

CHRIST'S HOSPITAL

HEALTH AND SAFETY POLICY

Introduction

The Council of Christ's Hospital and Head Teacher/Chief Executive Officer (CEO) recognise and accept their responsibility for ensuring that relevant health and safety (H&S) laws are complied with and they are committed to continuously improving the health, safety and welfare at work of all employees and non-employees including pupils, volunteers, contractors and visitors.

Legal framework

The basis of British health and safety law is the Health and Safety at Work etc. Act 1974 (HASAWA). The Act sets out the general duties which employers have towards employees and members of the public, and employees have to themselves and to each other. These duties are qualified in the Act by the principle of '*so far as is reasonably practicable*'. In other words, an employer does not have to take measures to avoid or reduce the risk if they are technically impossible or if the time, trouble or cost of the measures would be grossly disproportionate to the risk. What the law requires is what good management and common sense would lead employers to do anyway: that is, to look at what the risks are and take sensible measures to tackle them.

The HASAWA applies to Christ's Hospital and all members of staff should be mindful of the safety of themselves, their colleagues and pupils in all their actions or omissions.

The Management of Health and Safety at Work Regulations 1999 (MHSWR) generally makes more explicit obligations on employers in order to manage health and safety under the HASAWA. Like the Act, the Regulations every work activity carried out at or on behalf of Christ's Hospital.

Aim

The aim of this policy is to set out how Christ's Hospital will ensure that relevant health and safety laws are complied with and to fulfil its legal and moral responsibilities to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees and nonemployees.

Scope

This policy covers all employees and non-employees carrying out work on or off site on behalf of Christ's Hospital, including Christ's Hospital Enterprises Limited (CHEL), but not including those of Bluecoat Sports.

An effective SHEF policy sets a clear direction for the organisation to follow. It contributes to all aspects of business performance as part of a demonstrable commitment to continuous improvement. It affirms that our responsibilities to people and the environment are met in ways that fulfil the spirit and letter of the law and that stakeholder expectations are satisfied. The policy includes:

- a statement of management commitment;
- a description of the organisation, roles and responsibilities for addressing SHEF matters; and
- the arrangements for managing SHEF at Christ's Hospital.

STATEMENT OF COMMITMENT

Christ's Hospital is committed to ensuring that relevant health and safety laws are complied with, as well as to achieving and continuously improving high standards of health and safety protection.

The Council of Christ's Hospital (the Council), Head Teacher/Chief Executive Officer, and members of the Senior Leadership Team (SLT) expect all employees, volunteers and contractors (hereafter collectively referred to as "staff"), visitors and pupils at Christ's Hospital to share this commitment by complying with the appropriate policies and procedures, and to understand that they too have legal and moral obligations to themselves and to one another.

As far as is reasonably practicable, we intend to ensure the health and safety of all persons who may be affected by our activities by:

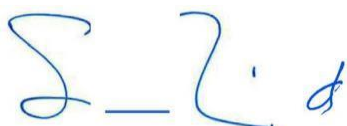
- a. consulting with and involving our staff and pupils in matters relating to their own health and safety;
- b. providing, managing and maintaining our workplaces, grounds and buildings so that they are safe and that risks to health are controlled;
- c. providing adequate and appropriate facilities and arrangements for welfare at work;
- d. providing, managing and maintaining plant and equipment so that it is safe to operate and that risks to health are controlled;
- e. identifying hazards and conducting formal risk assessments in order to minimise the risk for all activities undertaken by or on behalf of Christ's Hospital on or off the site;
- f. ensuring that control measures and emergency procedures are: in place; effective; properly used; monitored and maintained;
- g. implementing systems of work that are safe and where risks to health are controlled;
- h. providing the information, instruction, training and supervision at all levels necessary to ensure that staff and pupils are competent to supervise or undertake their work activities and are aware of any related hazards and the measures to be taken to protect against them, and giving adequate information on relevant hazards to any persons whose health and safety might be affected by them;
- i. keeping up to date with best practice in relation to safety, health, environment and fire (SHEF) and complying with all relevant legislation and authoritative guidance; and
- j. monitoring the safety performance of contractors who work for us.

Where there are no existing policies or guidance in place, we expect staff, pupils and visitors to implement the highest relevant standards and to comply with relevant legislation. Where no standards or legislation exist, we will work with our staff, pupils and visitors to develop systems which comply with best practice and eliminate or minimise the risks so far as is reasonably practicable.

We will promote a positive health and safety culture at Christ's Hospital, make the necessary resources available and train and educate our staff and pupils in health and safety.

We undertake to review and develop our safety management systems continually, with the overarching aim of conducting our activities in a manner which does not detract from the health and safety of any staff, pupils and visitors or members of the public, or adversely affect the environment.

The Council of Christ's Hospital and the Head Teacher/Chief Executive Officer are fully committed the highest standards of health, safety and welfare across the Christ's Hospital community. We expect every member of the staff to share this commitment and to work together to achieve it.



Simon Reid
Head Teacher and Chief Executive Officer

ORGANISATION

It is the duty of all heads of teaching and non-teaching departments, boarding houseparents and all supervisors to ensure that the objectives of this H&S Policy are met within those areas for which they are responsible. This duty may be delegated, but without detracting from it in any way, in particular:

- a. the Head Teacher has appointed a SHEF Manager whose function is to advise and assist the Council, SLT, Heads of Departments and houseparents to identify the risks to safety and health in premises and plant and to ensure that appropriate precautions are taken and instructions issued to safeguard against those risks. The SHEF Manager will also arrange for access to expert technical advice on health and safety matters when this is needed. The Head Teacher has appointed the Compliance Officer to be the SHEF Manager.
- b. the Council has determined that the Finance and General Purposes (F&GP) Committee will assume specific responsibility for health and safety matters and has appointed a Council member (governor) with responsibility for the oversight of SHEF.

The division of SHEF responsibilities is detailed in Annex A.

This policy is not likely to succeed unless it fully includes pupils and staff. To this end, the Council reminds all staff of their own duty under section 7 of the HASAWA to take care in their work for their own health and safety and that of others, including the public, and to co-operate with their employer in the implementation of this policy.

