

Corporate/Business

Health and Safety Policy

CEO approval:	Sean Kelly	Autumn 2023
Finance and Resources Committee ratification		Awaiting ratification
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Contents

1. Introduction.....	3
2. Legislation.....	3
3. Roles and responsibilities	4
4. Fire	5
5. COSHH.....	6
6. Gas safety	7
7. Legionella.....	7
8. Asbestos.....	8
9. Equipment	8
10. Electrical equipment.....	8
11. PE equipment	9
12. Display screen equipment	9
13. Specialist equipment	9
14. Lone working	9
15. Working at height	10
16. Manual handling.....	10
17. Off-site visits	11
18. Lettings	11
19. Violence at work	11
20. Smoking	11
21. Infection prevention and control.....	11
22. New and expectant mothers	13
23. Occupational stress.....	14
24. Accident reporting.....	14
25. Training	16
26. Monitoring arrangements	16
27. Links with other policies	17
Appendix 1 – Fire safety checklist.....	18
Appendix 2 – Injured Person Report Form	19
Do not send this form to the Academics H&S Team.	23
Appendix 3 – Asbestos record - example.....	24
Appendix 4 – Recommended absence period for preventing the spread of infection	25

1. Introduction

1.1 Our Academies / trust aim to:

- a) Provide and maintain a safe and healthy environment
- b) Establish and maintain safe working procedures amongst employees, pupils and all visitors to the academy site
- c) Have robust procedures in place in case of emergencies
- d) Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

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

- a) [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties' employers have towards employees and duties relating to lettings
- b) [The Management of Health and Safety at Work Regulations 1992](#), which require employers to assess the risks to the health and safety of their employees
- c) [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
- d) [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- e) [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
- f) [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
- g) [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
- h) [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their employees
- i) [The Work at Height Regulations 2005](#), which requires employers to protect their employees from falls from height

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

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

3. Roles and responsibilities

3.1 The Board of Trustees

3.1.1 The Board of Trustees has ultimate responsibility for health and safety matters in the Academies / Trust but will delegate day-to-day responsibility to the CEO which is further delegated down to each Academy Principal, the Chief Finance & Operating Officer and Estate Lead.

3.1.2 The Board of Trustees has a duty to take reasonable steps to ensure that employees and pupils are not exposed to risks to their health and safety. This applies to activities on or off the Academies / Trust premises.

3.1.3 The Trust, as the employer, also has a duty to:

- a) Assess the risks to employees and others affected by Academy / Trust activities in order to identify and introduce the health and safety measures necessary to manage those risks
- b) Inform employees about risks and the measures in place to manage them
- c) Ensure that adequate health and safety training is provided

3.1.4 The Health & Safety Link Trustee oversees health and safety of the Trust.

3.2 Principal

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

- a) Implementing the health and safety policy
- b) Ensuring there is enough employees to safely supervise pupils
- c) Ensuring that the Academy building and premises are safe and regularly inspected
- d) Providing adequate training for employees
- e) Reporting to The Board of Trustees on health and safety matters
- f) Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- g) Ensuring that in their absence, health and safety responsibilities are delegated to another member of employees
- h) Ensuring all risk assessments are completed and reviewed
- i) Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary
- j) In the Principal's absence, Assistant/Deputy Principal, assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

3.3.1 The nominated health and safety lead for the Trust is the Trust Chief Finance & Operating Officer

3.3.2 The nominated health and safety lead for the Academies are the Principals

3.4 Employees

3.4.1 Trust employees have a duty to take care of pupils in the same way that a prudent parent would do so.

3.4.2 Employees will:

- a) Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- b) Co-operate with the Academy / Trust on health and safety matters
- c) Work in accordance with training and instructions
- d) Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- e) Model safe and hygienic practice for pupils
- f) Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

3.5.1 Pupils and parents are responsible for following the Academy's / Trust's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of employees.

3.6 Contractors

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

3.7 Site security

3.7.1 The site Caretaker is responsible for the security of the Academy site in and out of academy hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

3.7.2 The site Caretaker is the key holder and will respond to an emergency.

4. Fire

4.1 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.

