

Accessible Education Provision for Neurodivergent Children
through graduated interventions and academic support.



*An organisation that aims to improve every child's life
by being closer to nature,
providing equality in learning
and promoting well-being*

HEALTH AND SAFETY POLICY FOR RAW LEARNING

Contents

1. Introduction	2
2. Aims and Objectives	3
3. Roles and Responsibilities	3
4. Fire	4
5. Control of Substances Hazardous to Health (COSHH)	4
6. Equipment	4
7. Manual Handling	5
8. Off-site Visits	5
9. Violence at Work	5
10. Smoking	5
11. Infection Prevention and Control	5
12. New and Expectant Mothers	7
13. Occupational Stress	7
14. Accident Reporting	7
15. Training	8
Appendix 1: Fire Safety Checklist	9
Appendix 2: Recommended absence period for preventing the spread of infection	10

1. Introduction

At Raw Learning, we believe that the health and safety of our learners, facilitators, volunteers and visitors to our setting to be of paramount importance and this policy is based on the advice from the Department for Education on [health and safety in schools](#). It also notes 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 Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff.

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

2. Aims and Objectives

Here at Raw Learning we aim to:

- Provide a safe and healthy environment for facilitators and learners;
- Establish and maintain safe working procedures for facilitators, learners and all visitors to follow when on site;
- Have vigorous procedures in place in case of emergencies;
- Ensure that the premises and equipment are maintained and regularly inspected for safety.

3. Roles and Responsibilities

Responsibility for managing health and safety is held by the provision's Director, Rachel King, who is the nominated health and safety lead.

Director: The Director has a duty to take reasonable steps to ensure the health and safety of facilitators and learners by:

- Assessing the risks to facilitators, volunteers, learners and others in participating in the provision's activities;
- Introducing health and safety measures needed to manage those risks;
- Informing employees about risks and the measures that are put in place to manage them;
- Ensuring that adequate health and safety training is provided by ongoing CPD;
- Implementing the Health and Safety policy;
- Ensuring that there are enough facilitators to safely supervise the learners;
- Ensuring that the provision's premises are safe and regularly inspected;
- Ensuring that appropriate evacuation procedures are in place and that regular fire drills are carried out;
- Ensuring that all risk assessments are completed and reviewed.

Facilitators: Facilitators have a duty to take care of learners in the same way that a responsible parent would. Facilitators will make themselves aware of, and implement the contents of, the Health and Safety Policy. They will also:

- 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 Raw Learning on health and safety matters;
- Work in accordance with training and instructions;
- Inform the appropriate person of any work situation that represents a serious and immediate danger so that remedial action can be taken;
- Model safe and hygienic practice for learners;
- Understand and feel confident in implementing emergency evacuation procedures.

Learners and Parents/Carers: Learners and their parents/carers are responsible for following the health and safety advice recommended by Raw Learning both on-site and off-site, and for reporting any health and safety incidents to a facilitator.

Contractors: Contractors will agree health and safety practices with the Director before starting work. The contractor will provide evidence that they have completed an adequate risk assessment of all their planned work before the work begins.

4. Fire

Fire Safety and procedures are covered under our Forest Schools Risk Assessment and Outdoor Learning Policy. As per Forest School requirements, a fire bucket and fire blanket is available at all times. As there is no fire alarm system linked to the Fire Brigade, we ensure that we follow our fire procedures and phone for the fire brigade.

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices.

Fire risk assessments of the site will be reviewed regularly.

Emergency evacuations are practiced at least once a term.

All facilitators will be made aware of the password to use to indicate that there is a fire: MR ORANGE

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

In the event of a fire:

- Whoever discovers a fire must raise the alarm immediately and the fire and emergency services must be contacted. Emergency procedures will also begin immediately.
- The fire bucket and/or fire blanket may be used by the facilitators only, **but** only if they are trained in how to use them and are confident, they can use them without putting themselves or others at risk.
- Facilitators and learners will assemble at the assembly point. A register will be taken of the learners and checked against the attendance register of that day.
- The Forest Leader will take a register of all facilitators.
- Facilitators and learners will remain at the assembly point until the emergency services say it is safe to return to the circle. The Forest School leader will bring the children back with minimal fuss.

A fire safety checklist can be found in Appendix 1.

5. Control of Substances Hazardous to Health (COSHH)

Schools are required to control hazardous substances which can take many forms including products containing chemicals, dusts and germs that cause diseases.