Health and Safety Committee

Christ's Hospital has established a Health and Safety Committee under the chair of the Business Manager, which consists of appropriate management and employee representatives from right across the site. Other members of staff, specialist contractors and members of Council may, from time to time, be invited to attend appropriate meetings. This committee will meet at least once per term to discuss safety standards, determine priorities and review progress. Terms of Reference for the Committee are at Annex B.

ARRANGEMENTS

Annex C identifies the arrangements that are in place to effectively manage health and safety at Christ's Hospital. No such approach can be fully effective in dealing with every incident or risk that might possibly arise but the most likely, or potentially the most harmful situations should all be covered in sufficient detail to provide appropriate information, guidance and advice to all members of the Christ's Hospital community. This policy and arrangements are based on the HSE best practice approach to manage health and safety of Plan, Do, Check, Act, as set out in detail in their guidance 'Managing for health and safety' (HSG65).

Continuous improvement

Christ's Hospital has adopted a policy of continuous improvement for all matters relating to health and safety. Statistics and trends will be reported to the Health and Safety Committee who may agree suitable performance targets for accident reports, RIDDOR reports, false fire alarms etc. However, it is recognised that setting targets for such events may lead to a culture of under-reporting so this will only be introduced after careful consideration and where analysis suggests particular attention is required.

Visits by representatives of the Health & Safety Executive

The HASAWA is generally enforced by inspectors appointed by the Health and Safety Executive (HSE) who, under Section 20 of the Act, have the right to enter the premises at any reasonable time to confirm that regulations are being properly applied. They may elect to be accompanied by a Police Officer. The Council and Head Teacher require all staff to co-operate fully with HSE inspectors, affording them such assistance and information as is necessary for them to carry out their duties.

Contact prior to a visit will normally be with the SHEF Manager who will inform the Head Teacher and/or other members of SLT and the Business Manager as appropriate. The SHEF Manager or a nominated representative will accompany the inspector throughout the visit. As soon as possible after the visit the SHEF Manager will provide the Head Teacher, Business Manager and relevant persons with a summary of the inspector's observations, pending any HSE inspection report.

Review of this Policy

This policy (and the arrangements set out within) will be reviewed: in response to major changes to appropriate legislation; after any form of enforcement action; following reported incidents or "near misses" affecting health and safety; to address relevant issues raised by a member of the Christ's Hospital community; to reflect organisational changes; in response to recommendations made during audits and inspections and otherwise at least annually.

Author: AXP

Date of last review: November 2022

Date of next review: November 2022

Annexes:

- A. Division of SHEF Responsibilities
- B. Health and Safety Committee – Terms of Reference
- C. Health and Safety Arrangements

DIVISION OF SHEF RESPONSIBILITIES

TASKS	PERSON(S) RESPONSIBLE
SHEF Policy – creation and updating	SHEF Manager*
Training Policy and Plan (budget) Training records Training delivery eLearning co ordination	SHEF Manager, HR Manager and Deputy Head HR Manager SHEF Manager and others as reqd. HR Manager
Risk Assessments Conducting Recording and monitoring	Managers/HoDs CHEL Events Co-ordinator
Accidents and Incidents Collating reports Analysing and assessing trends Investigating where required RIDDOR reporting	SHEF Manager supported by CHEL Co-ordinator SHEF Manager SHEF Manager SHEF Manager
Critical Incident Management	SHEF Manager
Safety Inspections – conducting and reporting	SHEF Manager
H & S Noticeboard	SHEF Manager
H & S Committee - Chair	Business Manager
SHEF Performance Reporting Setting targets Data analysis Report preparation	H & S Committee SHEF Manager SHEF Manager
First Aid Training and updating staff First Aid records Management of first aid boxes Notices re first aiders	Senior Nursing Officer and SHEF Manager
Fire Safety Fire Safety Policy – creation and updating Fire awareness training Fire risk assessments/fire audits Buildings - fire drills and exercises Boarding Houses - fire drills and exercises Liaison with Fire and Rescue service Fire safety equipment (fixed & portable) Reports to H & S Committee	SHEF Manager SHEF Manager SHEF Manager SHEF Manager and Fire Officer Fire Officer SHEF Manager and Fire Officer Buildings' Maintenance Manager SHEF Manager and Fire Officer
SHEF Compliance Checks e.g. legionella, asbestos, electrical installations, PAT, fire extinguishers, lifting gear etc.	Buildings' Maintenance Manager

*The Compliance Officer

HEALTH AND SAFETY COMMITTEE – TERMS OF REFERENCE

Aims

1. The aims of the Health & Safety Committee (the Committee) are to assist in:
 - establishing and maintaining high standards of health and safety in keeping with legal requirements and with the Christ's Hospital SHEF and Fire Safety policies, as appropriate;
 - setting and monitoring performance targets for health and safety, where it is considered that these are necessary;
 - promoting co-operation amongst all staff in instigating, developing and monitoring appropriate control measures so as to ensure the health, safety and welfare at work of all employees and non-employees and
 - passing on to the relevant senior manager any points of importance or where an executive decision may need to be made at a higher level.

2. The Committee will meet these objectives by:
 - regular examination of the effectiveness of the SHEF and Fire Safety Policies and their associated arrangements;
 - the examination of risk control measures;
 - the examination of accident and incident reports and related statistics;
 - forwarding ideas that may be included in a training programme on health and safety topics;
 - assessing the effectiveness of all health and safety training delivered to staff;
 - the promotion of health and safety awareness amongst staff, pupils and visitors to the site;
 - making recommendations for implementation either in practice or for inclusion in the policies, and
 - considering reports by the relevant manager or from external consultants.