4.2 Emergency evacuations are practiced at least once a term. In between practise evacuations, pupils are reminded of what the sound of the alarm is for their Academy.

4.3 The fire alarm is:

- a) Ambleside Academy – a loud continuous bell

- b) Denewood and Unity Academy – a loud continuous buzzer
 - c) Westbury Academy – a loud bell
 - d) Woodlands Academy – a loud siren
- 4.4 Fire alarm testing will take place once per week.
- 4.5 Academy Principal is to ensure that new employees will be trained in fire safety and all employees and pupils will be made aware of any new fire risks.
- 4.6 Practical training in the use of fire extinguishers for key employees will be delivered in person.
- 4.7 In the event of a fire, please refer to your academy’s fire evacuation procedures. In addition:
- a) The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
 - b) Fire extinguishers may be used by employees only, and only then if employees are trained in how to operate them and are confident, they can use them without putting themselves or others at risk.
 - c) Employees and pupils will congregate at the assembly points. These are outlined in the academy’s fire / emergency evacuation procedures:
 - d) Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
 - e) The Senior Administrator will be responsible for maintaining and making available the daily register and will take a register of all employees, contractors and other visitors. The local emergency evacuation procedures will detail the headcount / register checking procedures including details of the nominated employees for undertaking a headcount.
 - f) Employees and pupils will remain outside the building until the Senior Fire Marshall says it is safe to re-enter
- 4.8 The academy 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.
- 4.9 The academies with Maglock doors automatically unlock throughout the premises when the alarm goes off.
- 4.10 Academies with fire doors that are linked to the fire alarm system will close automatically.
- 4.11 A fire safety checklist can be found in appendix 1.

5. COSHH

- 5.1 Academies are required to control hazardous substances, which can take many forms, including:
- a) Chemicals
 - b) Products containing chemicals

- c) Fumes
 - d) Dusts
 - e) Vapours
 - f) Mists
 - g) Gases and asphyxiating gases
 - h) Germs that cause diseases, such as leptospirosis or legionnaires disease
- 5.2 Control of substances hazardous to health (COSHH) risk assessments are completed by the following employees:
- a) site Caretaker for cleaning and substances relating to the repairs and maintenance of the estate
 - b) curriculum-based and circulated to all employees who work with hazardous substances. Employees will also be provided with protective equipment, where necessary.
- 5.3 Our employees 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.
- 5.4 The cleaning cupboard is only accessed by the Site Manager / Caretaker and cleaners.
- 5.5 Curriculum based substances are stored in a flammable cupboard and the keys are held by the nominated Science teacher.
- 5.6 Any hazardous products are disposed of in accordance with specific disposal procedures.
- 5.7 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. Gas safety

- 6.1 Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- 6.2 Gas pipework, appliances and flues are regularly maintained
- 6.3 All rooms with gas appliances are checked to ensure that they have adequate ventilation

7. Legionella

- 7.1 A water risk assessment will be completed annually and coordinated by the head of estates. The date of the assessment is updated within the programme of compliance work and on site. The Site Caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the Academy's water log book
- 7.2 This risk assessment will be reviewed annually or when significant changes have occurred to the water system and/or building footprint

- 7.3 The risks from legionella are mitigated by the following: flushing; temperature checks; heating of water. Checks are undertaken by both the site caretaker and professionals who are competent to do so.

8. Asbestos

- 8.1 Employees are briefed on the hazards of asbestos, the location of any asbestos in the Academy and the action to take if they suspect they have disturbed it
- 8.2 Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- 8.3 Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- 8.4 A record is kept of the location of asbestos that has been found on the academy site within the Local Asbestos Management Plan.

9. Equipment

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

10. Electrical equipment

- 10.1 All employees are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- 10.2 Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of employees who so direct them
- 10.3 Any potential hazards will be reported to the site Caretaker immediately. Site fault records to be used to record the potential hazard for checking and completing.
- 10.4 Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.
- 10.5 Only trained employees members can check plugs
- 10.6 Where necessary a portable appliance test (PAT) will be carried out by a competent person annually.
- 10.7 All isolators' switches are clearly marked to identify their machine.
- 10.8 Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.

