

# Health and Safety Policy



Responsibility	Finance and Resources to Full Trust Board	
Status	Statutory	
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The school has a detailed Risk Register which the Board of Trustees uses to monitor and measure the impact of its decisions as well as informing its planning.

To ensure that Risk Management permeates the working of the Trust, this policy is referenced in the Risk Register and the committee responsible for the policy should consider the “likeliness” and “impact” level for the appropriate risks.

## Contents

<b>1. Aims</b>	<b>3</b>
<b>2. Legislation</b>	<b>3</b>
<b>3. Roles and responsibilities</b>	<b>4</b>
<b>4. Site security</b>	<b>5</b>
<b>5. Fire</b>	<b>5</b>
<b>6. COSHH</b>	<b>6</b>
<b>7. Equipment</b>	<b>7</b>
<b>8. Lone working</b>	<b>8</b>
<b>9. Working at height</b>	<b>8</b>
<b>10. Manual handling</b>	<b>9</b>
<b>11. Off-site visits</b>	<b>10</b>
<b>12. Lettings</b>	<b>10</b>
<b>13. Violence at work</b>	<b>10</b>
<b>14. Smoking</b>	<b>10</b>
<b>15. Infection prevention and control</b>	<b>10</b>
<b>16. New and expectant mothers</b>	<b>12</b>
<b>17. Occupational stress</b>	<b>13</b>
<b>18. Accident reporting</b>	<b>13</b>
<b>19. Training</b>	<b>15</b>
<b>20. Monitoring</b>	<b>15</b>
<b>21. Links with other policies and procedures</b>	<b>15</b>
Appendix 1. Fire safety checklist	16
Appendix 2. Accident report	17
Appendix 3. Recommended absence period for preventing the spread of infection	18
Appendix 4. Contingency Plan   Outbreak Management Plan	21

## 1. Aims

RTS aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, students 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

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

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), as amended in 2004, which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
- [Provision and Use of Work Equipment Regulations 1998 \(PUWER\) - Work equipment and machinery](#) which requires equipment to be suitable for purpose and well maintained

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

This policy complies with our funding agreement and articles of association.

### **3. Roles and responsibilities**

#### **3.1 The Trust Board**

The Trust Board has ultimate responsibility for health and safety matters in the school, but will delegate the management of specific health and safety functions to the Head Teacher. The Trust Board understands that its ultimate legal duties under the Health and Safety at Work etc. Act 1974 are non-delegable.

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

The academy trust, as the employer, also has a duty to:

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

The trustee who oversees health and safety is Gordon Deas.

#### **3.2 Head Teacher**

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

- Implementing the health and safety policy
- Ensuring there are enough staff to safely supervise students
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the Trust Board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary, and have received adequate training to work safely. Ensuring that all cleaning staff have the necessary enhanced DBS to enable them to work in a School environment.

In the Head Teacher's absence, the Deputy Head Teachers assume the above day-to-day health and safety responsibilities.

#### **3.3 Health and safety lead**

The nominated health and safety lead is the Facilities Manager.

#### **3.4 Staff**

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Cooperate with the school on health and safety matters
- Work in accordance with training and instructions

- Actively participate in the school's safety culture by reporting **all** hazards, near-miss events, and work situations representing a risk, not just serious and immediate dangers, using the established formal reporting system
- Model safe and hygienic practice for students
- Understand emergency evacuation procedures and feel confident in implementing them
- Understand lock down procedures

### **3.5 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.

### **3.6 Contractors**

Contractors will agree health and safety practices with the Head Teacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. Contractors will provide evidence of liability insurance, enhanced DBS, proof of competence (training qualifications)

## **4. Site security**

The Facilities Manager is responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Head Teacher, Deputy Head Teacher/Designated Safeguarding Leader and Facilities Team are key holders and will respond to an emergency.

## **5. Fire**

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud two continuous tone buzzer.

Fire alarm testing will take place every Tuesday at 7am.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and students will congregate at the assembly points. These are located to the rear of the premises on the MUGA playing surface.
- Form tutors/class teachers will take a register of students, which will then be checked against the attendance register of that day
- The Head Teacher will maintain a register of all staff, delegated to Human Resources staff, who will report any missing staff to the Head Teacher.
- Staff and students will remain outside the building until the emergency services say it is safe to re-enter

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

Individuals with mobility needs would have undergone a risk assessment to ensure their safety in the building and in the event of an evacuation.

