

BRITISH FORCES SCHOOL NAPLES

HEALTH AND SAFETY POLICY

OCTOBER 2022



Approved by:	Rebecca Robinson	Date: 31 st October 2022
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1. Aims

Our schools aim to:

- › Provide and maintain a safe and healthy environment
 - › Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site
 - › Have robust procedures in place in case of emergencies
 - › Ensure that the premises and equipment are maintained safely, and are regularly inspected
 - › Reduce accidents and work-related ill health to as low a level as reasonably practicable.
 - › Ensure compliance with statutory requirements as a minimum standard.
 - › Ensure each school has a Health & Safety Governor and Health & Safety staff representative.
 - › Assess and minimising risks from work activities on and off school premises.
 - › Provide a safe, healthy and secure working and learning environment for staff and pupils.
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- › Ensure safe working methods and providing and maintaining safe work equipment.
- › Provide appropriate health and safety information, instruction, supervision and training.
- › Ensure staff are competent to do their tasks.
- › Consult with employees and their representatives on health and safety matters.
- › Monitor and reviewing our risk assessments and control measures to ensure they are effective and develop a culture of continuous improvement.
- › Engage a competent external health and safety provider.
- › Ensure adequate welfare facilities exist through the Trust for all.
- › Ensure adequate resources are made available for effective health and safety risk management.
- › Select competent contractors who work safely.
- › Provide adequate first aid cover and occupational health support.
- › Ensure that the level of Health and Safety performance across the organisation is consistent with best practice in education.
- › Ensure that the importance of safety is shared with contractual workers and visitors to all schools in the Trust.
- › Ensure full co-operation with key partners, such as Defence organisations/units, Trade Unions, public bodies, other local employees and any regulatory bodies.
- › Ensuring that policy and procedure is regularly revisited and revised, so that documents are current, reflect recent experiences and advice, and are fully understood by all employees.

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties' employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

Schools with Early Years Foundation Stage:

- The Sections of this policy are based on the [statutory framework for the Early Years Foundation Stage](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to headteacher or hub manager.

The governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

HQ DCS, as the employer, also has a duty to:

- › Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- › Inform employees about risks and the measures in place to manage them
- › Ensure that adequate health and safety training is provided

The governor who oversees health and safety is (NOT YET APPOINTED)

3.2 Headteacher

The headteacher is responsible for health and safety day-to-day. This involves:

- › Implementing the health and safety policy
- › Ensuring there is enough staff to safely supervise pupils
- › Ensuring that the school building and premises are safe and regularly inspected
- › Providing adequate training for school staff
- › Reporting to the governing board on health and safety matters
- › Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- › Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- › Ensuring all risk assessments are completed and reviewed
- › Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the headteacher's absence, the deputy headteacher or manager assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Mark Harris

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- › Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- › Co-operate with the school on health and safety matters
- › Work in accordance with training and instructions
- › Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- › Model safe and hygienic practice for pupils

- › Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

Pupils and parents are responsible for following the school's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

3.6 Contractors

Contractors will agree health and safety practices with the headteacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. This is undertaken by DIO and Babcock.

4. Site security

Mr Raffaele Liguori (Site Manager) and Rebecca Robinson are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Mr Raffaele Liguori are key holders and will respond to an emergency.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell/buzzer.

Fire alarm testing will take place once a week.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- › The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- › Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- › Staff and pupils will congregate at the assembly points.
- › Form class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- › The Building Custodian (Fire) will take a register of all staff (Office Staff)
- › Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A fire safety checklist can be found in (appendix 1).

6. COSHH

Schools are required to control hazardous substances, which can take many forms, including:

- › Chemicals
- › Products containing chemicals
- › Fumes
- › Dusts
- › Vapours
- › Mists
- › Gases and asphyxiating gases

- › Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by anyone who has completed the DCS COSHH Assessors course and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

All hazardous products are secured in a locked cabinet inside the locked COSHH cupboard.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

6.1 Gas safety

- › Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. (DIO & Babcock).
- › Gas pipework, appliances and flues are regularly maintained
- › All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

- › A water risk assessment is to be completed by the SHEF Coordinator and they are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- › This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- › The risks from legionella are mitigated by the following contractors employed by DIO

6.3 Asbestos

- › SHEF Coordinators should be trained if their location has asbestos and the action to take if they suspect they have disturbed it
- › Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- › Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- › A record is kept of the location of asbestos that has been found on the school site (appendix 2).