- 10.9 Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.
- 10.10 Equipment that needs calibrating such as lifting equipment, lifting accessories, hoists, are to be added to the Academy's site maintenance schedule

11. PE equipment

- 11.1 Pupils are taught how to carry out and set up PE equipment safely and efficiently. Employees check that equipment is set up safely.
- 11.2 Any concerns about the condition of the gym / hall floor or other apparatus will be reported to the Site Manager in the first instance and thereafter the Site Caretaker/Principal as applicable.

12. Display screen equipment

- 12.1 All employees 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
- 12.2 Employees 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)

13. Specialist equipment

- 13.1 Parents are responsible for the maintenance and safety of their children's wheelchairs. In the Academy, employees promote the responsible use of wheelchairs.
- 13.2 Oxygen cylinders are stored in a designated space, and employees are trained in the removal storage and replacement of oxygen cylinders.

14. Lone working

- 14.1 Lone working may include:
 - a) Late working
 - b) Home or site visits
 - c) Weekend working
 - d) Site manager duties
 - e) Site cleaning duties
 - f) Working in a single occupancy office
- 14.2 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 employees members are available.

- 14.3 If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of employees is and when they are likely to return.
- 14.4 The lone worker will ensure that they are medically fit to work alone.

15. Working at height

- 15.1 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
- 15.2 In addition:
- a) Any employees or contractor working at height must ensure that any signage used is appropriately worded and placed.
 - b) The site Caretaker retains ladders for working at height and ensures that they are always secured when not in use.
 - c) Pupils are prohibited from using ladders
 - d) Employees will wear appropriate footwear and clothing when using ladders
 - e) Contractors are expected to provide their own ladders for working at height
 - f) Before using a ladder, employees are expected to conduct a visual inspection to ensure its safety
 - g) Access to high levels, such as roofs, is only permitted by trained persons

16. Manual handling

- 16.1 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.
- 16.2 Damage caused to Trust assets should be avoided wherever possible.
- 16.3 The Academy will ensure that proper mechanical aids and lifting equipment are available, and that employees are trained in how to use them safely.
- 16.4 Employees and pupils are expected to use the following basic manual handling procedure:
- a) 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
 - b) Take the more direct route that is clear from obstruction and is as flat as possible
 - c) Ensure the area where you plan to offload the load is clear
 - d) 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

17. Off-site visits

- 17.1 When taking pupils off the Academy premises, we will ensure that:
- a) Risk assessments will be completed where off-site visits and activities require them
 - b) All off-site visits are appropriately staffed
- 17.2 Employees will take an Academy mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details and held in a secure box/container.
- 17.3 For Academies without Early Years Foundation Stage provision only there will always be at least one first aider on trips and visits
- 17.4 For Academies with Early Years Foundation Stage provision only, there will always be at least one first aider with a current paediatric first aid certificate on trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

18. Lettings

- 18.1 This policy applies to lettings. Those who hire any aspect of the Academies / Trust sites, or any facilities will be made aware of the content of the Trust's Health and Safety policy and will have responsibility for complying with it.

19. Violence at work

- 19.1 The Trust believes that employees should not be in any danger at work and will not tolerate violent or threatening behaviour towards our employees.
- 19.2 All employees will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Principal immediately. This applies to violence from pupils, visitors or other employees.

20. Smoking

- 20.1 Smoking is not permitted anywhere on the academy premises.
- 20.2 Smoking by employees or agents acting on behalf of the academy is not permitted in academy vehicles or personal vehicles while undertaking work related duties.

21. Infection prevention and control

- 21.1 The Trust follows national guidance published by Public Health England when responding to infection control issues. We will encourage employees and pupils to follow this good hygiene practice, outlined below, where applicable.
- 21.2 Handwashing
- a) Wash hands with liquid soap and warm water, and dry with paper towels or hand-dryer.