A Personal Emergency Evacuation Plan (PEEP) will be devised as a consequence. In the event of a fire, the individuals will be assisted to the nearest refuge point. When arriving at the refuge point the individual's assistant will sound the refuge alarm. This will indicate that individuals are at the refuge point to the Incident Controller (usually the Facilities Manager).

The Incident Controller will remain in contact with the individual and the assistant at all times. The Incident Controller will update the individual and assistant at regular intervals. If the Fire Brigade need to attend they will be informed immediately that there is an individual at the refuge point. Should the individual need moving from the refuge point, the individual can be transferred to an evacuation chair to a place of safety. Only staff trained in the use of evacuation chairs will be permitted to perform the movement of an individual. The individual would have taken part in a practice evacuation in the evacuation chair and stays safe and comfortable.

A fire safety checklist can be found in appendix 1.

## **6. COSHH**

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are monitored by the Facilities Manager 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.

Where applicable staff will store COSHH items in the dedicated COSHH cupboard provided.

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 use.

### **6.1 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
- All rooms with gas appliances are fitted with gas guard proving systems, which are serviced annually

## 6.2 Legionella

- A water risk assessment was completed on **10th January 2023 by a third party supplier**. The water risk assessment is scheduled to include the main building and the new sports hall. The Facilities Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by temperature checks, heating of water, regular low use flushing of the taps, disinfection of showers, etc.

## 6.3 Asbestos

The school and all its buildings are free from asbestos. This assessment is documented and confirmed in an official 'No Asbestos Containing Materials' (No-ACM) statement, which is reviewed annually and retained in the Health and Safety documentation file.

## 7. Equipment

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

### 7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any student 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 Facilities Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- Portable appliance testing is carried out annually 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

- Fixed wire testing is carried out every 5 years by a competent person. Last test was carried out August 2023 next required test August 2028

## **7.2 PE equipment**

- Students are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the Sports Hall or Activity Studio floor or other apparatus will be reported to the Facilities Manager
- PE equipment will be subject to an annual inspection by a sports equipment specialist.

## **7.3 Display screen equipment**

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

## **7.4 Specialist equipment**

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

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

## **8. Lone working**

Lone working may include:

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

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

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

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

## **9. Working at height**

All work at height will be subject to a risk assessment to determine the most appropriate measures, following the statutory hierarchy of control:

- Avoid work at height where possible.
- Prevent a fall using collective protection (e.g., permanent edge protection, scaffolding, or Mobile Elevated Work Platforms - MEWPs).
- Minimise the distance and consequence of a fall (e.g., using fall arrest systems, only if higher levels of control are not reasonably practicable). Work using portable equipment (such as ladders, step ladders, and kickstands) is only permitted when the work is of short duration and low risk, and where other means are not feasible.

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

A specific risk assessment, as per the RTS Risk Assessment Policy (Ref: 055), must be completed by the Facilities Manager or competent person for all non-routine work at height before it is undertaken. This includes the use of portable equipment.

In addition:

- The Facilities Manager retains and maintains all portable work at height equipment for working at height (including ladders, step ladders, and kickstands).
- Students are prohibited from using any work at height equipment.
- Only staff who have successfully completed formal, certified training in the safe use and inspection of the specific equipment (ladders, step ladders, or other work at height equipment) will be deemed competent to undertake the work. Training records must be maintained.
- Contractors providing their own work at height equipment must demonstrate proof of thorough statutory inspection (e.g., a current Ladders Log or Inspection Tag) and provide their written Safe System of Work or Risk Assessment before being permitted to commence work on site.
- In addition to the pre-use visual inspection by the user, all work equipment for working at height (including ladders, steps, and kickstands) must be subject to a thorough, documented inspection by a competent person at a minimum of six-monthly intervals, or immediately following any event likely to have damaged the equipment (e.g., dropping or collision).
- Access to high levels, such as roofs, is only permitted by trained persons.

## 10. Manual handling

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

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

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

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

## **11. Off-site visits**

When taking 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
- 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 first aider on school trips and visits

## **12. 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.

## **13. Violence at work**

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

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

## **14. Smoking**

Smoking is not permitted anywhere on the school premises.

## **15. Infection prevention and control**

We follow national guidance published by UK Health Security Agency when responding to infection control issues. We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable.

### **15.1 Handwashing**

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, after handling animals and using any cleaning chemicals
- Cover all cuts and abrasions with waterproof dressing.

