



Health and Safety Policy

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Author	Nicholas Morgan (Trust Estates Lead)
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Associated Documentation	
Health and Safety Statutory Compliance Procedures	Lone Working Policy
Behavior Policy	Risk Management Policy
Use of Reasonable Force Policy	First Aid Policy
Safeguarding	Educational Visits Policy
Selecting and Managing Contractors	Lettings Policy

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1. Health and Safety Policy Statement

Our Community Multi Academy Trust (hereafter referred to as The Trust) recognises the importance of Health and Safety. It is committed to the health, safety, welfare and well-being of everyone in the academy community, including staff, students, governors, visitors, contractors and members of the public who visit or work at our academies. Our policy is to do all that is reasonable to provide a healthy and safe working and learning environment in our Schools. Health and Safety due diligence will be undertaken for all Schools that are prospective joiners of the Trust.

As the employer of staff, the Trust is responsible for the health, safety and welfare in its member academies. The Trust will comply with the provisions of the Health and Safety at Work etc. Act 1974 and the Regulations that apply to the Trust's activities.

To achieve this, the Trust will, so far as is reasonably practicable, provide and maintain in all its Schools:

- a) plant and systems of work that are safe and without risks to health.
- b) arrangements for the safe use, handling, storage and transport of articles and substances.
- c) a workplace that is safe and poses no threat to health.
- d) any information, instruction, training and supervision that is necessary.
- e) a working environment that provides adequate facilities for the employees' welfare while at work.

The Trust seeks advice and guidance on Health and Safety matters from a competent person. On an annual basis, the competent person will undertake a general risk assessment for each site, offering advice and guidance to Schools and identifying Trust-wide areas for improvement in practice.

The Trust also recognises its duty of care towards those who are not employees but who may be affected by its activities (pupils, parents, visitors, and contractors). It will ensure that arrangements are made to ensure their health and safety.

The Trust will review this Policy annually and make any necessary changes to keep it current with current Trust and legislative requirements.

The Policy and all future updates are to be made available to all staff, governors and contractors.

2. 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

3. Legislation

This policy is based on advice from the Department for Education on [health and safety in Schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in Schools](#), and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#) sets out the general duties employers have towards employees and duties relating to lettings.
- [The Management of Health and Safety at Work Regulations 1999](#) 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](#) requires employers to control substances that are hazardous to health.
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#) states that some accidents must be reported to the Health and Safety Executive and sets out the timeframe for this and how long records of such accidents must be kept.

- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#) 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](#) requires employers to protect their staff from falls from height.

When responding to infection control issues, the Trust follows national guidance published by the UK Health Security Agency (formerly Public Health England).

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

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

4. Roles and responsibilities

4.1 The Trust Board of Directors

The Trust Board has ultimate responsibility and accountability for health and safety matters in the Trust Schools, but it will delegate day-to-day responsibility to the Headteacher and monitor the effectiveness of the School's health and safety practices to the Local Monitoring Council (LMC) .

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

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

- Assess the risks to staff and others affected by School activities 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 Trust Board will delegate the oversight of these duties to the Trust Services Manager on an operational basis.

4.2 The Local Monitoring Council (LMC)

The Local Monitoring Council (LMC) plays a crucial role in implementing and monitoring the Health and Safety Policy. The LMC will appoint a Health and Safety Governor who will work with the Headteacher to ensure:

- The Trust policy is implemented in their School and supports the Headteacher in developing a culture of health and safety awareness.
- Monitoring the effectiveness of the health and safety policy in their School at least three times a year via monitoring visits (Appendix 1 can support governors in what to look for)
- Ensuring School budgets take account of the resources required to manage health and safety effectively.

4.3 Headteacher

In OCMAT Schools The Headteacher is responsible for day-to-day health and safety within the School. Where an Executive Head is supporting a School, they will constitute as the Headteacher for this policy. The Heads role involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to supervise pupils safely
- Ensuring that the School building and premises are safe and regularly inspected
- Providing adequate training for School staff
- Reporting to the LMC on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire and lockdown drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed

- Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Headteacher's absence, the Deputy Head or Head of School assumes the above day-to-day health and safety responsibilities.

