

# Health and Safety Policy Manual

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***Schools Included in this policy:***

Alderman Jacobs School  
Gunthorpe Primary School  
John Clare Primary School  
Northborough Primary School  
Werrington Primary School  
Wittering Primary School



## AIMS

Our Trust 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.

## LEGISLATION

This policy is based on advice from the Department for Education (DfE) on *Health and Safety in Schools* and the following legislation and guidance:

- **Health and Safety at Work etc. Act 1974** – sets out the general duties employers have towards employees and others who may be affected by their work.
- **Management of Health and Safety at Work Regulations 1999** – require employers to carry out risk assessments, implement control measures, and provide appropriate information, instruction, and training.
- **Control of Substances Hazardous to Health Regulations (COSHH) 2002** – require employers to control exposure to substances hazardous to health.
- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013** – detail the types of incidents that must be reported to the Health and Safety Executive (HSE).
- **Health and Safety (Display Screen Equipment) Regulations 1992** – require assessment of workstations used by display screen equipment users.
- **Gas Safety (Installation and Use) Regulations 1998** – require that gas work is carried out only by Gas Safe-registered engineers.
- **Regulatory Reform (Fire Safety) Order 2005**, as amended by the **Fire Safety (England) Regulations 2022** – require employers to take general fire precautions to ensure the safety of staff and occupants.
- **Work at Height Regulations 2005** – require employers to ensure work at height is properly planned, supervised, and carried out safely.
- **Control of Asbestos Regulations 2012** – require employers to manage asbestos-containing materials in non-domestic premises and maintain an Asbestos Management Plan.
- **Building Safety Act 2022** – establishes clear duties for those responsible for managing and maintaining safe school premises.
- **Personal Protective Equipment at Work (Amendment) Regulations 2022** – confirm PPE duties apply to all workers, including agency or temporary staff.
- **Health and Safety (First Aid) Regulations 1981** – require employers to provide adequate and appropriate first-aid equipment, facilities and personnel.

This policy also aligns with:

- The **Education (Independent School Standards) Regulations 2014**, Part 3 – Welfare, health, and safety of pupils.
- **UK Health Security Agency (UKHSA)** guidance on infection prevention and control.
- The **Department for Education’s “Security Guidance for Schools” (2023)**.
- **Keeping Children Safe in Education (KCSIE) 2025**, which links safeguarding and pupil welfare to health and safety management.

This policy complies with the Trust’s Funding Agreement and Articles of Association.



## ***Statement of General Policy on Health, Safety and Welfare***

Soke Education Trust believes that the health, safety, and wellbeing of staff, pupils, contractors, and visitors are fundamental to all aspects of its operation.

The Trust complies with the **Health and Safety at Work etc. Act 1974** and the **Management of Health and Safety at Work Regulations 1999**, and is committed to continual improvement of its health and safety management systems.

The Trust aims to achieve this through the following principles:

- Establishing and maintaining clear policies, procedures, and arrangements to promote effective health and safety management across all schools.
- Adopting a **risk-based approach** to identify, assess, and control significant risks associated with school activities.
- Providing **sufficient resources**, including time, finance, and competent advice, to achieve the Trust's health and safety aims.
- Involving all levels of staff and local governance in promoting a strong health and safety culture.
- Providing **information, instruction, training, and supervision** to ensure all staff understand their responsibilities and the hazards and risks associated with their roles.
- Ensuring that all school sites are **safe, healthy, and secure environments** for pupils, staff, and visitors.
- Monitoring and auditing performance regularly to identify areas for improvement and to ensure compliance with legal and Trust requirements.

The Trust recognises that a safe and healthy environment enhances learning and supports staff wellbeing. Senior leaders at all levels are accountable for implementing the policy in their areas of responsibility.

All employees have a duty to:

- Take reasonable care for their own health and safety and that of others;
- Cooperate with senior management to enable compliance with this policy; and
- Report any health and safety concerns, accidents, or near-misses promptly.



## ***Roles and Responsibilities***

Responsibilities of individuals within the Trust are as follows:

**Directors.** The ultimate responsibility for all aspects of health and safety at work within the Soke Education Trust rests with the Directors through the safety organisation.