7. Equipment

- › All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- › When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- › All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

- › All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- › Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- › Any potential hazards will be reported to SHEF Coordinator immediately
- › Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed

- › Only trained staff members can check plugs
- › Where necessary a portable appliance test (PAT) will be carried out by a competent person
- › All isolators switches are clearly marked to identify their machine
- › Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- › Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 PE equipment

- › Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- › Any concerns about the condition of the gym floor or other apparatus will be reported to the SHEF Coordinator.

7.3 Display screen equipment

- › All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- › Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7.4 Specialist equipment

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

8. Lone working

Lone working may include:

- › Late working
- › Home or site visits
- › Weekend working
- › Site manager duties
- › Site cleaning duties
- › Working in a single occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure that they are medically fit to work alone.

9. Working at height

We/DIO/Babcock will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- › The SHEF Coordinator retains ladders for working at height

- › Pupils are prohibited from using ladders
- › Staff will wear appropriate footwear and clothing when using ladders
- › Contractors are expected to provide their own ladders for working at height
- › Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- › Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

Staff and pupils are expected to use the following basic manual handling procedure:

- › Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- › Take the more direct route that is clear from obstruction and is as flat as possible
- › Ensure the area where you plan to offload the load is clear
- › When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11. Off-site visits

When taking pupils off the school premises, we will ensure that:

- › Risk assessments will be completed where off-site visits and activities require them
- › All off-site visits are appropriately staffed
- › Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- › For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- › For other trips, there will always be at least one first aider on schools' trips and visits

12. Lettings

Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it.

13. Violence at work

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- › Wash hands with liquid soap and warm water, and dry with paper towels

- › Always wash hands after using the toilet, before eating or handling food, and after handling animals
- › Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and sneezing

- › Cover mouth and nose with a tissue
- › Wash hands after using or disposing of tissues
- › Spitting is discouraged

15.3 Personal protective equipment

- › Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- › Wear goggles if there is a risk of splashing to the face
- › Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

- › Clean the environment, including toys and equipment, frequently and thoroughly

15.5 Cleaning of blood and body fluid spillages

- › Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- › When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- › Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- › Make spillage kits available for blood spills

15.6 Laundry

- › Wash laundry in a separate dedicated facility
- › Wash soiled linen separately and at the hottest wash the fabric will tolerate
- › Wear personal protective clothing when handling soiled linen
- › Bag children's soiled clothing to be sent home, never rinse by hand

15.7 Clinical waste (at present this does not apply to the school)

- › Always segregate domestic and clinical waste, in accordance with local policy
- › Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- › Remove clinical waste with a registered waste contractor
- › Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

15.8 Animals (at present we do not have any animals in the school)

- › Wash hands before and after handling any animals
- › Keep animals' living quarters clean and away from food areas
- › Dispose of animal waste regularly, and keep litter boxes away from pupils
- › Supervise pupils when playing with animals

- › Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

15.9 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

16. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- › Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- › If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- › Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

17. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

18. Accident reporting

18.1 Accident record book

- › An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in (Appendix 4)
- › As much detail as possible will be supplied when reporting an accident
- › Information about injuries will also be kept in the pupil's educational record
- › Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Notifying parents

The reception will inform parents of any accident or injury sustained if required and of any first aid treatment given, on the same day, or as soon as reasonably practicable. A minor injury slip is raised for all first aid incidents and is sent home with the pupil.

18.3 Reporting to Ofsted

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

19. Training

Our staff are provided with health and safety training as part of their induction process.

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed annually by the DCS SO1 SHEF.

At every review, the policy will be approved by the Head of DCS.

21. First Aid

The SHEF Coordinator is to nominate sufficient numbers of First Aid at Work (FAAW) trained staff within their area of responsibility, to ensure there is adequate cover at all times (a minimum of two are required), but they must consult with their HoE's first aid arrangements/policies. The SHEF Coordinator should also refer to the HoE's site First Aid needs assessment and contact the HoE's Unit Safety Advisor for more detail. Please note: depending on the HoE's sites policies, it may be suitable to use other local units on site to support adequate First Aid provision.