4.4 Staff

School staff must take care of pupils in the same way that a prudent parent/carer would do so.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the School on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them
- Regularly check their classroom and work spaces for hazards. This should include a formal check using the [HSE Health and Safety checklist for classrooms](#)

4.5 Pupils and parents/carers

Pupils and parents/carers are responsible for following the School's health and safety advice, on-site and off-site, and reporting any health and safety incidents to a staff member.

4.6 Contractors

Contractors will agree on health and safety practices with the Headteacher before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. Staff should refer to the Trust policy in Selecting and Managing Contractors.

5. Site security

The Headteacher of each School ensures that all visitors are directed to report to Reception and that all internal doors are fitted with security devices, where necessary, that allow access only to authorised personnel. Premises staff regularly check all security precautions, alerting the Headteacher to any defects in current arrangements.

Where they are not fire doors, corridor doors in each School are locked at the end of the School day to restrict access to other areas of the School.

Children are supervised during play times, and gates are kept closed.

The Headteacher of each School ensures that a system is in place to deal with an emergency in their School. The system is checked at the start of each term to ensure it is updated and tested annually.

All staff are made aware of the emergency arrangements in place in their School.

6. Fire

Most fires are preventable. The Trust must understand and manage fire risk by implementing suitable systems and processes that minimise the risk of fire and explosion in its Schools. Each Headteacher is responsible for all general fire safety matters in their Schools, including assessing the risk of fire and explosions from workplace activities and eliminating or reducing these risks.

The Headteacher is responsible for ensuring that a competent person undertakes a 100% fixed-wire electrical test for their School every five years.

The Headteacher is responsible for ensuring that a competent person undertakes a fire risk assessment for their School every two years or sooner if significant changes are made to the premises and that the assessment is reviewed annually.

The Headteacher uses the results of the fire risk assessment to compile a concise plan for dealing with a fire. The plan includes responsibilities for calling and meeting the fire brigade, taking the roll call, ensuring complete evacuation, and taking overall control of the situation.

Each School appoints Fire Wardens, who are responsible for ensuring that their area is properly evacuated in the event of a fire. The number of wardens depends on the size of the School. There should be at least one trained fire warden for every 50 people on the site.

Fire evacuation procedures to be followed are displayed in every room in the School and, where appropriate, in corridors and other common areas. Visitors, contractors, and new staff are informed of these procedures as soon as they come onto School premises.

Fire drills take place at least once per seasonal term. Each School records the time taken for evacuation and any comments from staff on how the drill was conducted.

To include everyone in the roll call in the event of a fire, all pupils are recorded in class registers and all contractors and visitors to the School are booked in at Reception on arrival.

The fire alarm system is tested weekly. Any defects that become apparent are rectified immediately. Each week, a different call point on site is tested on rotation, and the results are recorded in a log. Where applicable, automatic fire door, shutter, and mechanical gate checks are incorporated with the call point checks to ensure that when the fire alarm sounds, they close or open and work effectively.

Fire extinguishers and fire blankets are checked visually by premises staff monthly and recorded in a log to ensure they are in the right place and have not been tampered with. If safety tags have been removed, the pin taken out of the fire extinguisher or defects identified, equipment is immediately taken out of service and assessed by a competent contractor. A competent contractor undertakes the annual thorough inspection and maintenance of this equipment. Where P50 Fire extinguishers are deployed, these do not need to be assessed by a competent contractor. They must be checked annually in-house by the premises staff. The guidance on how to do this check can be found [here](#).

[P50 Annual Assessment of Function](#)

Premises staff routinely check fire exits, fire doors, and all parts of every fire evacuation route and record their findings monthly in a log to ensure they are clear of obstructions and working effectively.

The Headteacher is responsible for ensuring that the fire alarm and smoke detectors are serviced every six months by an external competent person. The emergency lights are also to be serviced annually.

Premises staff test emergency lighting monthly on rotation and record it in a log to ensure it works effectively.

External lighting on all fire escape routes is checked monthly and recorded in a log by premises staff to ensure it works effectively. This includes all external lights on exit doors.

The CEO and Trust Services Manager are responsible for reporting any fire incidents to the Trust Board.

7. COSHH

Premises and cleaning staff ensure that, wherever possible, non-hazardous substances are used for cleaning and maintenance work.

Each School keeps an up-to-date inventory of hazardous substances that have been COSHH (Control of Substances Hazardous to Health Regulations 2002) risk assessed. Each Headteacher is responsible for ensuring that any staff member using these substances has read the risk assessment before use.