**Local Governance Committees** - The LGC has delegated responsibility to monitor the implementation of health & safety and staff wellbeing in its school.

**Headteacher** - The Headteacher is responsible for the effective implementation of the safety policy in their school and for encouraging staff, through regular monitoring, to implement health and safety arrangements.

**Safety adviser** - Soke Education Trust appoints an external safety adviser to provide information and advice on health, safety and welfare within its schools.

**Line managers** - Deputy Headteachers, Assistant Headteachers of Phases Finance and Office Manager, Site Officer/Caretakers are responsible for ensuring that the day-to-day requirements regarding health and safety at work are met within their areas of concern. Where any new process, operation or substance is introduced into the area of their responsibility, they should ensure that the associated risks are assessed and any precautions deemed necessary are implemented. They are to ensure that all new members of staff and pupils under their control are instructed in their own individual responsibility with regard to the Health and Safety at Work Act (1974)

**Staff** - The responsibility of applying safety procedures on a day-to-day basis rests with all staff. All accidents will be investigated by them in accordance with current procedures in order that the cause of any accident can be identified and remedial action taken as appropriate. They frequently make inspections of their area of responsibility, taking prompt remedial action where necessary.

**Contractors** - It is the responsibility of contractors and their employees to read and comply with the school health and safety policy.



## **Arrangements**

### **Site security**

Each school has a designated Site Officer or Caretaker who is responsible for the security of the site both during and outside school hours.

Their duties include regular visual inspections, monitoring access controls, and managing the intruder and fire alarm systems.

If the Site Officer or Caretaker is absent, a member of the Senior Leadership Team (SLT) will assume these responsibilities.

The Trust ensures that:

- All external gates and doors are secured at appropriate times of the day.
- Visitor access is controlled via a sign-in procedure and the wearing of visitor badges.
- CCTV systems are used responsibly in line with the Trust's Data Protection Policy.
- Schools have both evacuation and invacuation/lockdown procedures, in accordance with DfE *Security Guidance for Schools (2023)*.
- Staff receive annual security and emergency procedures training.

### **Evacuation and Fire Safety**

Each school maintains a current Fire Risk Assessment, reviewed at least annually and whenever significant changes occur.

Evacuation procedures are clearly displayed, and all staff, pupils, and visitors are made aware of emergency arrangements.

- **Fire Drills:** Conducted at least once per term and recorded in the fire logbook.
- **Fire Alarm Testing:** Weekly by the Site Officer or Caretaker.
- **Fire Doors:** Fitted throughout each school, checked regularly, and never wedged open.
- **Assembly Points:** Clearly signed, with registers taken for pupils and staff.
- **Fire Fighting Equipment:** Maintained annually by a competent contractor, and only used by trained staff if safe to do so.
- **PEEPs:** Personal Emergency Evacuation Plans are in place for individuals requiring assistance.

In line with the *Fire Safety (England) Regulations 2022*, the Trust ensures that responsible persons for each building maintain up-to-date building and fire safety information, available to emergency services upon request.

*The details of who will assist and the route they will take is outlined in their personal emergency evacuation plan (PEEPs).*

A fire safety checklist can be found in appendix 1. A Full Fire and Safety Evacuation Plan can be seen in each school.

### **Doors**

Fire doors are fitted throughout the school. Doors are closed in the event of an evacuation and at night during the security checks.



## **Bomb Alerts**

In the event of a bomb alert the Headteacher, a Deputy Headteacher or designated person must:

- Ring the fire alarm to activate the evacuation of the premises of all adults and children (see fire drill procedure)
- Phone 999 for the fire service and police
- Check that the evacuation procedure has been followed
- Remain at the front of the school to meet the fire service/police and direct them to the incident
- All children and adults must remain outside
- Only when the all clear has been given will registers be sent back to classes enabling children and adults to re-enter the premises

If the alert is a practice, then the fire service need not be informed.

## **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 the Site Officer 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 will be stored in a locked cupboard and decanted into single use bottles. 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.

## **Gas safety**

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer

Gas pipework, appliances and flues are regularly maintained

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

## **Legionella**

Each school maintains a **Water Safety and Legionella Risk Assessment**, reviewed **annually** and whenever significant changes are made to the water system or building.

