtained from witnesses as soon as possible and should consist of the witness's own description of what they saw or heard in simple terms and be signed by the witness. There should be no attempt to influence a witness statement.
- Investigate and establish both obvious and underlying causes for the accident: emphasis upon a logical approach to the gathering of facts rather than opinions and differentiate clearly between cause of injury and cause of accident - it is the latter that is being investigated. The investigator needs to be able to get at relevant facts quickly by asking the right questions in respect of people, premises/materials, environmental factors, systems and procedures.
- Make recommendations to prevent recurrence: it is possible in the course of the investigation that certain deficiencies are identified, which although not contributing directly to the particular accident being investigated are part of the underlying causes of the accident and could lead to another accident if not addressed. It is important that these are not lost but are also the subject of recommendations for improvement.
- The finalised document should be attached to other documents (statements, photographs, sketches, etc.)

If the accident is not considered severe enough to warrant a formal investigation, then an informal investigation should be carried out and any recommendations for safety should be made at the next available opportunity.

Accident Analysis

It is essential to the overall management of health and safety in MMI that an effective system exists to collect, record and analyse its safety performance. Without this information it is not possible to assess the effectiveness of health and safety policies, any planned safety training or preventative measures. A basic accident analysis system will help the safety co-ordinator to examine accident statistics, establish any recurring accident trends and advise on annual safety performance.

Accident records should be comprehensive and up to date. Every opportunity should be taken to put them to use by analysis to highlight problems, indicating where improvement is needed, and ensuring that action is taken. References to accident records exclude personal medical records as these should be completely confidential.

All accidents, no matter how small, should be reported using the procedure given in the Accident Reporting section. All accidents will be recorded in the incident/accident forms and if necessary, carry out an accident investigation. These reports must then be returned to the safety co-ordinator who will



transfer the information on the report forms to a termly accident summary and report to the H&S Committee. Details of the costs of the accidents in terms of time off work and/or damage to equipment may be obtained from the report of accident forms and by follow up investigation.

FIRST AID POLICY

Guidance

Under duties set out in the Health & Safety (First Aid) Regulations 1981, the Maria Montessori Institute (MMI) recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the School or the Training Centre.

Whilst first aiders carry out their duties voluntarily, they do so in the course of their employment with the MMI. MMI maintains detailed training records to ensure that appropriate staff hold a current approved first aid qualification; and all staff required to follow the MMI guidelines set out below in relation to the administration of first aid.

MMI management make assessments of First Aid needs within the workplace and review together with staff the need for First Aid provision within the School or Training Centre.

It is the aim of MMI to deal efficiently and effectively with emergencies that may arise when children are in our care.

First Aid signs

The names of first aiders, the location of the first aid box and contact details of emergency services, local hospital and other available medical assistance, will be clearly displayed around the School's premises.

First Aid Training

At least one staff member per site should have a valid **Emergency First Aid at Work** training.

Staff members working in **Children's House** should have a valid **Paediatric First Aid** training.

Staff members working in **Elementary** should have a valid **Schools First Aid** training.

In general, the first aid training has to be renewed every 3 years. However, all staff members working with children at MMI should review the first aid guidelines on regular basis and be familiar with the procedures to follow in case of incident/accident.

Members of staff holding first aid training are responsible for maintaining the correct contents of all First Aid boxes and administering First Aid when necessary and appropriate.

First Aid procedures



The parent/emergency contact of a child should be contacted to collect the child as soon as possible in different scenarios:

- After an incident/accident that does not allow the child to continue with school activities or requires medical advice.
- The child is not feeling sufficiently well to remain in school.
- The child has a high temperature.
- The child is displaying symptoms of any virus.

First Aid will be administered when necessary and as appropriate by first aiders and emergency services will be called for if the injury/illness warrants this action. Wherever possible, staff members should ensure another adult is present or aware when first aid is being administered.

Should a member of staff, child, student or visitor suffer a major injury or look seriously ill, the local hospital or ambulance service must be called immediately by calling 999 or 112. In an emergency, where treatment is vital and waiting for parental consent would place the child at risk, treatment can proceed without consent.

In case of any child having an incident/accident, a report should be completed on My Montessori Child at the earliest convenience, and it should be signed by the parent/carer acknowledging they have been informed. Parents then can talk to their child about what happened and if they need further information they can contact the School.