Membership

3. The Committee consists of the following members:
 - The Chair
 - The Secretary to take the minutes (the Administration Officer)
 - The Council member nominated to oversee SHEF matters
 - The SHEF Manager (Compliance Officer)
 - The Fire Officer
 - School representatives:

Teaching Staff

Deputy Head
 Assistant Head (Pastoral)
 Science representative
 Art representative
 Games/sports representative
 D&T representative
 F&N representative

Support Staff

Estate Bursar
 Grounds Manager
 Chartwells General Manager (contractor)
 Security & Cleaning Manager
 Buildings' Maintenance Manager
 IT Manager
 HR Manager
 Senior Nursing Officer or representative
 Accommodation Manager
 Project Manager (construction projects)
 Theatre Technician
 BCS representative

4. The Head Teacher and/or Chief Operating Officer also attend meetings of the Committee at least once a year. They receive copies of all meeting agendas and minutes of meetings.
5. At the invitation of the Chair, other members of staff, appropriate specialist consultants, pupils, and members of Council may, from time to time, attend meetings of the Committee in advisory or in “attendance only” roles.
6. The Committee will, in its membership and so far as is practicable, attempt to achieve a broad spread of representation of staff interests. The Committee may co-opt additional members for specific purposes or periods of time. In the event that an individual member is unable to attend, a named representative may attend by prior agreement with the Chair.
7. Members of the Committee should see themselves as employee representatives with special interest, knowledge and skills, with the common objective of promoting and maintaining high standards in health, safety and welfare at work. They should monitor the effectiveness of the measures taken by Christ’s Hospital and should recommend improvements. Individual managers remain accountable through normal channels for implementing all actions required by the SHEF Policy and for safe working practices. The legal status of Committee members is that, without prejudice to HASAWA, membership does not impose any additional legal duty on a member.
8. The Committee Chair is responsible for ensuring that any relevant reports, recommendations and views are presented to senior management as appropriate.

Meetings

9. The Committee will meet at least once per term and normally once per half-term. An agenda may be circulated before the date of the meeting. Items for inclusion on the agenda may be submitted by any member of the committee who may then speak on the matter but, other than matters of emergency, they must be notified to the Secretary in advance of the meeting. The Committee will primarily concern itself with the effective operation of the SHEF and Fire Safety policies, systems and procedures and will not become involved in discussing solutions to local or day-to-day safety issues that should be resolved through normal managerial or administrative channels. The resolution of local safety issues should not be deferred until the next scheduled Committee meeting.
10. The recommendations of the Committee will be directed to the relevant manager for action in the first instance.
11. The minutes of the most recent meeting of the Committee are displayed on the Health and Safety Noticeboard in the Staff Common Room and on the relevant section of the intranet; they may also be made available to inspectors and Council members.

HEALTH AND SAFETY ARRANGEMENTS

Abrasive wheels

1. CH uses abrasive wheel grinders. Under the Provision and Use of Work Equipment Regulations 1998 (PUWER), it is a legal requirement for those involved in the use of abrasive wheels to be properly trained.
2. Tool posts on abrasive wheel grinders are required to be adjusted as close as practicable to the exposed part of the abrasive wheel. All staff are expected to be vigilant and to carry out checks whenever they use the grinder and before pupils use a grinder and to carry out the necessary adjustments to the tool posts to ensure they are so maintained.
3. Eye shields are to be kept in a clean and good condition. Eye protection must be worn when abrasive wheel grinders are used.

Asbestos

4. The Control of Asbestos Regulations 2012 place a duty on employers to manage asbestos in non-domestic premises; this legislation is aimed at tackling the biggest occupational health killer in the UK.
5. Asbestos is the collective term given to a group of naturally occurring fibrous or “asbestiform” varieties of a number of silicate minerals. Asbestos types occur within two groups of minerals: the serpentine minerals and the amphibole minerals. Asbestos was widely used in buildings between 1945 and 1985; the nature of the CH estate is such that a number of buildings are known to contain small quantities of asbestos containing materials (ACMs).
6. The policy for the management of asbestos at CH is to follow the recommended Accepted Codes of Practice (ACOPs). The Buildings’ Maintenance Manager is responsible for implementing the actions required to manage asbestos; in broad terms his/her responsibilities will include:
 - taking reasonable steps to find materials likely to contain asbestos. This is achieved by actively seeking ACMs whilst directing work to be done in any part of the estate;
 - he/she must presume materials contain asbestos, unless there is strong evidence to suggest they do not;
 - assessing the risk of the likelihood of anyone being exposed to asbestos from these materials. If necessary, suspected harsh forms of asbestos should be sampled by using a preferred commercial testing laboratory to gain an analytical examination;
 - reporting any findings to the Estate Bursar and the SHEF Manager, who is to ensure that a written record is made of the location and the condition of the ACMs and presumed ACMs and that records are kept up to date;
 - repair or removal (using a properly licensed contractor) of any material that contains or is presumed to contain asbestos, if necessary, because of the likelihood of disturbance, and its location or condition;
 - preparing a plan to manage that risk and put into effect to ensure that:
 - information on the location and condition of the ACMs is given to people who may disturb them during work activities and
 - any material known or presumed to contain asbestos is kept in good state of repair.
 - monitoring the condition of ACMs and presumed ACMs and
 - reviewing and monitoring the action plan and the arrangements made put into place.
7. An asbestos register has been compiled and any asbestos on the premises has been assessed and either removed or sealed. The register is kept by the Buildings’ Maintenance

Manager and will be reviewed periodically; the findings of such reviews will be recorded in the asbestos register and brought to the attention of the Health and Safety Committee. All walls, partitions ceilings etc known to contain asbestos will be clearly marked with an approved sign and it is the policy of CH not to introduce onto the premises any materials containing asbestos where suitable substitute materials are available.

8. CH staff will not be asked to work with asbestos unless specific formal training is given and contractors working on site will be informed if asbestos is known to be in the area in which they are working.

Barbecues

9. Outdoor activities such as barbecues are often a great way to relax, entertain and have fun but they have their own set of unique risks that should not be underestimated. Any member of staff planning a barbecue must apply simple food hygiene precautions and be alert to the fire risks, especially where a gas barbecue is to be used. Barbecue safety guidelines have been developed which are available in the boarding houses and in the boarding house handbooks. Boarding house staff may also be given appropriate training in the safe use of barbecues. Pupils are not permitted to use barbecues at any time.
10. It should be noted that CH staff will not assess, check, repair or maintain barbecues – users are entirely responsible for conducting a visual check of all equipment before use and for the safe operation and storage of equipment, including gas bottles. Reference should also be made to paragraph 54 – “Liquefied petroleum gas”.
11. Major events involving the use of barbecues should be the subject of a separate documented risk assessment.