The Site Officer or Caretaker ensures that all identified control measures are carried out and recorded in the site's water logbook.



Regular control measures include:

- Monthly temperature checks at sentinel outlets;
- Weekly flushing of infrequently used outlets and showers;
- Ensuring hot water is stored above 60°C and cold water below 20°C;
- Keeping water tanks and calorifiers covered and clean;
- Maintaining detailed records of maintenance, cleaning, and any water treatment undertaken.

All water hygiene tasks are completed in line with **HSE Approved Code of Practice L8** and guidance document **HSG274 Part 2**.

### **Asbestos**

Each school maintains an up-to-date Asbestos Management Plan (AMP) and Asbestos Register, reviewed annually or following any work that may disturb asbestos-containing materials (ACMs).

All staff receive annual asbestos awareness training to ensure they understand what asbestos is, where it may be located, and what to do if they suspect it has been disturbed.

Contractors must:

- Review the asbestos register before beginning work;
- Sign the *contractor induction* form confirming they have read and understood the information; and
- Stop work immediately if they encounter or suspect asbestos.

All asbestos management follows the Control of Asbestos Regulations 2012 and HSE guidance HSG227 "A Comprehensive Guide to Managing Asbestos in Premises."

### **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

### **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 the Site Officer or Caretaker immediately. In their absence see the Office Manager.
- 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

### **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 and perform final safety checks prior to the equipment being used.
- Any concerns about the condition of the gym floor or other apparatus, including the outdoor PE and gym equipment will be reported to the Site Officer or Caretaker

### **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

### **Specialist equipment**

Where applicable, parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs and will notify parents of any concerns.

### **Lone working**

Lone working includes (but is not limited to):

- Working late or outside normal hours;
- Site cleaning or maintenance duties;
- Working in a single-occupancy office;
- Conducting home or site visits;
- Out-of-hours meetings or events.

### **Procedures**

- Lone workers must inform a colleague, family member, or line manager of their expected location, activity, and finish time.
- The Trust provides a Lone Working Risk Assessment Template and ensures that suitable control measures are in place (e.g. mobile phone, check-in system, or buddy arrangement).
- High-risk activities such as working at height, handling hazardous substances, or operating machinery must never be undertaken alone.
- Staff must not meet parents or members of the public alone in isolated parts of the building after hours.
- Lone workers should confirm that they are medically fit and feel safe to work alone.

Each Headteacher ensures that lone working is reviewed annually as part of their school's health and safety monitoring.

### **Working at height**

The Trust will ensure that all work at height is properly planned, supervised, and carried out by competent people with the appropriate skills, knowledge, and experience.

All schools follow the Work at Height Regulations 2005 and HSE INDG401 – Safe Use of Ladders and Stepladders (2021).



### Procedures and control measures

- The Site Officer or Caretaker is responsible for maintaining all ladders, stepladders, and access equipment in safe condition and for ensuring visual inspections are completed **before each use** and **formally every six months**.
- Staff must not improvise when working at height — only approved equipment is to be used.
- Pupils are **prohibited** from using ladders or climbing onto furniture or equipment.
- Suitable footwear and clothing must always be worn.
- Working alone at height is **not permitted**.
- Access to high-level areas such as roofs, ceiling voids, and plant rooms is restricted to trained staff and approved contractors.
- “Elephant feet” step platforms are provided for low-level access work (e.g., classroom display boards).

Any defects, instability, or unsafe conditions must be reported immediately to the Site Officer, who will remove the equipment from use and record the issue.

### 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

### 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
- There will always be at least one first aider on school trips and visits
- There will always be at least one first aider with a current pediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

### Lettings

This policy applies to 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.



## **Violence and Aggression at Work**

The Trust is committed to providing a safe and respectful working environment. It will not tolerate violence, abuse, or threatening behaviour towards staff, pupils, or visitors.

All staff are required to report any incident of verbal abuse, aggression, intimidation, or physical assault, including near misses, immediately to their line manager and Headteacher.

These must be recorded on the Trust's incident reporting system.

Where appropriate:

- The police may be notified;
- A ban or restricted access order may be issued to individuals;
- Support, debriefing, and occupational health referrals will be made available to affected staff.