- b) Always wash hands after using the toilet, before eating or handling food, and after handling animals
- c) Cover all cuts and abrasions with waterproof dressings
- d) Coughing and sneezing
- e) Cover mouth and nose with a tissue
- f) Wash hands after using or disposing of tissues
- g) Spitting is discouraged

21.3 Personal protective equipment

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

21.4 Cleanin of the environment

- a) Clean the environment frequently and thoroughly

21.5 For primary Academies only

- a) Clean the environment, including toys and equipment, frequently and thoroughly

21.6 Cleaning of blood and bodily fluid spillages

- a) Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- b) 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
- c) Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- d) Make spillage kits available for blood spills

21.7 Laundry

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

21.8 Clinical waste

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

21.9 Animals

- a) Wash hands before and after handling any animals.
- b) Keep animals' living quarters clean and away from food areas.
- c) Dispose of animal waste regularly and keep litter boxes away from pupils.
- d) Supervise pupils when playing with animals.
- e) Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

21.10 Pupils vulnerable to infection

21.10.1 Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The academy 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 recommend that these children to have additional immunisations, for example for pneumococcal and influenza.

21.11 Exclusion periods for infectious diseases

21.11.1 The Academy will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4, where applicable.

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

22. New and expectant mothers

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

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

- a) 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

- b) 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
- c) 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

23. Occupational stress

- 23.1 We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.
- 23.2 Systems are in place within the Academies for responding to individual concerns and monitoring employees workloads.
- 23.3 The Trust will support employees wellbeing, see the Academy's Employees Conduct Policy
- 23.4 The Trust subscribes to Health Assured, an employee assistance programme that can provide confidential guidance and support to you 24 / 7. Contact details are as follows:

<https://www.healthassured.org/your-eap/> 0844 892 2493

24. Accident reporting

- 24.1 Accidents to employees are recorded and investigated in accordance with Academy's policy and are recorded locally.
- 24.2 Accidents to pupils and other non-employees are recorded as laid down in the Academy's Health and Safety guidance and flowchart (see Academy's Health and Safety Policy)
- 24.3 Minor pupil accidents as a result of play e.g. (tripping over own feet, bumping into other children) are recorded locally in a pupil accident report book / sheet.
- 24.4 Pupil accidents where action needs to take place to avoid reoccurrence are recorded on the accident report form.
- 24.5 Pupil accidents resulting in fractures or other injury that required outside medical attention must be reported on the accident report form.
- 24.6 Of those accidents in 18.4-18.5, if the pupil goes directly to hospital from academy for treatment (rather than a precaution) then these must be reported to the Health and Safety Executive (see below).
- 24.7 All accidents are investigated by the Site Manager/Academy Principle or Estates Lead within 2 working days
- 24.8 Reported accidents are monitored termly to identify any trends, e.g., same pupil or accident in the same location.
- 24.9 The Academy Principal is responsible for ensuring certain more serious accidents to both employees and non-employees are reported to the Health and Safety Executive as legally required by the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations.

24.10 Accident record book

- a) An accident form will be completed as soon as possible after the accident occurs by the member of employees or first aider who deals with it. An accident form template can be found in appendix 2
- b) As much detail as possible will be supplied when reporting an accident.
- c) Information about injuries will also be kept in the pupil's educational record.
- d) Records held in the first aid and accident book will be retained by the academy 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.

24.11 The Trust's retention records fall in line with the [IRMS toolkit for Academies](#) which states:

- a) Records relating to accident/injury at work: date of incident to +12 years
- b) Individual records:
 - i. Adults – record must be kept from date of incident to +6 years
 - ii. Children – Date of birth to +25 years

24.12 Reporting to the Health and Safety Executive

- a) The Principal in liaison with the Trust Chief Finance & Operating Officer, 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).
- b) The Principal will report these to the Trust as soon as is reasonably practicable and in any event within 10 days of the incident.