### **15.2 Coughing and sneezing**

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

### **15.3 Personal protective equipment**

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment.

#### **15.4 Cleaning of the environment**

- Clean the environment frequently and thoroughly.

#### **15.5 Cleaning of blood and body fluid spillages**

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

#### **15.6 Laundry**

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

#### **15.7 Clinical waste**

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

#### **15.8 Animals**

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise students when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet
- Be aware of any staff or students that have known allergies to animals.

#### **15.9 Infectious disease management**

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

#### **Following good hygiene practices**

- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

#### **Implementing an appropriate cleaning regime**

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned twice a day

#### **Keeping rooms well ventilated**

- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

### **15.10 Students vulnerable to infection**

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

### **15.9 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by the UK Health Security Agency, summarised in appendix 4.

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

## **16. New and expectant mothers**

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

## **17. Occupational stress**

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads. See Staff wellbeing and work-life balance policy.

The school has both established and emerging initiatives to support staff wellbeing at work including:

- The staff wellbeing listening group focuses on developing effective mechanisms to support staff, empowering them to lead on wellbeing initiatives, and monitoring the impact of wellbeing practices and workload.
- Staff have access to an enhanced Employee Assistance Programme (EAP), which provides counselling, financial advice, and other wellbeing resources.
- The school offers coaching opportunities and regular CPD focused on workload management, time efficiency, and maintaining a healthy work-life balance.
- Regular staff surveys, such as the Kirkland Rowell survey, are conducted to gather feedback on morale, workload, and support mechanisms. This data is used to inform school priorities and adjust wellbeing practices.
- Return-to-work meetings are held after absences to discuss adjustments and support plans, ensuring staff feel supported upon their return.
- Communal spaces for staff have been enhanced based on staff voice, creating environments conducive to relaxation and collaboration.
- The school conducts a yearly, whole-school stress risk assessment, conducted in line with HSE Management Standards. Where necessary, individual risk assessments are conducted to address specific concerns raised by staff.
- Employees are offered access to a health insurance scheme, providing additional support for their wellbeing. Staff listening groups offer opportunities for staff to have their voices heard and to contribute to shaping their working environment, ensuring that wellbeing remains a central focus in school operations.

## **18. Accident reporting**

### **18.1 Accident record book**

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

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

The Facilities Manager and Safeguarding 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 Facilities Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event 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 or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Facilities Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g. from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- 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

**Students and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

- Death of a person that arose from, or was in connection with, a work activity\*
- An injury that arose from, or was in connection with, a work activity\* and the person is taken directly from the scene of the accident to hospital for treatment

\*An accident "arises out of" or is "connected with a work activity" if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here:

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

## **19. Training**

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

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

Training is available via smartlog, courses are assigned to individual needs.

## **20. Monitoring**

This policy will be reviewed by the Facilities Manager and the Designated Safeguarding Lead every two years. At every review, the policy will be approved by the Head Teacher and the Board of Trustees.

As part of the biennial review, the Facilities Manager will complete a Statutory Compliance Audit Checklist to ensure all required documentation (including Fire Risk Assessment, Asbestos Record, Legionella Management Plan, and Display Energy Certificates where required) is current, in place, and fully implemented.

## **21. Links with other policies and procedures**

This health and safety policy links to the following documents:

- Accessibility plan
- Educational Trips and Visits
- First aid procedure
- Legionella Management Procedure
- Manual Handling Procedure
- Risk assessment policy
- Emergency plan
- Staff wellbeing and work-life balance
- Supporting students with medical conditions

## Appendix 1. Fire safety checklist

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

## Appendix 2. Accident report

<b>Name of injured person</b>		<b>Role/class</b>	
<b>Date and time of incident</b>		<b>Location of incident</b>	
<b>Incident details</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>Action taken</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
<b>Follow-up action required</b>			
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			
<b>Name of person attending the incident</b>			
<b>Signature</b>		<b>Date</b>	

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

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

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<p>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.</p> <p>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.</p>
<b>Cold sores</b>	None.
<b>Coronavirus (COVID-19)</b>	Follow PHE and <a href="#">NHS guidance</a>
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	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.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<p>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.</p> <p>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.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
<b>Food poisoning</b>	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).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Students and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. students and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	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.
<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
<b>Hepatitis C</b>	None.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.

## Appendix 4. Contingency Plan | Outbreak Management Plan

[Contingency Plan | Outbreak Management Plan](#)