The Trust follows the DfE "Dealing with Abuse Towards School Staff" (2022) guidance and links this section to its Adult Behaviour – Minimising Aggression Policy and Positive Handling and Use of Reasonable Force Policy.

## **Smoking**

Smoking is not permitted anywhere on the school premises. No-smoking signs are clearly displayed around the building

## **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.

### **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

### **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 (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

### **Cleaning of the environment**

- Clean the environment frequently and thoroughly
- 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

### **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

### **Clinical waste**

- 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

### **Animals**

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

### **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.

### **Exclusion periods for infectious diseases and sickness**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4. In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

### **New and expectant mothers**

Risk assessments will be carried out whenever any employee 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

### **Occupational stress**

Soke Education Trust recognises that staff wellbeing is integral to effective education.

The Trust is committed to promoting high levels of health and wellbeing and preventing work-related stress.

### **Arrangements**

- Senior leaders monitor staff workloads and respond to individual concerns promptly.
- The Trust has signed up to the DfE Education Staff Wellbeing Charter and promotes a positive working culture.
- Staff have access to Occupational Health and other wellbeing support, such as Employee Assistance Programmes (EAP), where available.
- All leaders receive training in identifying, managing, and supporting staff experiencing stress or mental health challenges.
- The Trust promotes regular wellbeing activities and encourages open communication through staff surveys, forums, and 1:1s.

Where stress or wellbeing issues are identified, risk assessments and individual support plans will be developed collaboratively.

### **Use of vehicles**

Only those persons authorised and in possession of the appropriate licence are to drive vehicles on school business.

### **Car Parking**

Car parking is a hazard for those who use the school and for neighbours who live within the vicinity of the school. Drivers parking cars at the school, near it or dropping or collecting children at the school should at all times have consideration for the safety of pedestrians, other road users and the immediate community. In particular, the road markings near the school crossing should be observed at all times.

Owners park their vehicle at their own risk.

Where there is provision for disabled parking, only staff members who are blue badge holders should use these spaces. At no time should the space reserved for any school transport be obstructed.

There is regular contact with traffic police and the road safety officer who will talk to parents and children and provide leaflets and posters to display and send out.

Regular letters to parents emphasise the following:

- Care of our neighbours
- Use of the crossing patrol instead of driving right up to school
- Not parking on yellow lines



- Dropping children off at their gates then driving on to keep the traffic flow moving, rather than parking and waiting

Trips – try to arrange coach time before or after 9.00am

Personal contact with any adult who continually parks in an obstructive way (by Headteacher or Site Officer).

## **Accident reporting**

### **Accident records**

- An accident form will be completed using the school's logging procedure 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 pupil's educational record
- Records held 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 *[You should check whether your insurer requires accident records to be retained for a longer period of time]*

## **Reporting to the Health and Safety Executive**

### **Accident records**

- All accidents, incidents, and near misses must be recorded as soon as possible using the Trust's approved electronic system (**H21 Safety**).
- Minor injuries are recorded by the member of staff or first aider who provides assistance.
- Serious injuries or incidents are reported to the Headteacher and the Trust's central Operations Team immediately.
- Accident records are retained for at least **three years**, or longer if required by the Trust's insurer.

### **RIDDOR reporting**

The **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013** require specific incidents to be reported to the **Health and Safety Executive (HSE)**.

A member of the school's Administration Team or Health & Safety Lead must report incidents via the HSE online portal within the statutory timeframe.

Reportable incidents include:

- Fatalities or specified serious injuries (e.g. fractures, amputations, loss of sight, serious burns, etc.)
- Injuries leading to absence from work for more than 7 consecutive days
- Dangerous occurrences that could have caused injury (e.g. structural failure, fire, or explosion)
- Occupational diseases diagnosed by a medical professional

All RIDDOR reports are also shared with the **COFO** for monitoring and governance oversight.

### **Reporting to other agencies**

- Ofsted and the Local Authority Designated Officer (LADO) must be notified of any serious accident, injury, or death of a pupil while in the Trust's care.
- Parents are informed of all accidents involving their children.

## **Reporting to Ofsted and child protection agencies**

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



The Headteacher will also notify the LADO of any serious accident or injury to, or the death of, a pupil while in the school's care.