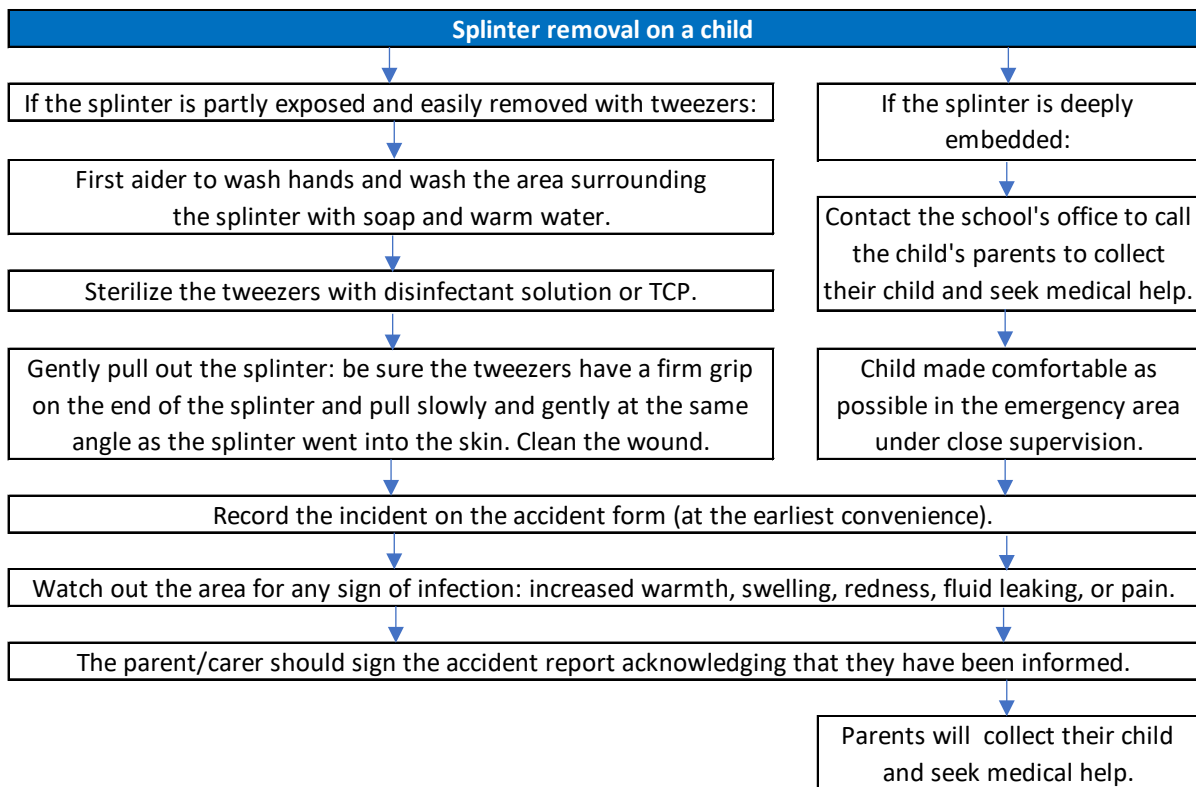
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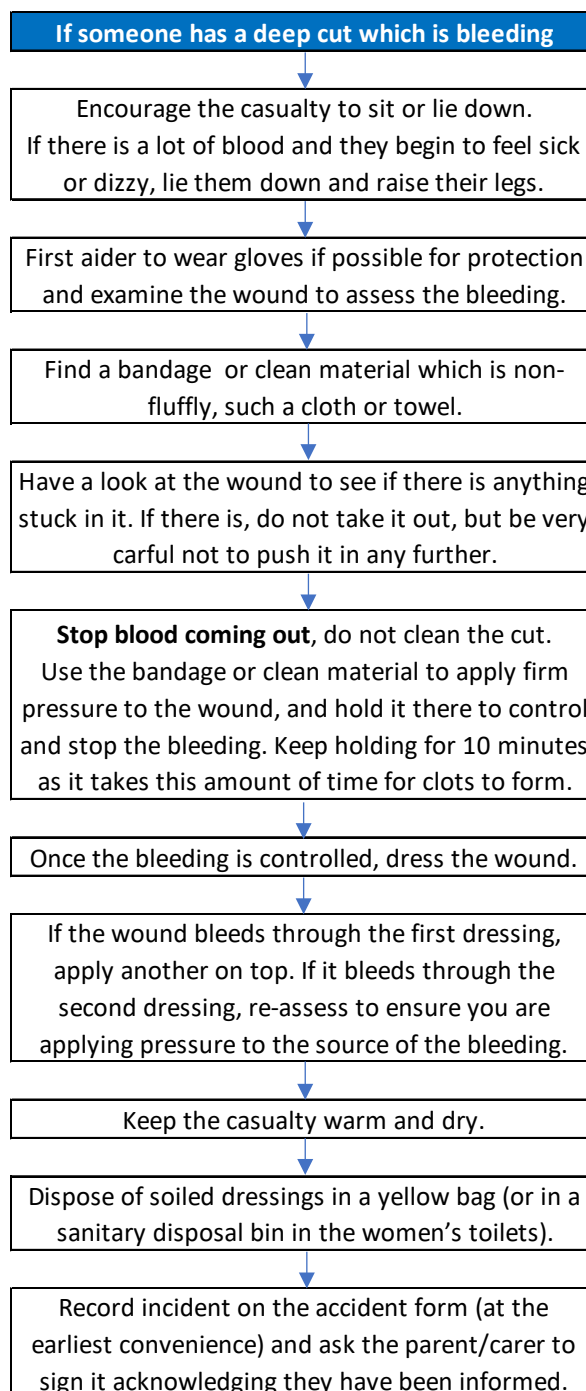
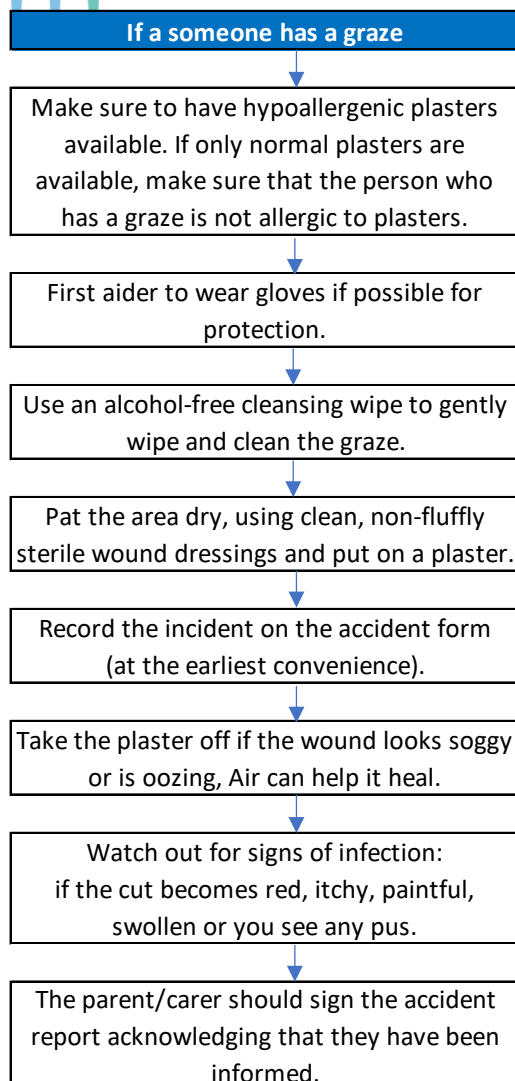
- In the event of minor injury
Minor injury flow charts:
 - Splinter removal
 - Graze
 - Deep cut which is bleeding
- In the event of a major accident, incident, or illness
Major injury flow charts:
 - A major accident, incident or illness
 - Head injury
 - Fracture
 - Asthma attack
 - Allergic reaction
 - Burn
 - Calling an ambulance
 - Choking
 - Unresponsive
 - CPR
- If a child becomes ill in school
- First Aid / Emergency Area
- First Aid Box and Medicines
- Guidance on Infection Control

In the event of minor injury:



- The member of staff will assess the injury and the context of the injury and act accordingly providing first aid as necessary. This may be cleaning up of a cut or graze, and or applying a plaster, or applying cold compress if bumps or bangs.
- **All head injuries (however slight) are reported to parents**, in case of possible complications later. Also, in the event of an injury requiring further investigation, parents are advised to seek medical advice. Please refer to the procedures for 'Head Injury'.
- Procedure flow charts to follow in case of some minor injuries in school:







In the event of a major accident, incident or illness:

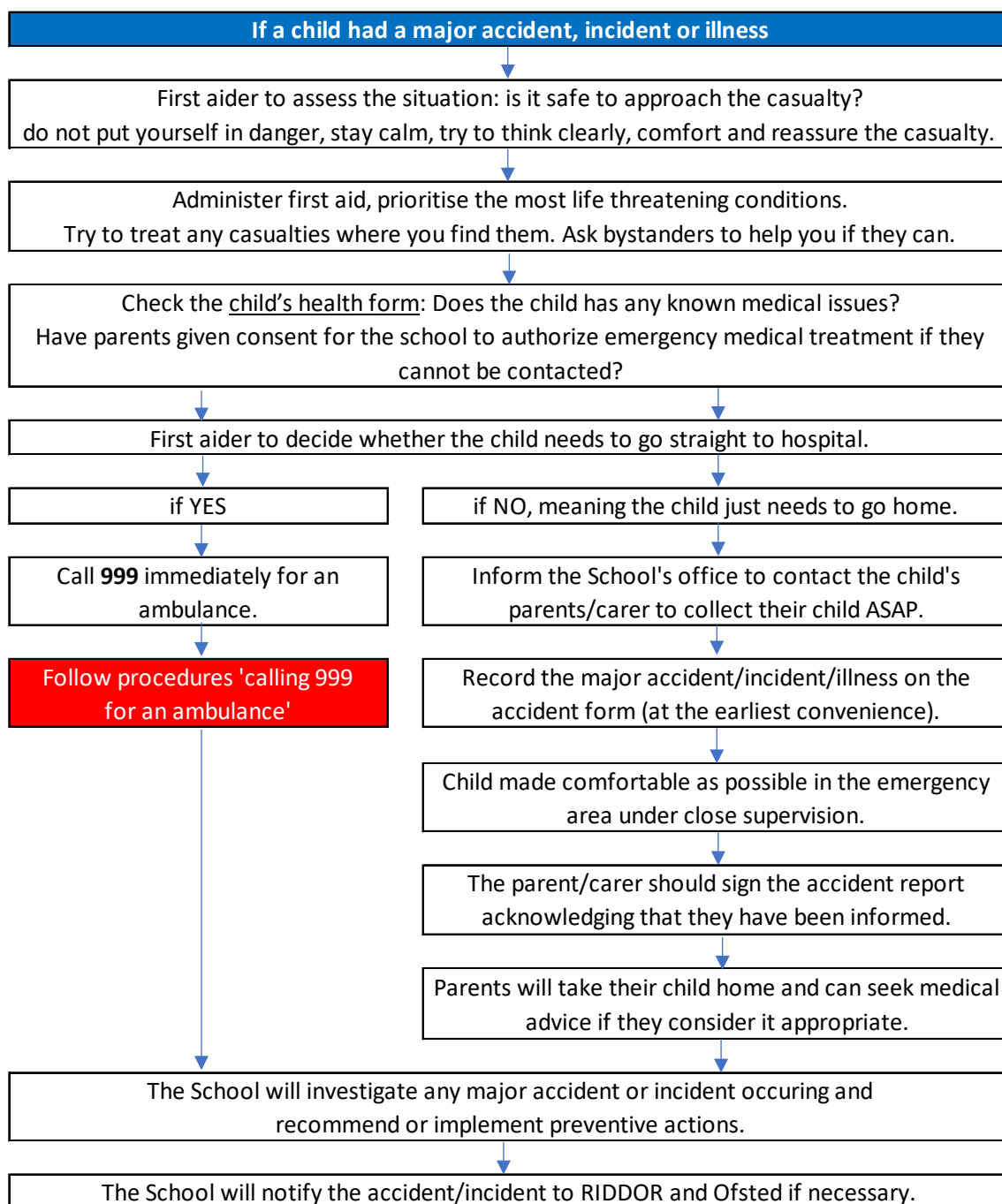
In the first instance, the first aider will decide upon the appropriate action, assess the situation, administer first aid, and decide whether the child needs to go straight to hospital. A member of staff will check the **child's health form** for any known medical issues and if parents have given consent for the school to take their child to the nearest hospital and authorize **emergency medical treatment if they cannot be contacted**.