Where the use of a hazardous substance cannot be avoided, the user must check the safety data sheet or the label on the container. A risk assessment should be undertaken before using any hazardous substance to ensure that the correct concentration is used, that any necessary protective equipment (such as gloves or safety glasses) is readily available, that the substance is stored safely, and that it can be disposed of safely. No staff member should use a hazardous substance without an up-to-date risk assessment.

All staff members who regularly handle hazardous substances must be trained in their use and the requirements of the COSHH Regulations. The following basic guidelines apply to all users:

- Read the COSHH risk assessment for the substance before use.
- Never decant a chemical into an unmarked container
- Always read the label and follow the instructions on dilution.
- Make sure you know what to do if you spill the chemical.
- Keep all containers tightly closed.
- Use your PPE - gloves, glasses, and overalls protect you from harm.
- Always lock chemicals away
- Dispose of unwanted chemicals safely.

8. Gas safety

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

Gas pipework, appliances and flues are regularly maintained.

All rooms with gas appliances must be checked to ensure they are in good condition and there is adequate ventilation.

9. Legionella

Legionella bacteria is commonly found in water. Any water system, with the right environmental conditions, can be a source for legionella bacteria growth. The Trust has a duty to understand and manage legionella risk by implementing suitable systems and processes that minimise the risk of legionella in its Schools. Headteachers are responsible for all legionella matters in their Schools, including assessing the risk of legionella and eliminating or reducing these risks.

Every Headteacher must ensure that a qualified individual conducts a legionella risk assessment for their School every two years. This will enable staff to implement appropriate precautions, minimise the risks of legionella exposure, and oversee any control measures established to guarantee that the School's water services are sustained and managed in a way that prevents or effectively controls the growth and spread of legionella.

Any controls to reduce exposure must be maintained, and the risk assessment must be reviewed regularly in case anything changes in the system. It must include:

- management responsibilities, including the competent person's name and a system description.
- competence and training of key personnel
- any identified potential risk sources
- any means of preventing risk or controls in place to control risks.
- monitoring, inspection and maintenance procedures

records of the monitoring results and inspections

- and checks carried out.
- arrangements to review the risk assessment regularly, particularly when there is reason to suspect it is no longer valid.

Staff must understand their School's water system, the equipment associated with the system, such as pumps, heat exchangers, showers, etc., and its constituent parts so that the head is aware of the risks posed by each element. Any water system with the proper environmental conditions can potentially be a source for the growth of legionella bacteria. There is a reasonably foreseeable legionella risk in your water system if:

- water is stored or re-circulated as part of your system.
- the water temperature in cold outlets and the cold-water storage tank must not exceed 20°C.
- the hot water temperature in through a TMV outlet should be 38–45 °C.
- there are sources of nutrients such as rust, sludge, scale, organic matter and biofilms.
- the conditions are likely to encourage bacteria to multiply.
- water droplets can be produced and, if so, whether they can be dispersed over a wide area, e.g. showers and aerosols from cooling towers.
- if water can stagnate anywhere in the system (e.g. dead legs)
- it is likely that any employees, pupils, visitors, etc., are more susceptible to infection due to age, illness, a weakened immune system, etc., and whether they could be exposed to any contaminated water droplets.

The Headteacher is responsible for ensuring written records are kept which document significant findings which include:

- written control scheme and details of its implementation
- details of the state of operation of the system, i.e. in use/not in use
- results of any monitoring inspection, test or check carried out, and the dates.
- any maintenance or repair work
- Records must be retained for at least five years.

All gravity-fed hot and cold-water outlets must be temperature-checked monthly, and the results recorded in a log. Any defects that become apparent must be rectified immediately.

If external hoses are connected to a water outlet, they must be run for 10 minutes monthly and recorded in a log by premises staff.

If the hose is connected, all shower outlets must be run for 10 minutes monthly, and premises staff must record this in a log.

All thermostatic mixing valves (TMVs) are serviced annually by an external competent person, more often if the temperature cannot be regulated.

Premises staff should visually check cold water storage tanks monthly for film or debris and record the results in a log.

Cold water storage tanks should be regularly cleaned and chlorinated by an externally competent person, and the findings should be recorded in writing.