### **First Aid in School**

All trained first-aiders are responsible for dealing with minor incidents requiring first aid.

If there is any concern about any first aid which should be administered then the qualified first aiders must be consulted.

All first aid given is non-invasive. For example no foreign bodies will be removed from skin, no treatment can be given to eyes.

A list of qualified first aiders is available from the office of each school.

### **Safety/HIV Protection**

Always wear disposable gloves when treating any accidents/incidents which involve body fluids. Make sure any waste (wipes, pads, paper towels etc.) are placed in a disposable (yellow) bag and fastened securely. Any children's clothes should be placed in a plastic bag and fastened securely ready to take home.

### **Recording Accidents**

All accidents must be recorded and a copy will be sent to parents.

### **First Aid Boxes**

<i>Contents:</i>	Scissors	Sterile gauze swabs
	Vent Aid	Non-adherent pads
	Eye pad	Disposable gloves
	1 Bandage	Triangular bandage
	Micropore tape	Clinical waste bags

### **First Aid Supplies**

Extra and additional more specialised equipment for first aid boxes is kept by {Name}

Supplies are also kept of:

Sterilising wipes	Plasters (for use by adults)
Bandages	Foil Blanket
Slings	
Bite and sting relief	
antihistamine cream	

A member of the Administration Team is responsible for checking the contents of the first aid boxes on a regular basis and for placing orders to replenish stock. All staff are responsible for notifying the Administration Team if the supplies in any of the first aid boxes are running low.

### **Allergies/Long Term Illness**

A record is kept in the School Office of any child's allergy to any form of medication (if notified by the parent) any long-term illness, for example asthma, and details on any child whose health might give cause for concern. Lists are provided to all teachers.



### **Administration of Medicines during School Hours**

From time to time, parents request that the school should dispense medicines which need to be administered at regular intervals to children.

These requests fall into two categories:

- Children who require emergency medication on a long-term basis because of the chronic nature of their illness (for example, asthma and epilepsy).
- Children who are suffering from casual ailments.

Generally, no member of staff will administer medicine to children.

Parents are responsible for the administration of medicine to their children and if a child needs a dose of medicine at lunchtime, the child should return home for this or the parent should come to the school to administer the medicine.

For casual ailments it is often possible for doses of medication to be given outside school hours. Schools do not administer medicines for casual ailments.

If it is unavoidable that a child has to take medicine in school for treatment for a long term illness to be effective, then each individual case will be considered. Please note that teachers are not required to dispense medicines as part of their contracts and any involvement would be purely on a voluntary basis.

In each school one staff member may offer, on a voluntary basis, to administer prescription medicines (4 doses per day) prescribed by a doctor only when it is not practical for a parent to visit and administer - check with individual schools. This is a gesture of goodwill. For medicines to be administered the medicine must be brought into school in a properly labelled container which states:

The name of the medicine

The dosage

The time of administration.

Staff are not able to find children who do not come for medicines.

For the school to agree to assist in long term medication:

- Parents must write to the school giving authorisation for medicines to be administered to their children. This needs to include instructions regarding the quantity and frequency of administration. A consent proforma will be issued.
- The medicines must be brought into school in a properly labelled container which states:
- (a) The name of the medicine, (b) The dosage, (c) The time of administration and (d) The child's name.
- Where possible the medicine should be self-administered under the supervision of an adult. Medicines will be kept in a secure place by staff in accordance with safety requirements. Please note we have no medical fridge.

Where long term needs for emergency medication exist, the school will require specific guidance on the nature of the likely emergency and how to cope with it while awaiting paramedical assistance. If staff training is required the Headteacher will ensure it is provided.



Detailed written instructions should be sent to the school and the parent/guardian should liaise with their child's class teacher. If the emergency is likely to be of a serious nature, emergency contact numbers must be given where an adult is available at all times.

### **Use of Volunteers**

All volunteers must complete a DBS check and read the policies related to induction. All volunteers will be provided with a welcome leaflet detailing the information they need to know related health & safety

### **Physical Intervention for Staff Working with Children in School**

Specific training is given for any adults working with challenging children and general guidance is given to all staff working in school. Statutory guidance is shared with all staff and the Trust has adopted specific policies – see Positive Handling & Use of Reasonable Force policy

### **Training**

Our staff are provided with health and safety training as part of their induction process. Staff who work in high risk environments or with high risk resources eg woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

### **Monitoring**

This policy will be reviewed every two years.