SHEF Coordinators shall nominate their chosen staff member/s to attend the HoE's First Aid courses and request paediatric First Aid to be delivered, if required. If there is scope for defibrillator training this should be arranged, and details of defibrillator locations around the site are to be shared. Funding for these courses can be claimed back from HQ DCS. HQ DCS can deliver First Aid and paediatric First Aid, but all efforts should be sought to procure these courses locally due to the costs associated with travel.

Once trained and appointed First Aiders are in place, the SHEF Coordinator shall take a photocopy of the FAAW certificate(s) and store them in the SHE Competence Folder, to provide evidence of trained and competent staff. The retention period is 3 years for all FAAW certificates. They are also required to update the SHEF Dashboard with the date of training.

The SHEF Coordinator is to ensure all First Aid kits and defibrillators are to be accompanied by a prominently displayed First Aider Poster and Defibrillator Poster/Defibrillator sign respectively, which can be found in SHEF Resources under "Posters". The First Aider Poster is to state the relevant contact and location details of the First Aiders and appropriate actions to be taken in the event of an emergency. This should be updated regularly to ensure the contact details and locations of First Aid equipment and assembly point area are correct.

The appointed First Aider(s) are to ensure that the First Aid, eye wash and defibrillator equipment are checked monthly by using the First Aid kit/eye wash/defibrillator monthly check sheet, within the appropriate SHEF Dashboard. If the appointed First Aider(s) are located in another department, the SHEF Coordinator or an Appointed Person can carry out the monthly First Aid equipment check. First aid checks need to be completed within the first two weeks of each month.

22. Risk Assessment

All staff shall ensure all activities are subject to risk assessment and uploaded to [SharePoint Risk Assessment area](#). It is suggested that risk assessments are categorised as follows:

- a. Buildings risk assessment (all the main hazards and activities within the building);

- b. Activities/Circumstances (anything that falls outside of the building risk assessment or requires a separate detailed assessment – this includes risk assessments to support lessons, training, school trips, travel etc.

SHEF Coordinators are to review all risk assessments at least annually to ensure they remain suitable and sufficient and upload a new copy to the current year sub-section within SharePoint Sub-Unit Risk Assessments area and store the risk assessments and their signature sheets for 5-years or longer.

All staff are to sign the risk assessment signature sheet once a year (available from the SharePoint's SHEF Resources page), which is to be stored in the SHEF Competence Folder.

23. COVID-19

All Line Managers are to ensure their staff have completed the DCS COVID-19 'Return to Work' survey, which can be sourced from the MODNET/MODSCHOOLS SharePoint under SHEF Resources, COVID-19 Resources. This document is to be held by the individual and Line Manager for at least 5 years and marked as Official Sensitive Personal (OSP).

All DCS locations are to create a COVID-19 risk assessment and set of procedures outlining their local safety arrangements for COVID-19 management using the guidance within the first paragraph of this COVID-19 chapter. This may include maximum building and room occupancy limits, procedures with ways of working, such as bubbles, booking in/out procedures, one-way corridors, safety zones, hand sanitiser zones etc. Staff should consult Reference the FHPI for detailed guidance on workplace measures and the Defence Advice Notes (DANs) 01 to 21 for general guidance on COVID-19 management, such as events, travelling, virus testing key workers, household isolation etc.

In line with DCS requirements, all DCS locations and staff are to adhere to the following:

- a. **COVID-19 Symptoms.** If any staff or other members of their household are displaying COVID-19 symptoms, they are to self-isolate with immediate effect and inform their Line Manager. These staff should seek a COVID-19 antigen test to confirm if they test positive for the virus, though this cannot be enforced;
- b. **Public Transport/Work Travel.** DCS staff are not to use public transport for business travel unless authorisation is granted by the Director DCS. Staff wishing to travel using Public Transport will have to provide the Director with a risk assessment, justification for the travel, a copy of the Return to Work survey and written confirmation that they have read and understood the documents listed within the first paragraph of this COVID-19 chapter.
- c. **Vulnerable Staff.** If any member of staff has been identified as vulnerable (from the 'return to work survey) i.e. high risk, as per the [NHS guidelines](#), then a bespoke risk assessment for the individual must be created and maintained by the Line Manager. This risk assessment is to be sanctioned by the DCS SO1 SHEF before they are allowed to return to the workplace and must be regularly checked by the Line Manager to ensure it is still suitable. If staff have any underlying health conditions that they feel may increase their risk of complications, then they are to consult with their line manager and jointly agree if a risk assessment is required. If so, the risk assessment is to be maintained by the Line Manager.
- d. **HR Issues.** If Line Managers and/or senior management believe they have provided the requirements of this policy and the sources referenced in the first paragraph of this COVID-19 chapter, and staff still feel concerned, then they are to contact the HQ CWA team for further advice and guidance.
- e. **Testing.** It is not mandatory for DCS to test themselves, but all Location Managers and Headteachers should afford their staff time off work to maximise the amount of testing.
- f. **Reporting of COVID-19.** If staff have a COVID-19 related absence, they or their Line Manager is to follow the reporting guidance in the FHPI. The individual who is infected is to also use the Defence Reporting Tool on [Defence Gateway](#). Staff must then update their status on the tool once their condition/status changes and ensure HRMS reflects any cases of absence or special paid leave. In addition, any staff who receive a positive test result are to provide details to the CWA team accordingly: DCS-HQ-BIS-CWA-TeamMailbox@mod.gov.uk.
- g. **Personal Travel.** If staff decide to travel to locations that require or are likely to require self-isolation, then this may result in those staff having to take unpaid leave. They are to contact ACEOs for further information.

- h. **PPE.** Due to the limited benefit of face coverings and gloves and aforementioned policy requirements, DCS do not require staff to wear Personal Protective Equipment (PPE) within the workplace. This is in line with the Defence Advice Notes (DANs) 01 to 21.
- i. **Creation of Contingency Measures.** All DCS locations are to create and implement COVID-19 strategies to ensure effective governance. This is to consider:
 - (1) Internal COVID-19 Outbreak Procedures;
 - (2) A COVID-19 Business Continuity Plan.

Appendix 1. Fire safety checklist

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2. Asbestos record – not applicable. No Asbestos in BFS Naples or Villa Vittoria (see Babcock Report)

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment

Appendix 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).

Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.

Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Appendix 4 – ARMY Form 510 – Accident/Incident Report (Formerly MOD Form 510)

OFFICIAL-SENSITIVE (When completed)

ARMY Form 510 - Accident/Incident Report (formerly MOD Form 510)

AINC Caveat: Units are required to complete Army Form 510 and forward to AINC without delay This applies in particular to accidents involving Death, all injuries, Dangerous Occurrences and Serious Failure of Land Systems Equipment and all other reportable incidents in accordance with the instructions set out in ASCO 1200. Army Form 510 should not be delayed for lack of full information

mark.harris@modschools.org -

Incident Title:	
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TYPE OF INCIDENT: <input type="checkbox"/> ck boxes as required <input type="checkbox"/> (* Shows <input type="checkbox"/> andatory Field)							
Death	<input type="checkbox"/>	Occupational Health	<input type="checkbox"/>	Land Systems Equipment	<input type="checkbox"/>	Range Incursion	<input type="checkbox"/>
Injury	<input type="checkbox"/>	Occupational Disease	<input type="checkbox"/>	Ammunition/Explosives	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Dangerous Occurrence	<input type="checkbox"/>	Enforcement Action	<input type="checkbox"/>	Fire	<input type="checkbox"/>

SECTION 1: DETAILS OF INJURED PERSON / OCCUPATIONAL ILLNESS					
Surname: *		Forenames:		Service/Staff No:	
Date of Birth:		Duty:	On Duty / Off Duty	Gender:	Male / Female
Service: *		Sub Division:		Grade/Rank/Rate:	
Corps:		Establishment/Unit Name:		UIN:	
Work Address:	Line 1			Contact Number:	
	Line 2			Email Address:	
	Line 3				
	Town/City				
	County				

	Post Code		
	Country		
Home Address: (if applicable)	Line 1		
	Line 2		
	Line 3		
	Town/City		
	County		
	Post Code		
	Country		
Employers Name (if not MOD):		<input type="checkbox"/>	
Tick box if more than one casualty:		<input type="checkbox"/>	Note: Reporting Person to provide additional form 510 for each casualty involved