Building, plant, equipment and other supplies

12. Staff are required to take immediate action concerning all confirmed or suspected safety related defects and report their findings to the Head of Department and/or SHEF Manager.
13. Any equipment or product involved in an accident or incident must be retained and where possible left in situ, pending investigation. In the case of computer equipment with electrical faults this must also be reported to the IT Manager.
14. When equipment is purchased the person authorising the order is responsible for:
 - ensuring the equipment meets requisite safety standards; and
 - if appropriate, advising the Buildings’ Maintenance Manager or Estate Bursar that major items of new equipment are being purchased and the possible need for access, floor loading, power and water supplies, alterations, maintenance, etc.

Contractors

15. "Contractor", for the purposes of this Policy, includes all non-CH employees coming on site to execute work. They are required to comply with statutory rules and other safety standards when entering into a contract. The separate Contractors’ Policy, available on the intranet and CH web site, gives full details of the arrangements that are in place for both child protection and health and safety aspects of the use of contractors on site.
16. All departments are responsible for briefing and managing contractors appointed on their behalf. Advice on this can be obtained from the Contractors’ Policy, Estate Bursar, Project Manager or Buildings’ Maintenance Manager.
17. For major construction or renovation projects subject to the Construction, Design and Management (CDM) Regulations 2015, the role of Principal Designer (previously CDM

Coordinator) will be contracted out to a suitably qualified and experienced construction safety specialist.

Chemicals and the Control of Substances Hazardous to Health (COSHH)

18. All potentially hazardous materials and substances on the premises will be subject to assessment under the Control of Substances Hazardous to Health Regulations 2002 (COSHH). It is the responsibility of each Head of Department to ensure that this is done for all existing and any new substances. The Head of Department will ensure that manufacturers/suppliers data sheets are available within the department and that any necessary information, training, first aid, spillage data, personal protective equipment, etc. is provided and available prior to use of various hazardous materials and that there is adequate supervision. Hazardous materials will not be used if the conditions do not meet the requirements of the COSHH regulations.
19. Waste Chemicals will be disposed of in accordance with the Control of Pollution Act 1974 and related legislation, using the services of a recognised contractor.
20. It is the policy of CH that only trained and competent staff will deal with minor spillages of hazardous materials, when they are confident this can be done without taking personal risks. All other hazardous spillages will be dealt with by closing the doors around the spill, keeping unauthorised persons away and contacting the emergency services.
21. Where chemicals are transferred from one storage container to another, the new packages will be labelled in accordance with the Chemicals (Hazard Information and Packaging for Supply) Regulations 2002.

Cleaning and waste disposal

22. Poor standards of cleaning and the build up of waste material are common causes of injury and damage in the workplace; it is the responsibility of everyone to maintain a safe environment in which to work. All areas of the site are cleaned on a daily basis during term time and any issues with cleaning standards should be reported to the Estate Bursar immediately.
23. Rubbish and combustible waste materials must not be allowed to accumulate in any areas, particularly in boiler rooms, in escape routes and passages, in classrooms and workshops. Staff are responsible for ensuring that all areas under their control are kept clear and tidy.
24. Clinical waste is disposed of via a specialist contractor.

Critical (major) incidents

25. The MHSWR require every employer to establish procedures to be followed in the event of serious and imminent danger to people at work. Not only is this requirement met through holding regular fire drills and building evacuations, but a Critical Incident Management Plan (CIMP) has been developed which gives guidelines to be followed in dealing with major emergency incidents both on and off site. The CIMP is available separately in the Health and Safety section of the intranet.
26. The CIMP will be tested from time to time by holding appropriate critical incident exercises.

Departmental safety policies and procedures

27. It is the responsibility of each Head of Department to prepare, document and keep up to date appropriate local policies, risk assessments, safety rules and safe working procedures specific to their department, especially where potentially hazardous activities are undertaken

by pupils. New staff should be briefed appropriately and safety issues should be considered at each departmental meeting and reported in the minutes.

Disabled persons

28. It is entirely reasonable that persons with disabilities may be staff or pupils at CH or may visit the site and therefore the policy for managing health and safety should fully take their needs into account. Wherever possible a disabled person will be allocated a nominated able-bodied "buddy" to ensure that they are safe at all times, in both normal and emergency situations. CH has a separate generic risk assessment and an Accessibility Policy and 3Year Plan that give further details. Members of staff known to have a disability will be invited by the SHEF Manager to complete an Emergency Evacuation Assessment form and, depending on the findings of the assessment, a Personal Emergency Evacuation Plan (PEEP) may be required.

Display screen equipment

29. See "Visual display units".

Electricity

30. CH will take all necessary steps to comply with the Electricity at Work Regulations 1989 and any additional requirements as directed by the nominated insurers.
31. CH will ensure that fixed electrical installations are inspected and tested by a competent person/qualified electrician at least every 5 years, or more often if recommended by the installer of any such equipment.
32. CH will also ensure that all portable electrical equipment is inspected and tested (PAT testing) by a competent person/qualified electrician at intervals depending upon the assessed level of risk, normally every two years. Appropriate records will be kept of all electrical equipment and test dates, and equipment so tested will be labelled accordingly.
33. Pupils must not be exposed to voltages in excess of 25 volts. Project work must, therefore, be individually assessed for potential hazards and written instructions prepared to control the risks. CH will ensure that electrically competent teachers or technicians will be involved where there is any possibility of any person/pupil coming into contact with live conductors at voltages above 25 volts or where large short-circuit currents could flow.
34. CH will ensure that fixed stage electrical installations and lighting gantries in the theatre are inspected and tested annually by a competent person.
35. CH will write to the parents of pupils who bring electrical equipment onto School premises to the effect that they are responsible for the safety of all such equipment, which should be to a high standard of manufacture and maintenance. A list of items considered suitable/unsuitable for use in boarding houses is available, although in all cases the final decision on suitability of a particular item of electrical equipment rests with the house matron.
36. Prior to using any piece of electrical equipment staff are to conduct a visual check of the security and safety of leads, plugs, connectors and casings; any item of electrical equipment that appears to be faulty in any way is not to be used and should be reported to the Maintenance Department immediately.
37. The use of electrical extension leads is discouraged and all staff are reminded that they should be used for temporary purposes only and not used as a substitute for permanent installations. They are not to be joined together to increase their length and are to be fully unreeled when in use.