At every review, the policy will be approved by the Board of Directors.

### **Links to other policies**

- Adult Behaviour – Minimising Aggression
- Anti-bullying policy
- Behaviour & discipline policy
- Education Visits policy
- Fire Safety and Evacuation policy
- First Aid policy
- Invacuation policy
- Lone Working policy
- Manual Handling policy
- Positive Handling and Use of Reasonable Force policy
- Risk Assessment policy
- Staff Induction policy
- Vehicle and Pedestrian Access policy

## ***Appendix 1 – Fire Safety Checklist***

This checklist should be completed termly by the Site Officer or designated Responsible Person, and reviewed annually as part of the school's Fire Risk Assessment.

Records must be kept in the Fire Safety Logbook and available for inspection by the Trust or Fire Authority.



Issue to Check	Yes / No	Comments / Action Required	Date Checked	Checked By
Are current fire regulations and evacuation procedures prominently displayed in key areas (e.g. entrances, classrooms, offices)?				
Are fire exits and escape routes clearly marked, free from obstruction, and illuminated where required?				
Are all fire doors in good condition, fitted with appropriate self-closing devices, and kept closed (not wedged open)?				
Are fire doors and exit routes checked daily by the Site Officer / Caretaker?				
Are fire extinguishers, blankets and signage in place, accessible, and inspected annually by a competent contractor?				
Are fire extinguishers clearly labelled with the type of fire they are suitable for (e.g. electrical, flammable liquids)?				
Are fire alarm tests carried out weekly and recorded in the Fire Logbook?				
Are fire drills carried out at least once per term and results recorded (including evacuation time and issues)?				
Are assembly points clearly identified and kept free from obstruction?				
Have any new staff or pupils received induction in fire safety and evacuation procedures?				
Are Personal Emergency Evacuation Plans (PEEPs) in place and reviewed for all pupils, staff or visitors requiring assistance?				



Are flammable or combustible materials stored safely, away from heat sources or ignition points?				
Are fire alarm systems, detectors, and emergency lighting maintained and tested in accordance with manufacturer and contractor schedules?				
Is the Fire Risk Assessment current (reviewed annually or when significant changes occur)?				
Has the Responsible Person signed off this checklist and logged any required actions?				

Responsible Person for Fire Safety:

Date Completed:

Next Review Due:



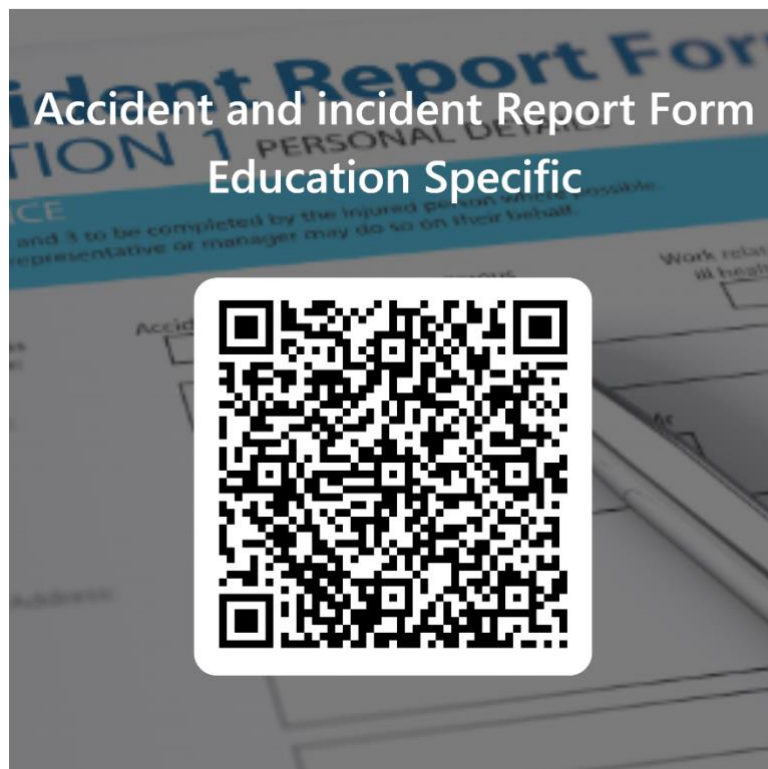
## ***Appendix 2 – Accident Reporting***

All accidents, incidents, and near misses must be recorded using the school's own reporting system — this may be a paper-based form or an electronic platform, depending on the school's arrangements. A completed copy must be provided to parents or carers where appropriate.