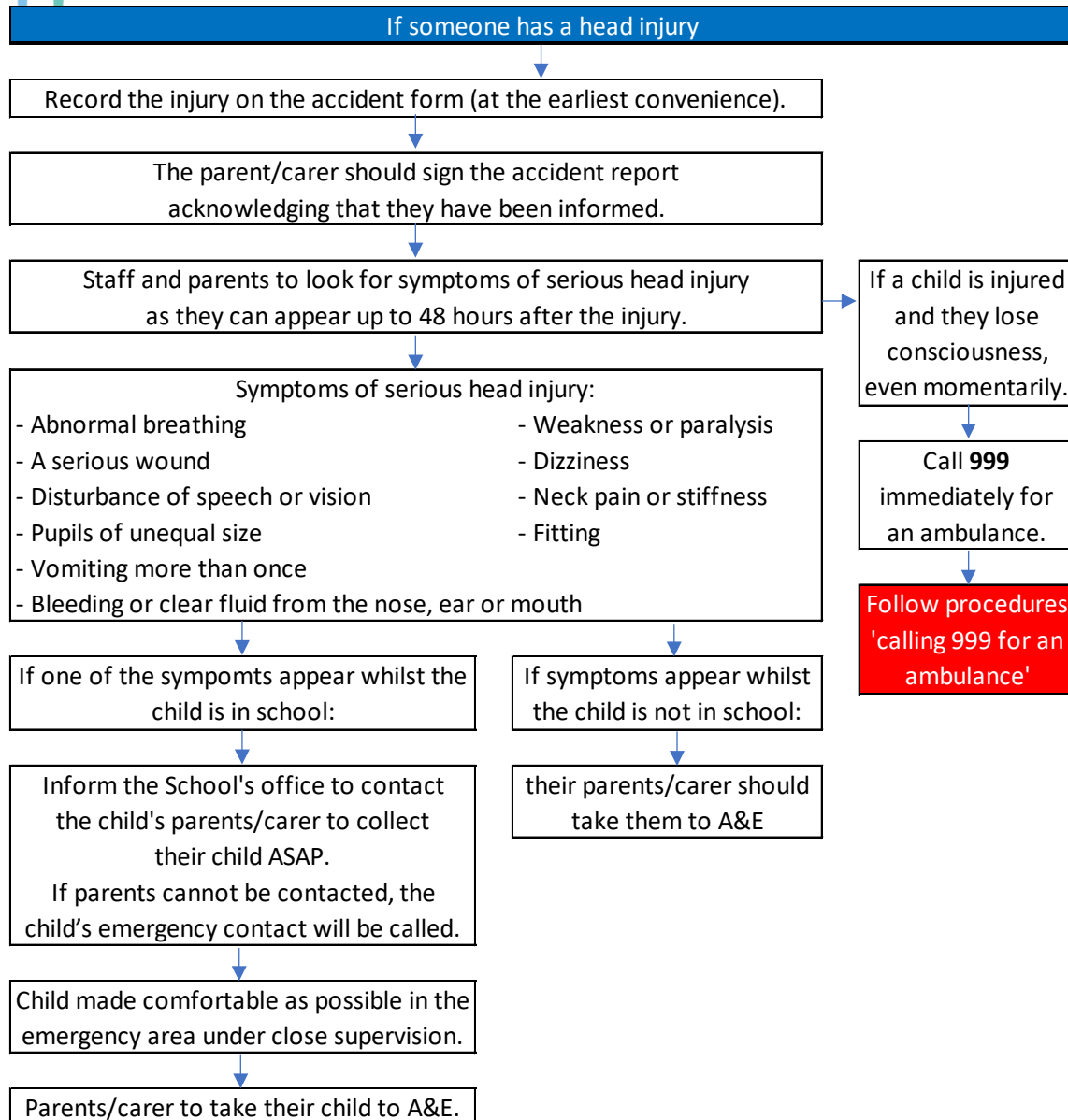
If the first aider considers that the child needs to go straight to hospital:

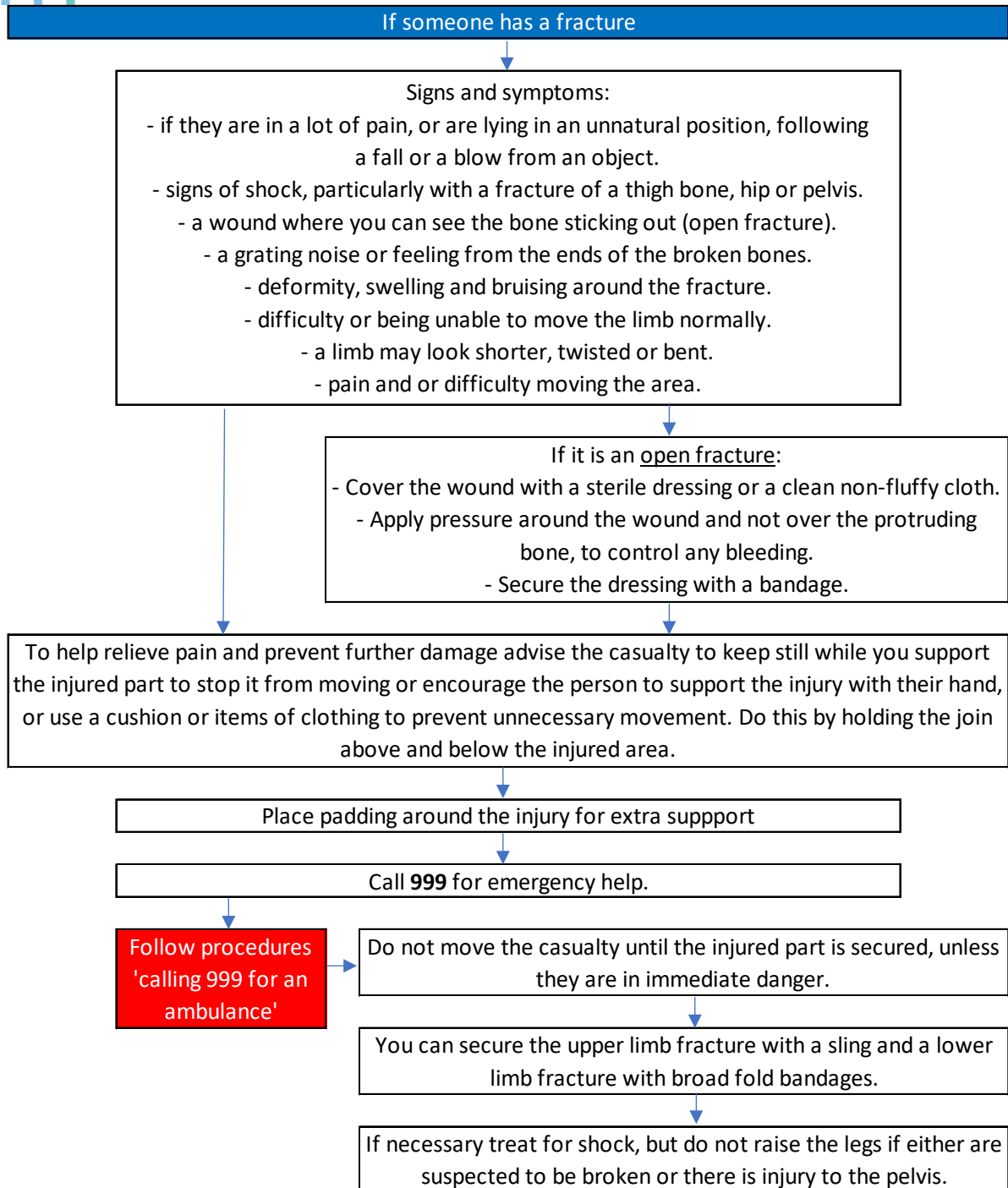
- **The ambulance service must be called immediately by calling 999 or 112.** The child's parents will also be contacted and be asked to arrive as soon as possible either to school (if they are nearby and ready available) or meet at the hospital. If the child's parents cannot be contacted the school will call the child's emergency contact provided.
- If parents arrived quickly at School they will be informed of the accident/incident context or the symptoms in case of illness. Parents will leave with their child in the ambulance.
- If the ambulance arrived and the child's parents are unable to arrive quickly or they cannot be contacted, a member of staff will accompany the child to hospital in the ambulance and will consent to medical treatment being given so long as the emergency medical treatment has been authorized by the child's parents
- If the assessor from the ambulance phone line does not consider that an ambulance service is necessary, and the child's parents/emergency contact is unable to arrive quickly or they cannot be contacted, and the first aider still considers that the child should be checked with emergency in the hospital, two members of staff will take and accompany the child to the nearest hospital by car (private or taxi). The member of staff accompanying the child will consent to medical treatment being given so long as the emergency medical treatment has been authorized by the child's parents. **In an emergency, where treatment is vital and waiting for parental consent would place the child at risk, treatment can proceed without consent** [Consent to treatment - Children and young people - NHS \(www.nhs.uk\)](https://www.nhs.uk/children-and-young-people/consent-to-treatment/).
- As soon as the child's parent/carer arrives in the hospital they will be informed of the context of the accident and the staff member(s) accompanying can go back to school.