Fire (see also the separate *Christ's Hospital Fire Safety Policy*)

38. The Chief Operating Officer has overall responsibility for fire safety at CH, including making arrangements for fire safety risk assessments to be undertaken as required under the Regulatory Reform (Fire Safety) Order 2005; this task and other responsibilities relating to fire safety are delegated to the SHEF Manager and Fire Officer as identified at Annex A. The maintenance team have responsibility for active fire arrangements within the school but each Head of Department is responsible for day to day operation of fire precautions within areas under their control.

Fire safety strategy

39. All staff have a duty to be familiar with fire prevention requirements, fire precautions, fire fighting and fire evacuation procedures. All staff will be offered the opportunity to attend fire safety awareness training, which may be delivered via eLearning. Regular fire drills will be held in all areas and the fire alarm will be tested weekly. The Buildings' Maintenance Manager must be informed of the location of any extinguishers which have been fully or partially discharged so that arrangements can be made for replacements to be provided.
40. All staff have a duty to report any instances where proper procedures are not being implemented, e.g. fire doors wedged open, escape routes blocked by furniture or accumulations of rubbish, hazardous or flammable materials adjacent to escape routes, faulty electrical or gas appliances.

First aid

41. The general health and safety requirement of First Aid provision in any major organisation is to have a minimum of one adult professionally trained for every fifty people who belong to that organisation. It is the policy of CH not only to meet that expectation, but to surpass it by a considerable margin; suitably trained and equipped First Aiders are drawn from right across the community. A separate First Aid Policy, available on the intranet, gives full details of the provision in this respect.

Food handling

42. Routine food handling is carried out by contracted providers (Chartwells) who are responsible for food hygiene arrangements, including staff training in order to comply with the requirements of the Food Hygiene (England) Regulations 2006. However, quantities of food are also handled regularly in the Medical Centre where the staff will also receive an appropriate level of food hygiene training and in the Boarding Houses and Food and Nutrition Department where basic, sensible food hygiene precautions are practised. Particular care is required where untrained members of staff handle food, for example, during informal barbecues run by boarding house parents.

Infection control

43. Infection control aims to minimise the risk of infection from micro-organisms. The following areas have been identified as being at particularly high risk:
- Laundry;
 - Catering;
 - Cleaning;
 - waste disposal;
 - decontamination;
 - sharps injuries and
 - spillage of body fluid.

44. A separate document entitled “Policy and Procedures for Infection Control” is available from the Medical Centre, which includes detailed procedures to be adhered to by all members of staff working in the above areas. These procedures include a risk assessment for each area and information regarding staff training and safe methods of reducing the risks and addressing incidents.

Legionella

45. CH recognises that it operates hot and cold water systems where there is a foreseeable risk of Legionella and which therefore require appropriate control measures to be in place.
46. CH will do all that is necessary to fulfil the requirements of the Approved Code of Practice (ACOP) by identifying and assessing sources of risk, implementing and managing precautions, and keeping appropriate records of precautions implemented.
47. It is recognised that Legionella may colonise storage tanks, calorifiers, pipework and associated plant including taps, showers and other appliances. In particular, it is recognised that Legionella is most likely to multiply in calorifiers where water temperatures are insufficiently high and in pipework leading to taps and showers.
48. The main objective is to operate water services at temperatures which do not permit the growth of Legionella and to avoid stagnation. CH will also ensure that the system is clean in order to minimise the opportunity for bacterial contamination.
49. Where possible, water services will operate at temperatures that prevent the proliferation of Legionella, which is hot water storage (calorifiers, at 60°C); hot water distribution at least 50°C attainable at the taps with one minute of running; cold water storage and distribution at 20°C or below. Whilst it is recognised that water temperatures in excess of 50°C give rise to a danger of scalding, “fail safe” thermostatically controlled mixing valves will be used, where necessary, to allow the hot water system to run safely at higher temperatures to control Legionella.
50. The following regime of routine inspection and maintenance will be established for the plant
- water temperatures at calorifiers will be checked monthly;
 - water temperatures at taps after one minute running will be checked annually;
 - conditions in tanks or the presence of organic materials, vermin, etc. annually;
 - conditions in calorifiers for organic materials and undue build up of scale, annually, and
 - the condition of accessible pipework and insulation annually.
51. The system will be cleaned and disinfected if routine inspection shows it to be necessary, if the system or part of it has been substantially altered or entered for maintenance purposes, or following an outbreak or suspected outbreak of Legionella.
52. The following records will be kept:
- a simple description and plan of the system identifying storage and header tanks, calorifiers and relevant items of plant;
 - details of the risk assessment;
 - details of system operation relevant to controlling the risk, and the precautions to be implemented;
 - procedures for inspecting and checking the system and
 - details of precautions carried out.
53. The Buildings’ Maintenance Manager is responsible for ensuring this procedure is implemented.

Liquefied petroleum gas (LPG)