For serious accidents, incidents, or near misses, schools must also notify H21 Safety by completing the online form (accessible via the link or QR code provided below), or alternatively by contacting them directly via email or telephone.

This notification alerts H21 Safety, the Trust's appointed health and safety consultants, so that they can provide advice and support as required.

[Click Here or Scan below](#)





### ***Appendix 3 – Asbestos Record***

This appendix provides a summary of asbestos management arrangements in each school.

A full Asbestos Register and Asbestos Management Plan (AMP) must be maintained on site and reviewed annually, or sooner if building works, damage, or structural changes occur.

All contractors and visitors undertaking works must review the Asbestos Register before commencing any task that may disturb the fabric of the building.

Location / Room	Material Description	Condition (Good / Fair / Poor)	Risk Rating (Low / Medium / High)	Control Measures in Place	Date of Last Inspection	Next Review Due	Action Required / Comments	Checked By
Example: Boiler Room	Pipe lagging (ACM insulation)	Good	Medium	Encapsulated and labelled. Access restricted.	01/09/2024	01/09/2025	Continue to monitor condition; re-inspect annually.	
Example: Corridor ceiling void	Textured coating (Artex)	Good	Low	No disturbance. Signage in place.	01/09/2024	01/09/2025	None currently.	
Example: Classroom 2	Ceiling tiles (suspect ACM)	Fair	Medium	Sample taken – confirmed asbestos cement. Labelled and recorded.	01/09/2024	01/09/2025	Remove during next refurbishment under licensed contractor.	

The Asbestos Register is kept in the School Office / Site Office and must be shown to all contractors before any work begins.

The Site Officer / Caretaker is responsible for day-to-day monitoring and ensuring records are kept up to date.

A visual condition check of all known or suspected asbestos-containing materials (ACMs) must be carried out termly and recorded in the Asbestos Log.

The Asbestos Management Plan (AMP) must be reviewed annually or sooner if:

There is any change to building structure or use;

ACMs are damaged or removed; or

HSE or the Trust requires reinspection.

Staff are briefed annually on the presence of asbestos and what to do if they suspect disturbance.



Any suspected damage, debris, or disturbance of asbestos must be reported immediately to the Headteacher and Trust Operations Team, and the affected area isolated until inspected by a competent person.

***Appendix 4 – Recommended absence period for preventing the spread of infection.***

This table indicates the recommended exclusion periods from school/setting to reduce transmission during the infectious stage. “Exclusion” here refers to staying away from school or setting, not disciplinary exclusion.

Always consult your local UKHSA Health Protection Team (HPT) if you are uncertain or if there is a cluster or outbreak.

Infection / Condition	Exclusion Period	Comments / Additional Actions
Athlete’s foot	None	No exclusion required. Ensure individuals are not barefoot in shared areas, and avoid sharing socks, towels, shoes. ( <a href="#">GOV.UK</a> )
Chickenpox	At least 5 days from onset of rash, and until all blisters have crusted over	Susceptible pregnant staff should seek medical advice. ( <a href="#">GOV.UK</a> )
Cold sores (herpes simplex)	None	No exclusion. Avoid direct contact with sores; promote hand hygiene. ( <a href="#">GOV.UK</a> )
Conjunctivitis	None	No exclusion necessary under normal circumstances. In outbreaks, consult UKHSA. ( <a href="#">GOV.UK</a> )
Cryptosporidiosis	Exclude for 48 hours after symptoms stop	In an outbreak, liaise with UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Diarrhoea and/or vomiting	Exclude until 48 hours after symptoms cease	For specific pathogens (e.g. E. coli, STEC, hepatitis A), follow additional guidance from UKHSA. ( <a href="#">GOV.UK</a> )