24.13 Reportable injuries, diseases or dangerous occurrences include:

24.13.1 Death

24.13.2 Specified injuries. These are:

- a) Fractures, other than to fingers, thumbs and toes
- b) Amputations
- c) Any injury likely to lead to permanent loss of sight or reduction in sight
- d) Any crush injury to the head or torso causing damage to the brain or internal organs
- e) Serious burns (including scalding)
- f) Any scalping requiring hospital treatment
- g) Any loss of consciousness caused by head injury or asphyxia

- h) 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
- i) Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- j) Where an accident leads to someone being taken to hospital
- k) Where something happens that does not result in an injury, but could have done
- l) Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to academies include, but are not limited to:
 - i. The collapse or failure of load-bearing parts of lifts and lifting equipment
 - ii. The accidental release of a biological agent likely to cause severe human illness
 - iii. The accidental release or escape of any substance that may cause a serious injury or damage to health
 - iv. An electrical short circuit or overload causing a fire or explosion

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

- a) <http://www.hse.gov.uk/riddor/report.htm>
- b) For Academies with early Years Foundation Stage provision only – paragraphs 18.9 and 18.10 will apply

24.15 Notifying parents

24.15.1 Depending on the incident, a senior member of employees will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

24.16 Reporting to Ofsted and child protection agencies

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

24.16.2 The Principal will also notify the Safeguarding Children's Partnership, Nottingham City Council of any serious accident or injury to, or the death of, a pupil while in the academy's care.

25. Training

25.1 Trust employees are provided with health and safety training as part of their induction process.

25.2 Employees 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.

26. Monitoring arrangements

- 26.1 This policy will be reviewed by the Trust annually.
- 26.2 The Trust will report on serious incidents requiring hospital treatment, eye-test uptake and collate any other information required. These to be reviewed annually.
- 26.3 At every review, the policy will be approved by The Board of Trustees.

27. Links with other policies

- 27.1 When it comes to the prevention, management and reporting of COVID-19, please refer to the Academy's Reopening Risk Assessment for further guidance. [See the COVID-19 Hub](#) for copies of recent Risk Assessments.
- 27.2 This health and safety policy links to the following policies:
- a) First aid
 - b) Risk assessment
 - c) Supporting pupils with medical conditions
 - d) Accessibility plan
 - e) Academy Reopening Risk Assessments
 - f) Academy Outbreak Management Plans
 - g) Code of Conduct

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

Appendix 2 – Injured Person Report Form

Accident / Work-related Illness Report Form

Ref:

A) INJURED PERSON DETAILS			
FORENAMES	SURNAME	AGE	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>
HOME ADDRESS		TEL NO.	
POST CODE			
ACCIDENTS INVOLVING ACADEMY EMPLOYEES ONLY		CATEGORY (please tick)	
OCCUPATION	LINE MANAGER'S NAME	Employee <input type="checkbox"/>	Temp/agency staff <input type="checkbox"/>
		Contractor <input type="checkbox"/>	Service user <input type="checkbox"/>
		Trainee <input type="checkbox"/>	Work experience <input type="checkbox"/>
		Pupil <input type="checkbox"/>	Member of public <input type="checkbox"/>
		Self-employed <input type="checkbox"/>	
ADDRESS OF THE ACCIDENT		WHERE ON THE ADDRESS/LOCATION	

Academy premises <input type="checkbox"/>		
WHEN DID THE ACCIDENT OCCUR Date Time	WHAT WAS THE INJURY? (e.g. cut, bruise, sprain, unconsciousness etc.) <input type="checkbox"/> Not applicable (near miss)	WHAT PART OF THE BODY WAS INJURED? (Specify exact location e. g. left, right, upper or lower) <input type="checkbox"/> Not applicable (near miss)
MEDICAL TREATMENT RECEIVED/ACTION TAKEN		NAME OF WITNESS(ES)
None <input type="checkbox"/>	Sent/taken home <input type="checkbox"/>	Attach address of witness(es)
First Aid <input type="checkbox"/>	Doctor appointment <input type="checkbox"/>	
Returned to Work <input type="checkbox"/>	Straight to hospital <input type="checkbox"/>	