54. LPG is commonly supplied as either 'commercial butane' or 'commercial propane'. It forms flammable mixtures with air in concentrations of between about 2% and 10% by volume. If LPG escapes from a container and is ignited, particularly in a confined space, a fire or explosion could occur and could result in serious damage. If an LPG container is involved in a fire, it will overheat, may rupture violently and pieces of the container may be projected over considerable distances. LPG is colourless and its weight as a liquid is approximately half that of the same volume of water and hence if spilt on water it will float on the surface before vaporising. The gas is at least 1.5 times heavier than air, does not disperse easily and tends to sink to the lowest possible level and may therefore accumulate in pits, drains and other depressions. It is therefore important that LPG is always stored or used in a well ventilated place so that any small leaks will disperse and be diluted to well below their flammable concentration. When LPG is vaporised heat is drawn in from the surroundings. Liquid LPG can produce severe frost burns on skin.
55. The most likely incidents involving LPG are leaks from a container with or without ignition or a fire in the vicinity of LPG containers. The following details the action that should be taken:
- leaks of gas from a cylinder valve may be detected by sound, smell or by frosting in the area of the leak. Small leaks may be detected by brushing the cylinder with a solution of detergent in water. **ON NO ACCOUNT SHOULD A NAKED FLAME BE USED TO DETECT A LEAK;**
 - if a container is found to be leaking without the gas igniting the following actions should be taken, providing it is safe to do so:
 - Any nearby source of ignition should be extinguished;
 - An attempt should be made to stop the leak by closing the valve and replacing the bung or cap;
 - If the leak cannot be stopped, the container should be carefully removed to a well ventilated open space clear of drains, buildings, sources of ignition and other LPG containers. The leaking container should be marked faulty and left with the leak (usually at the valve) uppermost. Notices prohibiting smoking and other naked lights should be displayed. General access should be prevented, e.g. by barriers. The supplier of the cylinder should be informed immediately. **NO ATTEMPT SHOULD BE MADE TO DISMANTLE OR REPAIR DEFECTIVE CYLINDER VALVES.**
56. Anyone discovering a fire involving an LPG container should:
- raise the alarm, including activating a fire alarm on the premises;
 - call the fire brigade immediately and tell them that LPG containers may be involved. On arrival the Fire Officer should be told the location of the fire, the position of the LPG containers and any other hazardous materials held on the premises;
 - if gas from a cylinder valve is alight, **IF IT IS SAFE TO DO SO**, turn off the valve promptly to extinguish the flame OR extinguish the flame and then turn off the valve. Where possible and **IF IT IS SAFE TO DO SO** the cylinder and any adjacent stacks should be cooled by spraying with copious quantities of water and
 - if the flame from the leak cannot be extinguished by turning off the valve, fire fighting should only be carried out by trained personnel or the fire brigade. If the flame is extinguished but vapour continues to escape, treat the cylinder as in the above procedure. **IF THE FLAME FROM A BURNING LEAK IMPINGES ON A CYLINDER AND THIS CANNOT BE STOPPED THE AREA SHOULD BE EVACUATED IMMEDIATELY.**
57. Anyone not connected with the fire fighting should be evacuated in accordance with the general procedures in case of fire. The evacuation should include anyone occupying any other accommodation connected to the building.

58. Where a fire nearby is threatening LPG containers they should be moved to a safe place PROVIDED THIS CAN BE DONE SAFELY. Where the cylinders cannot be moved they should be cooled by spraying with copious quantities of water.

Lone working

59. It is recognised that normal working practices at CH sometimes lead to workers (staff members, contractors, volunteers and others) being alone in offices and other workspaces, including in remote areas of the grounds. This places them at risk if they are suddenly taken ill, suffer an injury or encounter violence from another person. The HASAWA places responsibilities on CH for the health and safety and welfare at work of all employees and those on the site not in their employment, hence safeguarding the health and safety of lone workers needs to be addressed.
60. Lone working is not covered by any specific regulations, but is dependent upon a risk assessment and the subsequent introduction of suitable control measures to mitigate the risks.
61. The following guidelines apply to all workers at CH who may be required to work alone:
- on starting work you must make it known to others (e.g. Security) that you are on the premises or in the area and again notify them when you are leaving;
 - if you bring a visitor into the building/area with you, you must make them aware of the emergency evacuation procedures;
 - let your whereabouts be known to others and keep in regular contact – you should be in touch at least every 30 minutes;
 - keep in range of a telephone, ideally a mobile or cordless handset that can be taken with you to and around your place of work;
 - working at heights (e.g. using a step ladder) or any other potentially hazardous activity must not be undertaken by lone workers;
 - all employees must make use of the control measures and equipment (such as PPE) provided to minimise any risks when carrying out work;
 - you should not be on the premises if you have any known medical conditions that could make it unsuitable for you to work alone;
 - make sure you know who to contact in the event of an emergency and how to do so and
 - if, after conducting a local risk assessment, you are not happy to work alone, this should be brought to the attention of your line manager/Head of Department so that alternative arrangements can be made.

Manual handling

62. CH staff are to comply with the Manual Handling Operations Regulations 1992 as amended in 2002. In particular, Heads of Department are to ensure that manual handling tasks are assessed and routines are designed to prevent a foreseeable injury to a member of staff which is the result of manual handling of a load.
63. Prior to manual handling:
- each load must be assessed;
 - continuous handling of objects in a fixed position must be minimised;
 - repetitive manual handling should be avoided;
 - mechanical aids to manual handling should be provided where required and appropriate training and maintenance provided;
 - the working environment should be maintained to facilitate manual handling where necessary;
 - all staff routinely involved in manual handling must receive appropriate training;

- manual handling operations should be monitored and
- any manual handling that requires special strength or fitness must be so designated and only appropriate staff should carry out such handling.

Medical Centre

64. The Medical Centre is staffed by qualified nurses 24 hours a day during term time, assisted by such resident personnel as deemed necessary. A dentist, local GP and counsellors also provide regular services. **Duty staff cannot always leave the Medical Centre and hence the Centre does not provide any form of emergency callout or “ambulance” service. If an injured person cannot make their way to the Medical Centre for assessment then the emergency services should be called by dialling 999.**

Noise at work

65. All areas where noise is considered to be a problem should be reported to the SHEF Manager in the first instance who may arrange for noise measurements, monitoring and assessments to be undertaken; the SHEF Manager has access to a suitable noise meter for this purpose. Where noise levels are considered to exceed a safe working level appropriate action will be taken to reduce the level, limit exposure to the noise source or protect the personnel concerned.
66. In assessing whether or not there is a noise problem, the level of risk will be determined depending on how loud the noise is and how long people are exposed to it. As a simple guide CH has adopted a policy by assessing that there *may* be a problem if:
- persons have to shout to be clearly heard 2 metres away;
 - a person’s ears are still ringing after leaving the place with the noise or
 - where people who, as a matter of course, use equipment which causes loud explosive noises such as cartridge operated tools or guns.
67. CH will do all that is necessary to identify and assess sources of noise risk, implementing and managing precautions, and keeping appropriate records of precautions implemented.

Permit to work system

68. The Buildings’ Maintenance Manager will issue permits to work for the following activities although the issue of such a permit does not remove the requirement to conduct a risk assessment prior to starting the work:
- “Hot Work” such as welding, brazing, compressed gas and disc cutting;
 - work on piped gas systems;
 - work on live electrical circuits; □ work with high voltage, and
 - asbestos removal.

Personal protective equipment (PPE)

69. CH will comply with the PPE at Work Regulations 1992 although it recognises that PPE is a last resort and that wherever possible, risks should be controlled by other means. Where the risks cannot be controlled by other methods or it is assessed there is a residual risk, then suitable PPE will be provided to employees free of charge.
70. Where it is determined that PPE is required then an assessment will be made to assess the risks, define the characteristics required of the equipment and compare these with the characteristics of available equipment to ensure the equipment provided is suitable. The assessment will be recorded unless it can be easily repeated and explained.