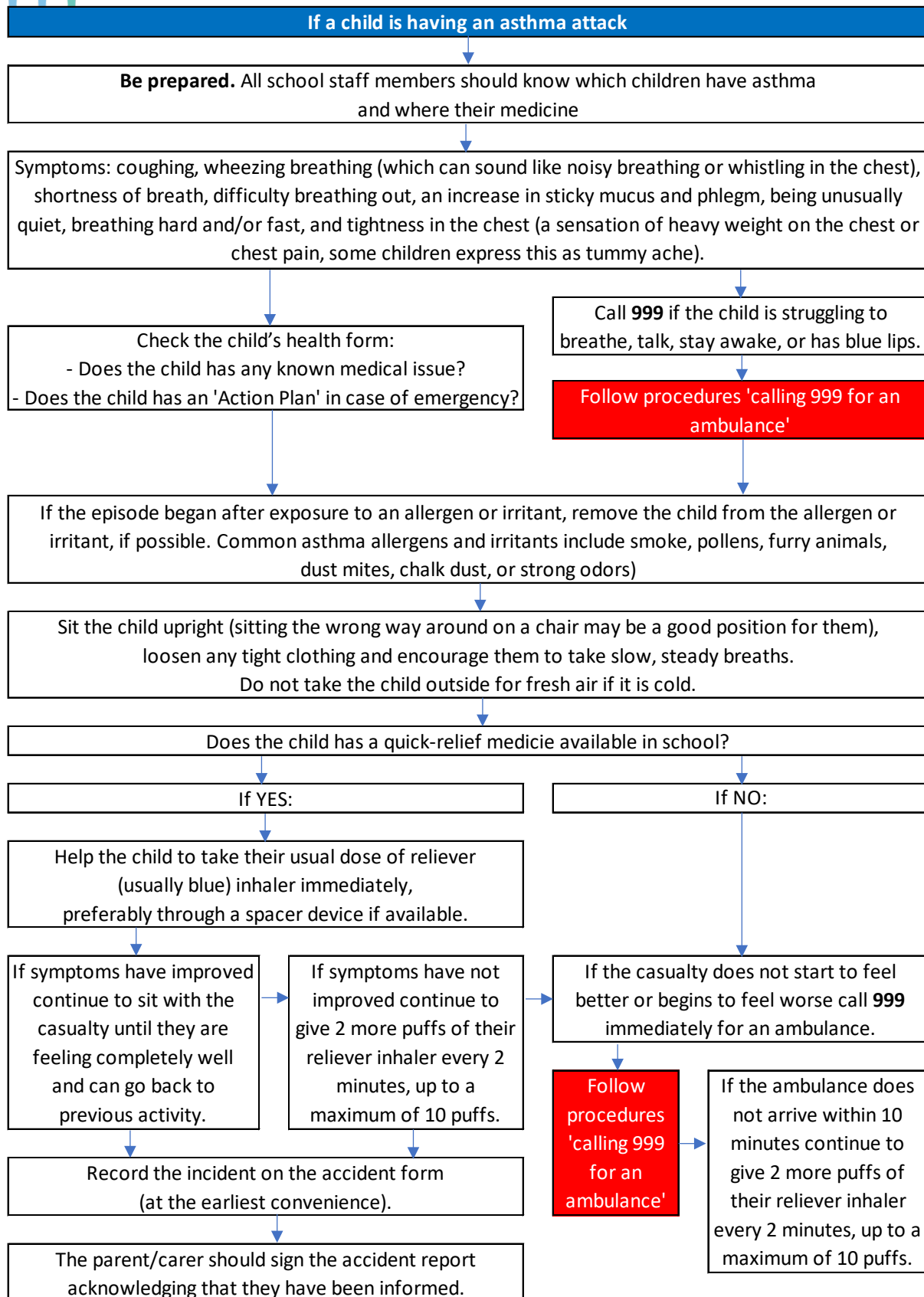
If the child does not need to go straight to hospital but their condition means they should go home:

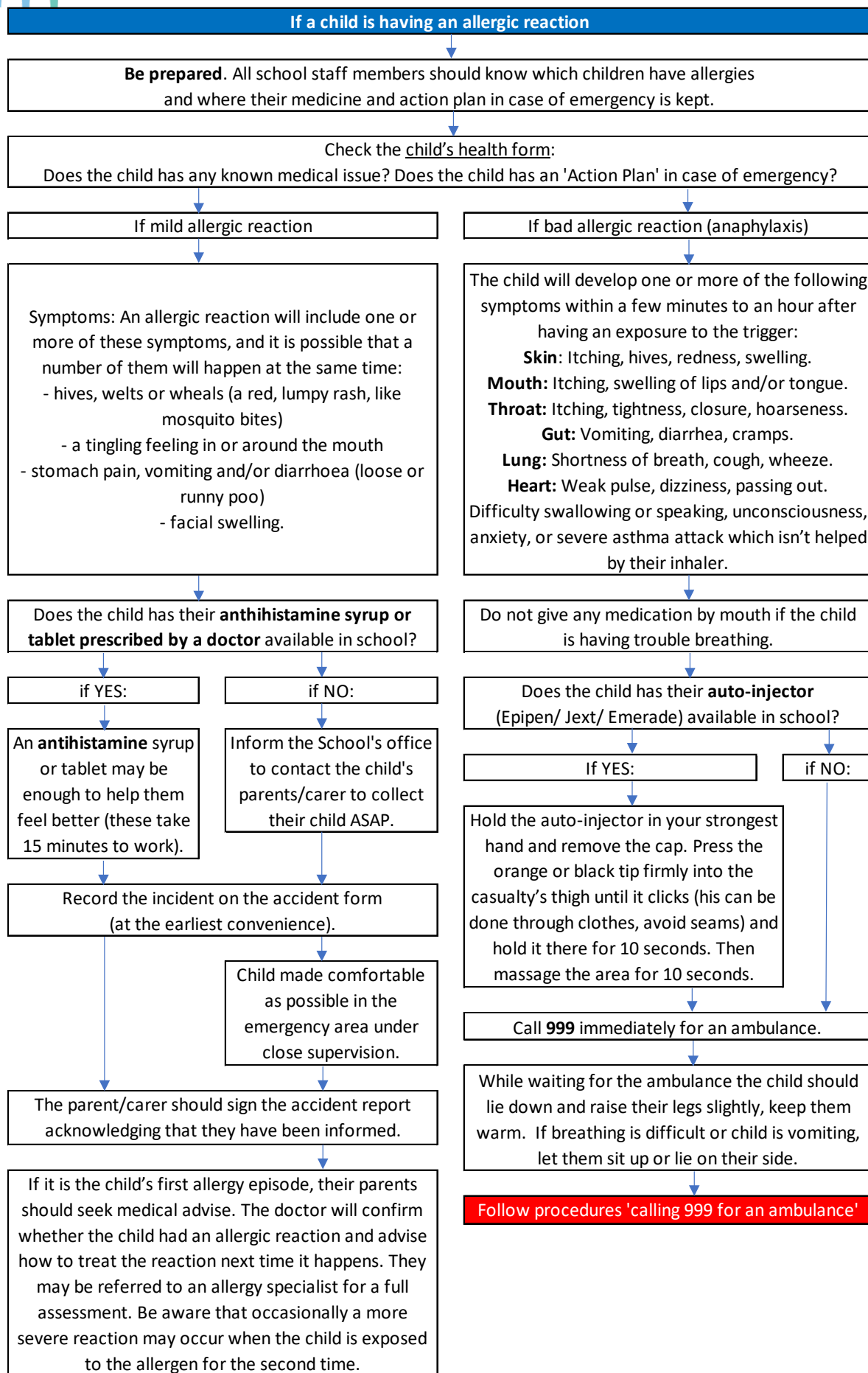
- The first aider will administer any necessary first aid and their parent/carer will be contacted and asked to collect their child as soon as possible. In the meantime, the child will be made as comfortable as possible and be kept under close supervision.
- Parents can seek medical advice if they consider it appropriate.
- The member of staff will record the major accident/incident/illness on the accident form at the earliest convenience. The parent/carer should sign the report acknowledging that they have been informed. Parents then can talk to their child about what happened and if they need further information they can contact the School.
- The School will investigate any major accident or incident occurring and will notify RIDDOR and Ofsted if necessary.
- Procedure flow charts to follow in case of some major accident, incident or illness in school:

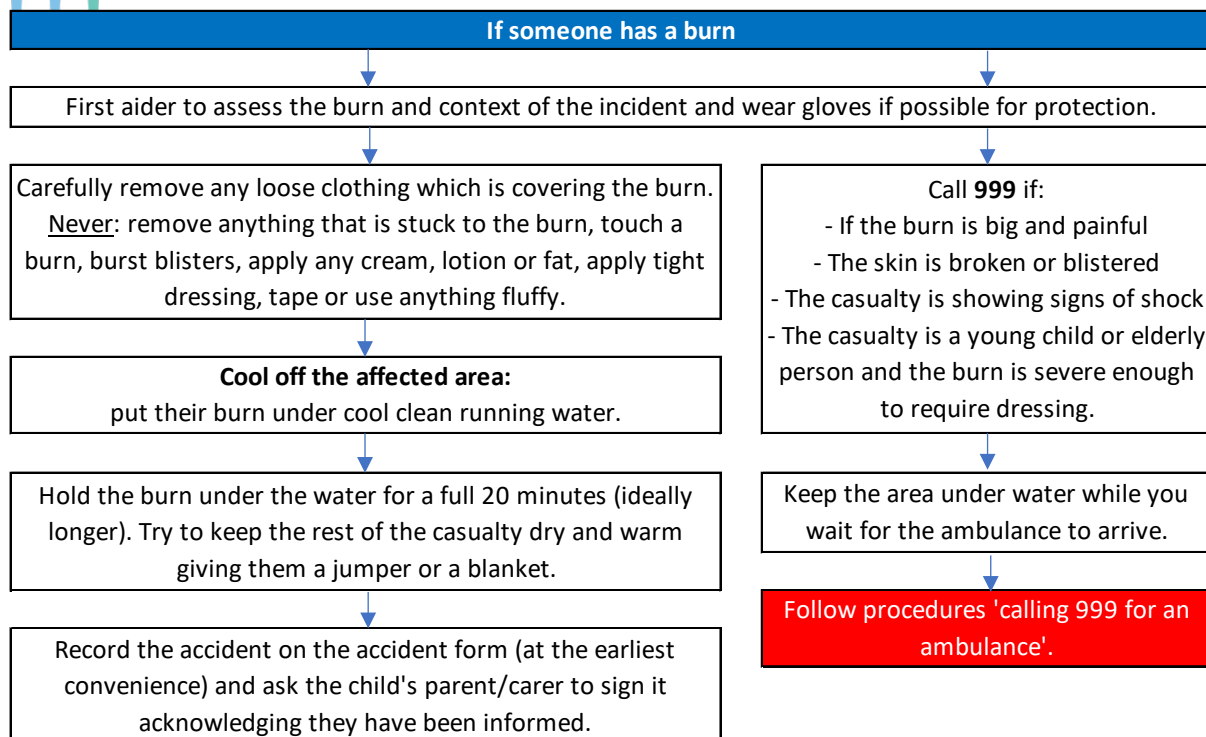


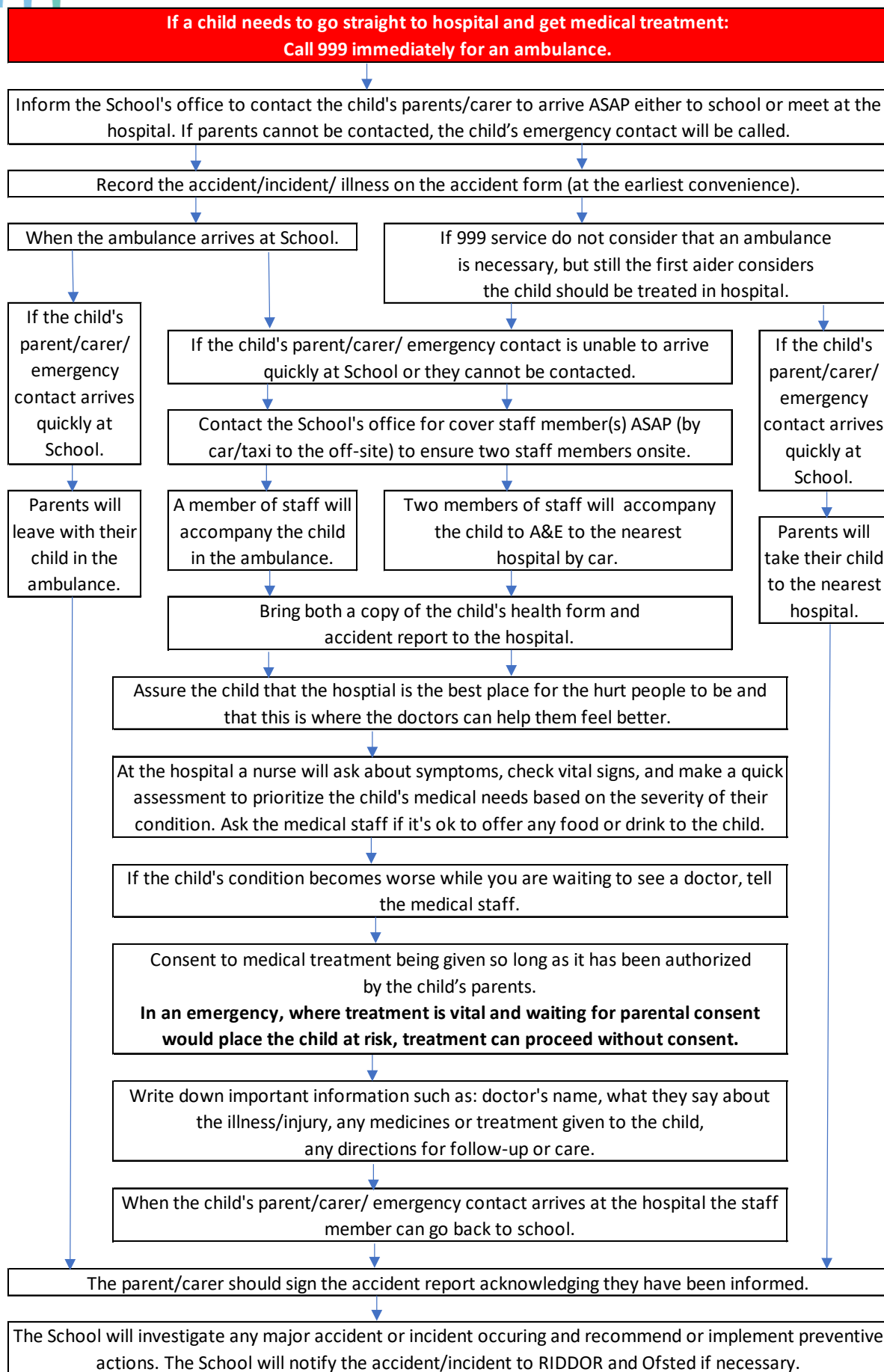


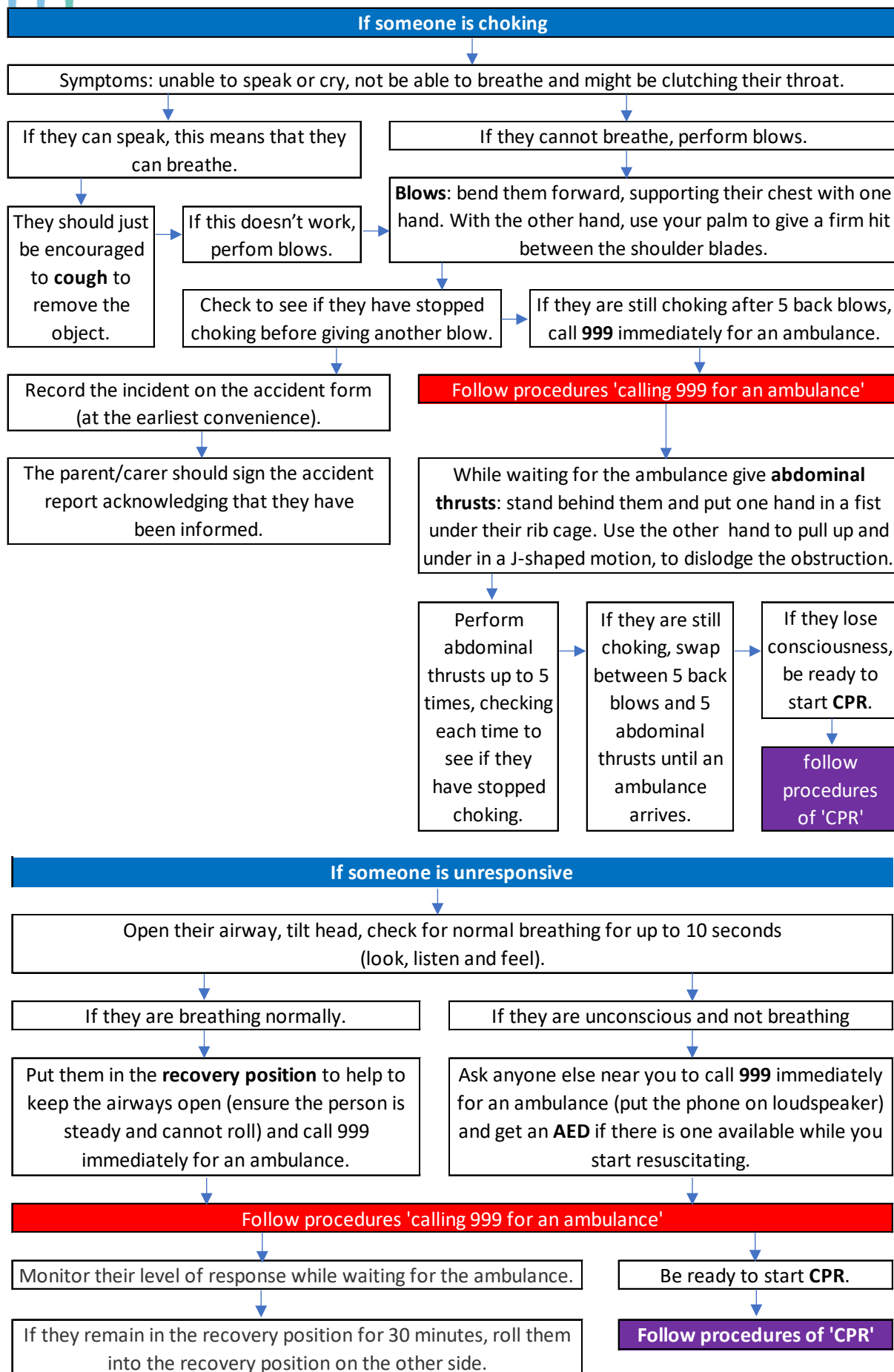


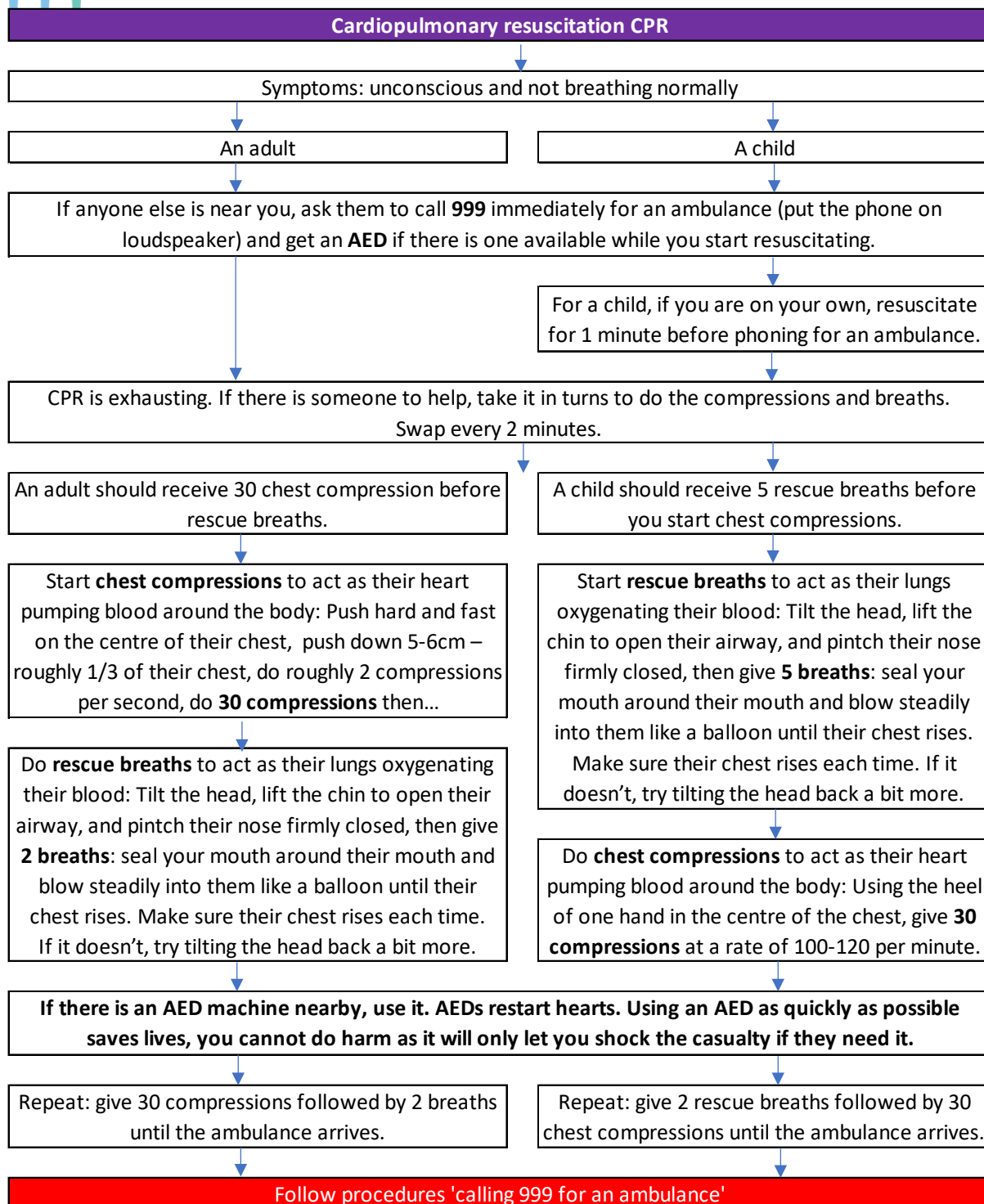








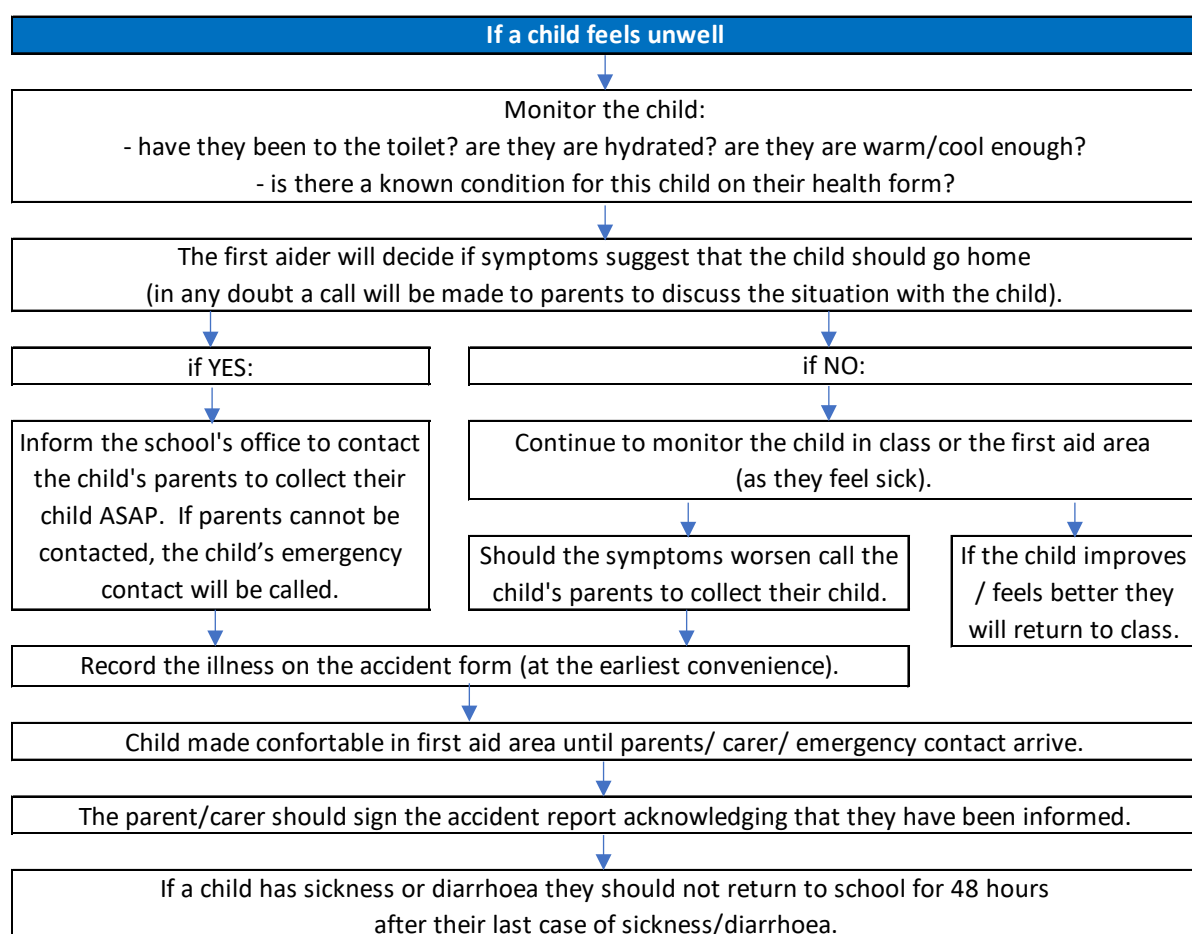






If a child becomes ill in school:

- When a child informs a member of staff that they feel unwell, the member of staff will monitor the child and ensure they have been to the toilet, that they are hydrated and that they are warm/cool enough.
- **The member of staff will check that there is nothing worrying the child. Staff will also check that there is no known condition for this child on their health form.**
- Following initial checks, the member of staff will then decide whether symptoms may require a call to the child's parents. If this is the case, they will contact the school's office and a call will be made to the parents.
- If symptoms suggest that they do not require a call to parents then staff will continue to monitor in class or the first aid area (as they feel sick). Should the symptoms worsen a call to parents will be made. If in any doubt a call will be made to parents to discuss the situation with the child. If the child improves and or feels better they will return to class.
- If a child has sickness or diarrhoea in school they will be sent home immediately with their parents/carers, children should not return to school for 48 hours after their last case of sickness/diarrhoea.
- The child will be made comfortable while they wait to be collected.
- If contact cannot be made with parents then staff will contact the emergency contact provided by the parents on the health form.
- If parents/emergency contact cannot be reached the child will be made comfortable and monitored and staff will continue to try to make contact.





First Aid / Emergency Area