SECTION 2: DETAILS OF REPORTING PERSON					
Surname: *		Forenames:		Service/Staff No:	
Date of Report:					
Service: *		Sub Division:		Grade/Rank/Rate:	
Establishment / Unit Name:					
Establishment / Unit Address:					
Contact Number: *		Mil Tel: *		Email:	
Signature of Reporting Person:				Consent to disclosure to TU/Staff safety reps	<input type="checkbox"/>
Signature of Injured Person:				Consent for the disclosure of medical details for the injured person has been obtained *	<input type="checkbox"/>

SECTION 3: ABOUT THE INCIDENT / ACCIDENT
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Incident Date: *		Incident Time (Local Time):			
Incident Location (Place):		Location UIN:		Grid Ref:if known:	
Incident Location Unit / Establishment:		Dept:		Building:	
Principle Condition:		Body Part Affected:			
Where Incident Involves Fall from Height (Tick box):	<input type="checkbox"/>	Side of Body Affected:			
Given Professional Medical Treatment by Med Facility Staff:	<input type="checkbox"/>	Height of Fall in Metres (if applicable):			
Taken to Hospital:	<input type="checkbox"/>	Given First Aid Treatment:	<input type="checkbox"/>		
Hospitalised (or Confined to Bed) for 24 hours or more):	<input type="checkbox"/>	Hospital Name:			
If restricted or unable to continue duties, indicate time lost or anticipated loss:	N/A:	Work Restrictions:	N/A:		
	3 Days or Less:		Able to Continue Normal Duties:	<input type="checkbox"/>	
	Between 3 and 7 Days:		Unable to Continue Duties:	<input type="checkbox"/>	
	More than 7 Days:		Restricted to Light Duties:		

Summary of Incident / Accident: *In the free text boxes, What, How, Why, DO NOT USE PERSONAL DATA i.e. names or service numbers. As an alternative you are to insert Injured Person (IP) or Service Person (SP).*

What: *	<p>Please write a short succinct statement of what happened and include:</p> <ul style="list-style-type: none"> • Where it happened (site and specific location) • What the activity was • Who was involved • If applicable, the type of injury • If applicable, how many total days off normal duty were involved
How: *	<p>Please select why it happened (root cause):</p> <ul style="list-style-type: none"> • lack/poor training • lack of/poor supervision • lack of/poor maintenance • lack of poor safe system of work/policy • lack of/poor care and attention by the person • incorrect equipment/product, poor mental health • Failure to follow policy and procedure.
Why: *	<p>Please write a short succinct statement of how it happened. Once done, review the accident with your colleagues/CoC and confirm if the risk assessment requires updating. If so, what changes are being made to stop reoccurrence. You should share the changes with staff that are affected by the contents of the risk assessment.</p>

<p><u>SECTION 4: TYPE OF ACTIVITY AT TIME OF INCIDENT / ACCIDENT</u></p> <p style="text-align: center;">- - - - -</p> <p style="text-align: center;">- - - - -</p>			
On Operations:	<input type="checkbox"/>	Operation Name (e.g. HERRICK):	
Exercise:	<input type="checkbox"/>	Exercise Name (e.g. Exercise UK):	
Training:	<input type="checkbox"/>	Training Type (e.g. OPTAG, POT etc.):	
Ranges:	<input type="checkbox"/>	Range Name and Serial Number:	
Normal Duties:	<input type="checkbox"/>	Adventurous Training:	
Off Duty Activity:	<input type="checkbox"/>		

Slip, Trip, Fall:	-	
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SECTION 5: DETAILS OF LAND SYSTEMS EQUIPMENT INVOLVED			
-			
-			
Equipment Type (eg: Warrior, Small Arms, Munitions etc):			
Equipment Type:			
Equipment Serial / VRN:		<input type="checkbox"/>	Caused By: Damage / Failure
SEFIT Involved:		-	SEFIT Ref Number (if applicable):
Summary of Equipment Failure:			

1.13 02/2021

Note: AINC Provides Statutory Reporting to Regulatory Bodies on Behalf of Units