71. All PPE will be maintained and accommodation provided for it when it is not in use.
72. Employees will be informed, instructed and trained on the risks which the PPE will avoid, or limit; the purpose and manner in which the equipment is to be used and action they need to take to ensure it remains in good repair and efficient working order.
73. Appropriate managers and HoDs are responsible for making the necessary arrangements for the provision of PPE to the staff under their control.

Pets

74. Pets, particularly dogs, are an important part of life for many families and CH acknowledges the benefits that pet ownership can bring, especially to those members of staff who are resident on site who choose to own pets which therefore spend most of their time within the School boundaries.
75. However, it is also acknowledged that for some individuals (pupils, staff and visitors), contact with pets can be stressful, frightening or may even pose a threat to health where allergies may be concerned.
76. A separate Pet Policy, available on the intranet, gives guidance to pet owners in order to ensure the safety and well-being of all members of the CH community.

Pregnant workers

77. The MHSWR require an assessment of the risk to the health of expectant and breastfeeding mothers from their work. The Head Teacher is responsible for ensuring the site is safe for this group of workers and has directed that Heads of Department of expectant and breastfeeding mothers are to complete and document a risk assessment, forwarding the result to the HR Manager and SHEF Manager.

Pressure at work/stress/wellbeing

78. If pressure at work is not managed effectively, work related stress may result. Guidance on managing pressure at work is available from the HSE. The guidance includes an assessment form which can be used by Heads of Department to identify where undue pressure is being suffered by staff. The assessment must be completed in any case where an employee's General Practitioner notifies the employer that work related stress has led to illness.
79. CH participates in occasional national and local "wellbeing" initiatives and offers a variety of briefings, "taster sessions" and other interventions intended to improve the health of staff. Details of these are promulgated on the staff wellbeing noticeboard and in the appropriate section of the intranet.

Pressurised systems

80. CH will take all necessary steps to comply with the Pressure Systems Safety Regulations 2000. It is recognised that the Regulations apply to all pressure systems on site containing steam at any pressure, or a gas, or a liquid, or a mixture of both at a pressure greater than .5 bar (7psi).
81. CH has appointed a Competent Person to carry out an annual examination of its pressure systems, as required by their insurer, and will provide adequate and suitable instructions to employees who have to operate pressure systems; this will include training, close

supervision, provision of data and, if necessary, schematic or flow diagrams to help with the identification of important controls, valves, etc.

82. CH will ensure that its pressure systems are properly maintained in good repair so as to prevent danger and will ensure that it keeps the correct documentation. This documentation will consist of the following:
- a written scheme of examination of the pressure systems;
 - the last report of examination of the pressure systems made by the Competent Person;
 - any other reports if they contain relevant data to assist safe operation, or referring to repairs and modifications and
 - information referring to data supplied by the designers or manufacturers.

Radiological protection

83. The Science Department has a small number of very low level radiological sources that are used for teaching purposes. These sources of ionising radiation present a negligible risk to health but are, nevertheless, properly recorded, kept securely and controlled carefully by a suitably trained member of the technical support staff who is the School's designated Radiological Protection Supervisor. Separate arrangements are in place for the X-ray machine in the Medical Centre Dental Surgery.

Risk assessment guidelines (also see separate Health and Safety Risk Assessment Policy)

84. CH has a responsibility under the MHSWR and under its own SHEF Policy to undertake suitable and sufficient risk assessments of all areas of the site and the activities which go on in those areas. Risk Assessments are also required for offsite activities such as School trips and visits. Whilst some areas and activities require assessing by trained experts in the field, the majority rely on reasonable judgements made by the people using an area or supervising an activity. If an accident occurs, one of the first items that will be asked for by anyone investigating the incident will be the risk assessment that has been carried out. If this is not available, individual members of staff or CH may have committed an offence.
85. Appropriate members of staff are to complete the relevant Risk Assessment pro-formas for their areas of work and potentially hazardous activities whether conducted on or off site. Forms are available on the intranet or from the SHEF Manager and CHEL Events Coordinator, to whom completed forms are to be passed for approval and retention. Repeat assessments are to be carried out periodically and when there is a significant change to equipment, location or procedures used in the area or activity. From time to time staff will also be trained in risk assessment processes as part of INSET.
86. Where appropriate, pupils should be involved in the risk assessment process to enable them better to appreciate the risks involved in the activities that they undertake.

Safety inspections

87. The SHEF Manager will carry out safety inspections of the site in various ways, determined by various priorities. These inspections are intended to raise awareness and to identify and record any significant health and safety issues that require addressing. Written records will be made and shared as necessary, with key individuals and the H&S Committee as appropriate and/or necessary.

Safety signage

88. There are safety signs throughout the site that are required:
- to comply with current legislation (e.g. signs on fire doors);

- to provide warnings (e.g. of high voltage);
- as a result of a risk assessment (e.g. to provide safe operating instructions), or
- to provide information (e.g. identification of First Aiders).

89. These signs are not to be removed, moved or otherwise interfered with by unauthorised members of staff or pupils as to do so could cause, or aggravate a serious safety or health situation. Any queries concerning safety signage are to be referred in the first instance to the Buildings' Maintenance Manager.

Security/violence

90. The Head Teacher ensures that all practicable measures are taken to avoid violent incidents. Steps will be taken to ensure that in areas identified as those where a violent incident can be expected to arise, a risk assessment has been carried out, the areas are adequately staffed and that the facilities are reviewed and improved so as to reduce the possibility of a violent incident.

Slips and trips

91. It is recognised that slips and trips are the most common cause of major injuries at work and can happen almost anywhere. 95% of major slips result in broken bones and they can also be the initial cause for a range of other types of accident such as a fall from height. Slips and trips are responsible for, on average, over a third of all reported major injuries.