The MMI should provide at every site a suitable area that can be used for medical treatment when required. The first aid area does not need to be used solely for first aid purposes but must be readily available when needed. Ideally, it should be situated near a toilet.

If the child is ill and awaiting collection, they should be moved to the emergency area where they can be isolated with appropriate supervision. Ideally, a window should be opened for ventilation and they should be at a safe distance from other people. Whilst accompanying the child, the member of staff should wear PPE if a safe distance cannot be maintained or contact is necessary (for a very young child). Materials that the ill person has touched and the areas where they have been (including the bathroom) should be cleaned and disinfected before being used by anyone else. Waste should be disposed of safely with clinical waste disposed of in a yellow bag.

Equipment and facilities the school first aid area should have:

- ◆ A sink with hot and cold running water
- ◆ Drinking water
- ◆ Soap, paper towels, disinfecting hand sanitizer and surface wipes or antibacterial spray
- ◆ First aid kit and materials and PPE (disposable gloves, face shield/mask and aprons)
- ◆ Foot operated refuse container
- ◆ A wipe clean foldable bed, blankets and a chair
- ◆ Accident/Incident forms for recording incidents attended by a first aider or appointed person.

First Aid Box and Medicines

All staff should be aware of the location of the First Aid kit(s) and be familiar with its content and guidelines to provide first aid when needed.

There should be at least one fully stocked first-aid kit for each site per class and one additional first aid kit ready for off-site visits or outings.

The First Aid kit(s) will be regularly checked to ensure it is fully stocked, its contents are up to date and in good condition. As a rule, each kit should be checked on termly basis and every time something is used there has to be a stock order to replace the used items.