COSHH risk assessments are completed by Sarah Robinson and all facilitators are made aware of these. Facilitators 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, and are stored away from the forest. Any hazardous products are disposed of in accordance with specific disposal procedures.

6. Equipment

All equipment and machinery are 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. Manual Handling

An individual must determine whether they are fit to lift or move equipment and furniture. If an individual believes that to lift an item could result in injury or exacerbate an existing condition, they must ask for assistance.

Facilitators and learners are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, 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.

8. Off-site Visits

Before learners are taken off the premises, we will ensure that:

- Risk assessments have been completed where off-site visits and activities require them.
- All off-site visits are appropriately staffed.
- Facilitators will take the mobile phone, a portable first aid kit, information about the specific medical needs of learners and medication where appropriate (e.g. inhaler, epi-pen, Buccal) and contact details of parents/carers.
- There will always be at least one first aider on trips and visits.

9. Violence at Work

The health, safety and mental well-being of facilitators are a high priority for Raw Learning, and as such we will not tolerate violent or threatening behaviour towards our facilitators.

All facilitators will report any incidents of aggression or violence (or near misses) directed to themselves to the health and safety lead immediately. This applies to violence for learners, visitors, or other facilitators.

10. Smoking or Vaping

Passive smoking is an involuntary exposure that is directly harmful to children's health and increases the risk of that child becoming a smoker. Smoking, including e-cigarettes and vapes, is **not** permitted anywhere on or near the premises.

11. Infection Prevention and Control

We follow national guidance published by Public Health England when responding to infection control issues. Facilitators and learners will be encouraged to follow the good hygiene practice outlined below, where applicable.

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.

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Coughing and sneezing:

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

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.
- Wear goggles if there is a risk of splashing to the face.
- Use the correct personal protective equipment when handling cleaning chemicals.

Cleaning of the environment:

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

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.

Clinical waste:

- Always segregate domestic and clinical waste, in accordance with local policy.
- Used 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.

Animals:

- 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 learners.
- Supervise learners when playing with animals.
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

Learners vulnerable to infection:

Some medical conditions make learners 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 the parent/carer will be

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promptly informed if there has been exposure to any of these. Further medical advice will be sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

Exclusion periods for infectious diseases:

The provision will follow recommended exclusion periods outlined by Public Health England, summarized in Appendix 2

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

12. New and Expectant Mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not previously had the infection. Expectant mothers should report exposure to their 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 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.

13. Occupational Stress

We are committed at Raw Learning 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 facilitators workloads. Facilitators are encouraged to share their concerns and worries with colleagues.

14. Accident Reporting

Recording Accidents:

- An accident form will be completed as soon as possible after the accident occurs by the facilitator or first aider who deals with it, using the appropriate Accident Record Form (for an injured child or an injured facilitator).
- As much detail as possible must be supplied when reporting the accident.
- Information about injuries will also be kept in the learner's educational record.
- First aid and accident records will be retained by Raw Learning 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 by cross shredding.

Reporting to the Health and Safety Executive:

The Health and Safety Lead will keep a record of any accident which results in a reportable injury, disease or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Health and Safety Lead will report these to the Health and Safety Executive as soon as is reasonably practicable and within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes.
 - Amputations
 - Any injury likely to lead to permanent loss of sight and reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days.
- Where an accident leads to someone being taken to hospital.
- Where something happens that does not result in an injury, but could have done.
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment.
 - The accidental release of a biological agent likely to cause severe human illness.
 - The accidental release or escape of any substance that may cause a serious injury or damage to health.
 - An electrical short circuit or overload causing a fire or explosion;

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](#)

Notifying parents/carers:

The Health and Safety Lead will inform parents/carers of any accident or injury sustained by a learner, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Reporting to child protection agencies:

The Health and Safety Lead will notify local child protection agencies of any serious accident or injury to, or the death of, a learner while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

15. Training

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

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 facilitators and learners understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2 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 facilitators 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

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	assist with letters and factsheet to send to parents or carers and facilitators.
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 facilitators 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)	Learners and facilitators 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. Learners and facilitators 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 facilitators 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 facilitators 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.

This policy was adopted by	Raw Learning
On	1 st August 2024
Date to be reviewed	1 st August 2025
Signed on behalf of the provider	<i>Rachel King</i>
Name of signatory	Rachel King
Role of signatory	Director