92. Most slips occur in wet or contaminated conditions and most trips are due to poor housekeeping. The solutions are often simple and cost effective, a suitable assessment of the risks should identify the necessary controls and these should include (in no particular order):

- prevention of contamination;
- management of spillages and cleaning regimes;
- effective matting systems;
- choice of suitable footwear;
- design of workplace and work activities;
- maintenance of plant and the work environment;
- specification of appropriate flooring;
- housekeeping;
- where reasonably practicable, clearing ice and snow from affected areas, and □ effective training and supervision.

93. All staff and pupils have a responsibility to themselves and others to take care in all areas and under all circumstances where the risk of a slip or trip is heightened.

Smoking

94. CH recognises that smoking presents a health risk to those who practise it, to others through the effects of "passive smoking" and to property through the risk of fire. The policy is that the entire site is designated a "no smoking" area – smoking is only permitted in the designated outdoor smoking areas. Smoking is also not permitted in School vehicles or where personal vehicles are being used for CH business. For the avoidance of doubt, CH does not differentiate between conventional smoking material (cigarettes, cigars, pipes etc.) and electronic cigarettes for the purposes of this policy.

Teaching aids

95. Some classroom teaching aids, such as interactive whiteboards, projectors, laser pointers etc. present risks to staff and pupils, especially if they are misused. The following general guidelines must be adhered to:
- equipment covers must not be removed or tampered with; all repairs are to be referred to suitably qualified members of staff;
 - fixing arrangements for teaching aids, especially where such items are ceiling mounted, must not be tampered with;
 - all cables, leads, plugs, sockets, equipment casings etc. should be checked at least daily and if there is any doubt that the equipment is safe to use, it should be switched off, unplugged and reported to the Buildings' Maintenance or IT department as appropriate;
 - containers of liquid (e.g. tea/coffee cups, water glasses etc.) must not be placed on or passed above any item of electrical equipment as a spillage could result in fire or electric shock;
 - care must be taken to avoid dropping metal, flammable or other foreign objects into vents or openings in electrical equipment as this may result in fire, electric shock or burns;
 - equipment must not be covered with blankets, curtains, cloths etc., to prevent overheating;
 - trailing cables at floor level must be tidy and covered with a suitable protective cover to minimise the risk of trips;
 - staff or pupils must not look directly into the beam of projectors or laser pointers as serious eye damage can result;
 - portable equipment, such as laptops, projectors etc. must not be used on unstable surfaces or in hot, humid, damp or poorly ventilated areas; and
 - defective projector lamps must be allowed to cool down before being handled with bare hands.

Training

96. Training is an essential element of ensuring the safety, health and wellbeing of staff and pupils. A separate Health and Safety Training Policy, available in the health and safety section of the intranet, gives full details of the arrangements in place for the delivery of common and specialist training to all staff at CH.

Vehicular movements

97. CH has a duty to protect staff, children and visitors from death or injury caused by vehicles on the premises; it does so using the following:
- traffic calming humps;
 - appropriate speed limits, clearly signposted throughout the site;
 - parking is limited to designated areas;
 - designated and marked pedestrian walkways and crossings;
 - restricting deliveries to outside busy times;
 - education of pupils in road safety matters and
 - a policy whereby persistent traffic offenders may be required by the Head Teacher to remove their vehicles from the site.

Visual display units (VDUs)/display screen equipment (DSE)

98. Individual users of VDUs/DSE are to carry out regular self-assessments of their workstations; an assessment form is available from the SHEF Manager (also available on the intranet) to enable them to do this. Any issues identified should first be raised with the individual's Line Manager and addressed at that level if possible.
99. Thereafter, the matter should be referred to:
- the IT Manager for hardware and/or software concerns;

- the Buildings' Maintenance Manager for environmental issues; □ the Accommodation Manager for office furniture concerns, or □ the HR Manager for matters of occupational health.
100. Users will be informed of workstation assessment results and recommendations as well as any necessary arrangements for work interruption; suitable training (via an eLearning package in the first instance) in the safe use of the workstation will also be arranged.
101. It is strongly recommended that all workstation users should take frequent periodic breaks or changes of activity to minimise the potential risks from continual use of equipment.
102. The HR Department can provide vouchers for individual users of VDUs/DSE, who meet certain criteria, to pay for appropriate eye and eyesight tests; a voucher can be issued to a qualifying employee every two years. The criteria are based on HSE guidelines and in order to qualify for vouchers users must:
- normally use DSE for continuous or near-continuous spells of an hour or more at a time; and
 - use DSE in this way more or less daily; and
 - have to transfer information quickly to or from the DSE;
 - and also need to apply high levels of attention and concentration; or are highly dependent on DSE or have little choice about using it; or need special training or skills to use the DSE.

Working at height

104. The Working at Height Regulations came into force in 2005 and they apply to all persons on site where there is a risk of a fall liable to cause personal injury, even if it occurs at or below ground level. Typical activities that create such risks include:
- teachers putting up displays, putting up Christmas decorations, accessing items stored above head height, opening/closing windows, erecting stage scenery, adjusting or fitting stage lighting etc.;
 - maintenance staff changing lights, erecting sports posts or nets, carrying out general maintenance, repairing roofs, clearing gutters, accessing lofts etc. and
 - contractors carrying out repairs or renovations, undertaking tree work, decorating, installing, inspecting or servicing plumbing or electrical installations etc.
105. Work at height should always be avoided if there is an alternative method of undertaking the task, e.g. the use of long-reach window cleaning equipment.
106. Any member of staff or visiting contractor proposing to carry out work at height must first undertake a risk assessment and ensure that the task is conducted using a safe system of work (method statement) to be agreed beforehand with the Buildings' Maintenance Manager. The assessment should take account of the competency of the people undertaking the job, its duration, its frequency, the amount of physical effort required, the prevailing weather conditions (and forecast), ground conditions, height involved and the equipment available.
107. Anybody proposing to work at height is to ensure that all equipment, including stepladders, ladders, towers or rented high-lift machinery is in a serviceable condition before use. Under no circumstances are inappropriate items such as chairs, tables etc to be used to gain access for working at height. The Maintenance Department holds a variety of ladders and towers and should be consulted for any work to be conducted at height.
108. Working at height is not to be undertaken by lone workers.

Working from home

109. Employees who work regularly from home are still covered by the HASAWA and CH still has responsibilities towards them. In order to fulfil these responsibilities, Christ's Hospital has set out arrangements for homeworking in a 'Homeworking Policy'.