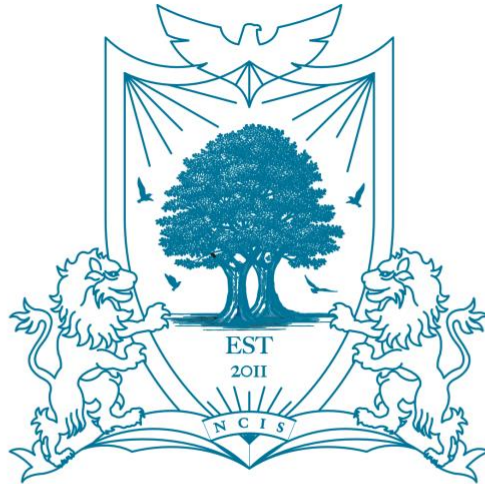


Health and safety policy



NEW CAMBRIDGE INTERNATIONAL SCHOOL

Approved by: NCIS

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1. Aims

New Cambridge International School aims 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

2. Legislation

New Cambridge International School is mainly under the supervision of the Ministry of Education, Thailand. Therefore, the Private Education Act and National Education Act apply. These Acts focus on the Health and Safety matters regarding young children and the provision of a safe and clean environment. Facilities and buildings are under the charge of the following agencies: Ministry of Education and Ministry of Labour Management & Welfare. The District Office is the government sub-agency that works closely to the school in the local area.

Secondly, the Thai labour law is implied for all employees (Thai & Foreigners) and their working conditions. As a specialist field, other government agencies work in minor areas. Legislation from the following government organisations also apply;

1. Ministry of Labour Management and Welfare
2. Department of Labour Protection and Welfare, Ministry of Labour Management and Welfare
3. Department of Construction, Ministry of Labour Management and Welfare
4. District office (Phitsanulok District)
 - 4.1 Department of Public Health
 - 4.2 Department of Environment
5. Private School Act, Ministry of Education
 - 5.1 Working Protection
 - 5.2 Supervision
6. Department of Industrial Products' Standards, Ministry of Industry
7. Department of Water Supply Authority of Thailand, Ministry of Interior
8. Department of Electricity Authority of Thailand, Ministry of Interior
9. Police Bureau, Ministry of Interior
10. Department of Transportation, Ministry of Transportation.
11. Ministry of Energy

3. Roles and responsibilities

3.1 The school board

The school board has ultimate responsibility for the health and safety issues in the school, but will delegate day-to-day responsibility to The Principal / Human Resources.

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

The school board, 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.

3.2 Principal / H.R.

The Principal is responsible for the health and safety day-to-day. This involves but not limited to:

- 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 School Board / Management 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 Principal's absence, the H.R. shoulders the above day-to-day health and safety responsibilities.

3.3 Staff

School staff have a duty to take care of the students in the same way that a 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

3.4 Students and parents

Students 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.

4. Site security

The school security guards are key holders and will respond to an emergency 24 hours a day, 365 days a year. They are responsible for the security of the school site in and out of school hours.

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 practiced at least once a term.
- The fire alarm is a loud continuous bell.
- Fire alarm testing will take place once a term or on urgent request. (B.A.C)
- New staff will be trained in fire safety and all staff and students will be made aware of any new fire risks or change of evacuation plan.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and the evacuation procedures will begin immediately. Emergency services to be contacted as soon as possible.
- 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 students will congregate at the assembly points near Gate 4.
- The administration will take the daily attendance sheet of all members in the school to the evacuation point. The BAC will meet the administration at the evacuation point and cross check with the daily attendance sheet that all students and staff have evacuated safely.
- Everyone will remain outside the building and follow instructions from the Principal/BAC.
- 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 (Control of Substances Hazardous to Health)

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

Staff are provided with protective equipment, when and 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.

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 regularly
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

7. 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.
- 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 responsibly and safely.
- Any student who handles electrical appliances does so under the supervision of the member of staff.
- Any potential hazards will be reported to the Principal immediately.
- Only trained staff members can check plugs.
- Where necessary a portable appliance test (PAT) will be carried out by a competent person.
- Electrical 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.

8. Off-site visits (Risk Assessment)

When taking students 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 to maintain safety.
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of students along with the parents' contact details.
- There will always be at least one person in-charge of first aid on school trips and visits.

9. 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.

10. Smoking

Smoking is not permitted anywhere on the NCIS school premises.

11. Infection prevention and control

We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable in order to minimize the risk of the spread of infection.

11.1 Handwashing

- Wash hands with liquid soap and water, and dry with paper towels provided.
- Always wash hands after using the toilet, before eating or handling food.
- Cover all cuts and abrasions with waterproof dressings.

11.2 Coughing and sneezing

- Cover mouth and nose with a tissue or cough/sneeze into your elbow.
- Wash hands after using or disposing of tissues.

11.3 Personal protective equipment

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

11.4 Cleaning of blood and body fluid spillages

- Clean up all spillages of blood, feces, 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.

11.5 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by District Office Department of Public Health and the Department of the Environment, summarized in appendix 3.

In the event of an epidemic/pandemic, we will follow advice from District Office Department of Public Health and the Department of the Environment, about the appropriate course of action.

12. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognize 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 (max of 24 classes per week and providing a clean working environment).

Stress at work can come about for a variety of reasons. It may be excessive workload, unreasonable expectations, or overly-demanding work colleagues. The school will endeavor to ensure a pleasant working environment and that employees are as free from stress as possible.

Employees who experience unreasonable stress which they think may be caused by work should raise their concerns with their manager or to the HR.

13. Accident reporting

13.1 Accident record - on PASS

- An accident report will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the student's record.
- In addition, a record of any follow-up action will be kept on file (Appendix 2)
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years.

13.2 Reporting to the Public Health Department

The School Administration will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence.

The School Management will report these to the Public Health Department as soon as is reasonably practicable.

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 or 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 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

13.3 Notifying parents

The school will inform the student's parents of any accident or injury sustained by their child, and any first aid treatment given, on the same day, or as soon as reasonably possible.

14. Training

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.

15. Monitoring

This policy will be reviewed annually by the Principal.

At every review, the policy will be approved by the Principal and the School Management.

16. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment

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. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<p><i>Describe in detail what happened, how it happened and what injuries the person incurred</i></p>			
Action taken			
<p><i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i></p>			
Follow-up action required			
<p><i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i></p>			
Name of person attending the incident			
Signature		Date	

Appendix 3. Recommended absence period for preventing the spread of infection (see additional document)

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure proper investigation.
Hand, foot and mouth	7 days	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.

Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts

paratyphoid*] (enteric fever) Shigella (dysentery)	required for some children until they are no longer excreting	who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Rotavirus*	Exclude 24 hours after the last episode of diarrhoea and vomiting. A medical report is required on return to school.	If Rotavirus outbreak is suspected, food and water will be tested. Reminder to staff and children to wash hands thoroughly after using the toilet.

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The local PHE centre will organise any contact tracing necessary.
Respiratory syncytial virus (RSV)*	Until fever is gone and child is well enough to return to normal activities.	A medical report is required on return to school.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and 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. A spillage kit should be available for blood spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimize any danger of spread. If further information is required, contact your local PHE center.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease – to the Department of Public Health.