First-aid kit(s) and medicines should be kept out of children's reach but where adults can easily get them, and all staff members should know their location.

All members of staff should read the first aid manual regularly.

All premises must have a fully stocked First Aid Kit with the following contents, all of which must be in date:

- ◆ Guidance on First Aid,
- ◆ The names of all staff that are first aiders,
- ◆ The telephone number and address of the nearest hospital,
- ◆ Sterile dressings (**expired dressings must be disposed of immediately**):
 - Wound dressings (USE: they are easy to apply and so are ideal for an emergency):
 - 6 x medium sized individually wrapped, sterile wound dressings, 12cm x 12cm
 - 3 x large sized, individually wrapped, sterile wound dressings, 18 x 18cm
 - 3 x sterile finger dressings 3.5cm x 3.5 cm



- At least 2 x sterile eye pads (USE: suitable for minor eye injuries and provides initial protection from possible infection. If there is a serious eye injury or there is something embedded in the eye, medical advice should be sought urgently, and an eye dressing should not be applied)
- Hypoallergenic plasters (USE: made from fabric or waterproof plastic and can be applied to small cuts and grazes):
 - 20 x individually wrapped **hypoallergenic** sterile adhesive dressings, assorted sizes
- 2 x burnshield dressings 10cm x 10cm (USE: provides relief from pain of burns and scalds caused by fire, steam, boiling water, etc, physical protection against contamination as it is non-toxic, non-irritant, anti-bacterial and non-adherent)
- ◆ Bandages:
 - 2 x Conforming rolling bandages 7.5cm x 4.5cm (USE: to support injured joints, limit swelling, maintain pressure on wounds and secure dressings in place)
 - 4 x individually wrapped triangular bandages (USE: made of cloth and can be used as dressings for large wounds and burns)
- ◆ Additional items:
 - 6 x safety pins (USE: to fasten loose ends of bandages)
 - Blunt ended scissors (USE: to cut bandages or sticky tape or someone's clothing if you need to get to a wound)
 - 2 x Microporous tape 2.5cm x 10m (USE: to hold dressing in place or to hold the loose end of bandages)
 - 2 x Foil blankets (USE: to help retain body heat in survival, emergency and first aid situations)
 - 20 x Sterile **alcoholic-free** cleansing wipes (USE: to clean the skin around the wound)
 - At least 3 pairs of nitrile (**latex-free**) disposable gloves – pair individually wrapped (USE: gloves should be worn whenever one dress wounds, handle bodily fluids or waste materials)
 - 2 x Revive-Aid airway for mouth-to-mouth resuscitation (USE: for the level of protection one needs in order to administer resuscitation safely)
 - 2 x Sterile emergency eye wash bottle (USE: ideal for washing and rinsing eyes that have been contaminated with particles, smoke, dust or liquid, check use-by dates regularly)
 - Classical non mercury thermometer
 - 2 x plastic tweezers (USE: to remove splinters if they are partly exposed and easily removed with tweezers. If splinters are deeply embedded then parents should be consulted and professional medical help sought)
 - Yellow plastic bags for disposal of dressings, etc,

The following items can be kept in stock but should not be put into first aid kit:

- Sterile cotton wool balls (USE: suitable for padding and protection. Due to the free fibres that can break away, it isn't fully suitable for using direct onto open wounds)
- Cold packs (USE: after an injury to minimize swelling around the injury, reduce bleeding into the tissues, and reduce muscle spasm and pain. Always use a towel or compression bandage between skin and cold pack to prevent frostbites and avoid infection):
 - At least 2 x reusable cold packs (USE: provides instant pain relief of injuries)
 - 2 x disposable instant cold packs (USE: only when reusable cold pack is not available. After shaking it stays cold for 15/20 min, making it ideal for the early treatment of sports injuries)
- Hand sanitizer
- Disposable gloves, face mask, and aprons
- Face shields,
- Disinfectant solution, such as TCP,
- Antibacterial spray or wipes for cleaning surfaces,



- Forehead digital thermometer,
- Blankets.

Medicines must be stored on separate shelves in locked cupboards. All medicines must be clearly labelled and kept together with their respective Consent Medicine Administration form signed by parents/carer.

Guidance on Infection Control

In order to avoid the spread of infection we follow these procedures:

- All surfaces will be cleaned with an anti-bacterial cleaner.
- Everyone washes their hands after using the toilet and doing activities in the garden. Hands should be washed before handling food, and at regular intervals throughout the day.
- Individual paper towels will be available and disposed of hygienically.
- Children are encouraged by example and Grace & Courtesies to cover their mouth when coughing or sneezing.
- Tissues are used and available to blow noses and disposed of hygienically.
- Staff members and children are encouraged not to touch eyes, nose and mouth with unwashed hands.
- Children are asked not to share items that come into contact with the mouth.

In the unusual event that someone is taken ill and there is blood or bodily fluid spills (e.g. urine, vomit) the following precautions should be followed:

- Wear protective gloves and other PPE if necessary.
- Wash the wound with water.
- Apply a suitable hypo-allergenic dressing (in case of minor injury).
- It is important that the surrounding area is evacuated and cleaned immediately wearing disposable PPE.
- Pour sterilising fluid / antibacterial cleaner on to paper towels or absorbent material and place these over the spill and wipe as much as possible.
- Pour more sterilising solution on top for 20 minutes and then wipe up remaining solution.
- Ensure that everything is wiped and cleaned up effectively.
- All non-disposable cleaning materials need to be disinfected with solution and allowed to air dry.
- All disposable PPE and cleaning material should be disposed of and be placed into the waste bin immediately.
- Double bag and securely tie up waste bags and discard.
- Thoroughly wash hands with soap and water.



USE OF OVEN AND HOB POLICY

At the Maria Montessori Institute all the classroom ovens and hobs are maintained regularly through annual P.A.T testing as well as continuous Risk Assessments done by the staff. The Health & Safety Committee oversee and investigate any accidents that might occur.

Both the oven and the hob remain part of the ongoing daily focus for all staff, checking their condition and when in use, being a prime focal point for vigilance and concern. All staff are aware of the potential hazards involved and follow these guidelines:

- The oven and the hob are shut down when not in use.
- Grace & Courtesies as well as class discussions are carried out to demonstrate how to have due care and consideration whilst working with or during the use of these particular appliances. The children understand that they need to work responsibly with the oven and the hob and/or being careful whilst others are working with the above appliances.
- Children are knowledgeable about handling hot substances and using oven gloves when removing hot pans/dishes. Hot pans or dishes are not placed directly on any surface and either heat resistant boards or trivets are used.
- No oven gloves or tea towels are left on the hob or the oven doors in order to reduce the risk of a fire.
- The hob has an inbuilt safety mechanism whereby it loses heat rapidly when it is turned off. Children and staff are still aware that the hob should not be touched.
- When the hob or oven are in use there is always a member of staff both aware and observant. There is a maximum number of children allowed to use the oven at any given time so that they can be observed more closely for the safety of everyone, and mistakes are less likely to happen. The member of staff uses a timer to monitor the cooking time to further reduce the risk of fire.
- All staff are trained in the use of fire extinguishers should there be an electrical fire, a CO2 fire extinguisher which has a black label. They would not use this fire extinguisher in the event of flammable gases, cooking oils and fats – this would be a yellow label wet chemical fire extinguisher.
- Staff regularly clean the hob and oven to prevent spillages becoming a fire hazard.
- All staff are trained in First Aid procedures and can administer burn treatment.
- First Aid Boxes are clearly marked, and one is in the vicinity of the kitchen. Staff check that they have read the burn treatment procedure from their training and make sure they have burn treatment/gauze soaked in petroleum jelly in their first aid boxes for after treatment. The initial treatment is running water (not very cold water) for a minimum of twenty minutes. Be aware of the signs of shock in the patient and get them to a hospital if necessary.
- Every kitchen has a fire blanket.
- All kitchens have a fitted smoke detector.