Diphtheria*	Essential exclusion until cleared by HPT	Always consult UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Flu / Influenza (or influenza-like illness)	Until recovered, or no longer symptomatic	Mild respiratory symptoms alone (runny nose, mild cough) may not require exclusion if individual is otherwise well. ( <a href="#">GOV.UK</a> )
Glandular fever	None	No exclusion required; manage symptoms. ( <a href="#">GOV.UK</a> )
Hand, Foot and Mouth Disease	None	No routine exclusion. In cases of outbreak or severe symptoms, consult UKHSA. ( <a href="#">GOV.UK</a> )
Head lice / Nits	None	No exclusion. Encourage treatment and avoidance of head-to-head contact. ( <a href="#">GOV.UK</a> )
Hepatitis A	Exclude for 7 days from onset of jaundice or symptoms	In outbreaks, liaise with UKHSA / HPT for possible extended exclusion of contacts. ( <a href="#">GOV.UK</a> )
Hepatitis B / C	None (chronic cases)	Acute cases will generally be too ill to attend; follow medical advice. ( <a href="#">GOV.UK</a> )
HIV	None	No exclusion. Maintain confidentiality. ( <a href="#">GOV.UK</a> )
Invasive Group A Streptococcus (iGAS / GAS)	Exclude until 24 hours after starting appropriate antibiotics (for non-invasive GAS)	In more serious / invasive cases, follow UKHSA / HPT advice. ( <a href="#">GOV.UK</a> )
Measles	Exclude until at least 4 days after onset of rash	Notify UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Meningitis / Meningococcal (bacterial)	Exclude until recovered and under medical advice	Contact UKHSA / HPT in event of two or more cases in setting. ( <a href="#">GOV.UK</a> )
Mumps	Exclude for 5 days from onset of swelling	Susceptible staff or pupils may need assessment. ( <a href="#">GOV.UK</a> )
Norovirus	Exclude until 48 hours after symptoms stop	In outbreaks, liaise with UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Ringworm (tinea)	None	No exclusion once treatment has begun; cover lesions during physical education. ( <a href="#">GOV.UK</a> )



Rubella (German measles)	Exclude for 5 days from rash onset	Notify UKHSA / HPT if confirmed. ( <a href="#">GOV.UK</a> )
Scabies	Can return after first treatment	No exclusion of contacts. In outbreaks, liaise with UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Scarlet fever	Exclude until at least 24 hours after starting antibiotics	Cover broken skin; in multiple cases contact UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Shingles	Exclude only if rash is weeping and cannot be covered	Otherwise no exclusion required. ( <a href="#">GOV.UK</a> )
Slapped cheek (Parvovirus B19 / Erythema infectiosum)	None	No exclusion necessary. Pregnant staff should seek medical advice if exposed. ( <a href="#">GOV.UK</a> )
Threadworm	None	No exclusion. Promote good hygiene and treatment of whole household where applicable. ( <a href="#">GOV.UK</a> )
Tuberculosis (TB)	Exclude if infectious (pulmonary)	Only exclude based on medical advice; coordinate with UKHSA / TB services. ( <a href="#">GOV.UK</a> )
Typhoid / Paratyphoid (enteric fever)	Exclude until 48 hours after symptoms stop	In outbreaks or food handlers, follow advice from UKHSA / HPT. ( <a href="#">GOV.UK</a> )
Whooping cough (Pertussis)	Exclude until 48 hours after starting appropriate antibiotics, or 21 days from onset if no antibiotics	Disease is highly communicable; seek advice from UKHSA / HPT. ( <a href="#">GOV.UK</a> )

This table serves as a guidance tool only. When in doubt—particularly in cases of suspected outbreaks, clusters, or serious infections—always liaise with your local UKHSA Health Protection Team (HPT) for specific exclusion and control measures.

Mild respiratory illnesses (e.g. common cold, runny nose, mild cough) generally do not require exclusion unless accompanied by fever or significant symptoms.

Where a pupil or staff member is diagnosed with an infection not listed in this table, consult the UKHSA / HPT and relevant medical professionals for exclusion advice.

This appendix should be reviewed and updated in line with the latest UKHSA and DfE guidance before each policy renewal.