B) DESCRIBE THE ACCIDENT	
<ul style="list-style-type: none"> • Events leading up to the accident • Environmental conditions • Name of any substance, type of machinery/equipment involved, tools being used 	<ul style="list-style-type: none"> • What job/activity was being undertaken • Personal protective equipment used • Why it happened • If a fall, state the distance fallen in metres
WHO WAS THE ACCIDENT REPORTED TO (IF NOT LINE MANAGER)?	ON WHAT DATE WAS THE ACCIDENT REPORTED?
I SUBMIT THESE DETAILS AS BEING A TRUE ACCOUNT OF THE ACCIDENT	

Signed	Date	Work phone number
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Page Break

C) INVESTIGATION

WERE ANY OF THE FOLLOWING CONTRIBUTING FACTORS? (Tick more than one box if necessary)

Unsafe methods (system of work) <input type="checkbox"/>	Lack of employee training <input type="checkbox"/>	Housekeeping <input type="checkbox"/>
Lack of supervision <input type="checkbox"/>	Lack of employee information <input type="checkbox"/>	Not wearing protective equipment <input type="checkbox"/>
Condition of tools/equipment <input type="checkbox"/>	Environmental conditions <input type="checkbox"/>	Other <input type="checkbox"/>

WHAT ARE THE FINDINGS OF YOUR INVESTIGATION?

Please describe contributing factors in detail and any disagreement you may have with anything stated by the injured party.
(Use a separate sheet if necessary)

D) ACTION PLANNED

STATE THE ACTION TAKEN (OR PLANNED) TO PREVENT A RECURRENCE, AND BY WHOM?			
IS THERE A RISK ASSESSMENT FOR THIS ACTIVITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HAS THIS INCIDENT (same task or location but not necessarily the same person) OCCURRED BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
HAVE YOU DISCUSSED THE FINDINGS OF THE INVESTIGATION / ACTIONS TAKEN WITH THE INJURED PERSON? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
YOUR FULL NAME	SIGNATURE	JOB TITLE	PHONE NO.
DATE FORM RECEIVED		TODAY'S DATE	

E) REPORTABLE INJURIES	
Has the member of staff been involved in a reportable injury including those causing or are likely to cause absence for more than 7 days? Did the pupil go directly to hospital from site for treatment (not as a precaution) and is action required to prevent a reoccurrence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes the HSE must be informed When was the Health and Safety Executive notified (www.hse.gov.uk/riddor/) DATE: REF NO:	

D) STORE FORM

Completed forms are stored....

Do not send this form to the Academy's H&S Team.

This document will need to be scanned and sent to the Chief Finance & Operating Officer

Ensure the form is fully completed. Where information is not known complete by entering 'Unknown' rather than leaving blank.

Once completed, the injured person (or person acting on their behalf) should sign and date and hand to their line manager. They may also send a copy of this form to your trade union and keep a copy if they wish.

The line manager should scan and email a copy to the Chief Finance & Operating Officer. If scanning is not possible, the form should be sent via post to central Trust office.

Legal Notice:

This is an important legal document which may be referred to in a Court or Tribunal.

To the person completing the form:

You are responsible for its content. By completing the form, you are confirming that the content is true and accurate to the best of your knowledge, information, or belief.

Admin to send a copy of this document to the academy principal and the Trust's Chief Finance and Operating Officer.

Appendix 3 – Asbestos record - example

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Storeroom	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 4 – 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.

<https://www.gov.uk/government/publications/health-protection-in-academys-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases>

Infection	Exclusion period	Comments
Athlete’s foot	None	Children should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over	Pregnant staff contacts should consult with their GP or midwife
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT (https://www.gov.uk/health-protection-team)	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT. For more information see chapter 3
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of Hepatitis A, your local HPT will advise on control measures
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more advice

Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT (https://www.gov.uk/health-protection-team) will advise on any action needed
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT (https://www.gov.uk/health-protection-team) for more
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Ringworm	Not usually required	Treatment is needed

Infection	Exclusion period	Comments
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	Treatment recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment

Tuberculosis* (.TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary .TB Exclusion not required for non-pulmonary or latent .TB infection Always consult your local H.P.T. before disseminating information to staff, parents and carers	Only pulmonary (lung) .TB is infectious to others, needs close, prolonged contact to spread Your local H.P.T. will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local H.P.T. will organise any contact tracing

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.