10. Asbestos

Before its dangers were known, asbestos was often used in buildings for insulation, flooring, and roofing and was sprayed on ceilings and walls. Its use is now banned in the UK, but buildings constructed before the year 2000 may still have asbestos in them. The Trust has a duty to manage the asbestos in its buildings and their condition by understanding the risks of exposure to asbestos and implementing suitable systems and processes that minimise the risk to everyone. The Headteacher of each School is responsible for general asbestos management in their Schools, including assessing asbestos from workplace activities, monitoring asbestos for deterioration, and eliminating or reducing these risks.

The Headteacher of each School is responsible for ensuring that a competent person undertakes an asbestos management survey (AMS) for their School every three years. The management survey will identify what type of asbestos-containing materials (ACMs) are present and where they are located.

Each Headteacher will use the results of the asbestos management survey to compile an asbestos management plan to manage the risk of asbestos in the School. The plan must consider the condition of the ACMs, whether they are likely to be disturbed, and the action necessary to manage the risks. The plan must set out plans for remedial work and ongoing

management action like periodic checks with clear lines of responsibility. HSE Asbestos Management Plan <https://www.hse.gov.uk/asbestos/duty/asbestos-management-plan.htm>

The Headteacher of each School must ensure any ACMs are appropriately managed.

The Headteacher of each School must ensure an asbestos management survey is kept in each School office and that all contractors are provided with information from the survey regarding the presence of ACMs well before any work commences so that the correct precautions can be implemented. Contractors must sign the asbestos risk register to confirm that they know the location of ACMs in relation to the works they will be undertaking before commencing any inspection of, or works at the premises.

The Headteacher must ensure that a system to provide a visual check of the ACM compared to the photos in the report is undertaken monthly by a suitably trained person and that findings are recorded in the AMS.

The Headteacher must arrange for remedial works to be carried out by a suitably licensed contractor, as necessary. All works undertaken must be updated in the AMS survey on completion.

The Headteacher must provide asbestos awareness training for staff whose work could expose them to asbestos while they carry out their everyday tasks.

The Headteacher must ensure that the School's asbestos management system is followed. See HSE Asbestos Management - Checklist for Schools. <https://www.hse.gov.uk/education/asbestos-management-checklist.htm>

11. Equipment

All equipment and machinery must be maintained according to the manufacturer's instructions. Maintenance schedules outline when extra checks should be performed.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards. All equipment is stored in the proper storage containers and areas. All containers are labelled with the correct hazard signs and contents.

11.1 Electrical equipment

All portable electrical equipment is tested annually by a competent contractor. Staff should not bring personal electrical equipment into School unless it has a current test certificate or is less than one year old.

The Headteacher ensures that a qualified electrician tests the School's fixed-wire electrical installation every five years to ensure it complies with BS:7671.

Staff are responsible for ensuring they use and handle electrical equipment sensibly and safely. This includes checking the condition of plugs, cables, and insulation before using it, reporting any damage to the School office or premises staff immediately, and taking the equipment out of use. Any potential hazards must be reported to the head teacher immediately.

Employees only use work equipment that they have been trained to use, or that has clear and comprehensible instructions provided with it. This includes taking basic precautions such as ensuring no electrical equipment is touched by wet hands and will only be used in dry conditions.

Any pupil or volunteer who handles electrical appliances must do so under the supervision of the member of staff who so directs them.

Only a competent person must perform maintenance, repair, installation, and disconnection work associated with permanently installed or portable electrical equipment.

11.2 PE and play equipment

The Headteacher will inspect all internal Gym and external play equipment annually by an independent specialist for safety and condition.

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely before use on each occasion.

Any concerns about the condition of the gym floor or other equipment will be reported to the Head.

11.3 Display screen equipment

All staff who use computers daily as a significant part of their regular work must have undertaken a display screen equipment (DSE) assessment. 'Significant' is considered 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 by a qualified optician (and corrective glasses provided if required specifically for DSE use).

11.4 Specialist equipment

Parents/carers are responsible for the maintenance and safety of their children's wheelchairs and other personal equipment while on School premises. In School, staff will promote the responsible use of wheelchairs and will ensure these are used by pupils who require them.

Where a child requires the support of additional oxygen, cylinders are stored in a designated space. Staff must be trained in removing, storing and replacing oxygen cylinders.

12. Lone working

Employees who are likely to be considered as Lone Working must familiarise themselves with the Trust Lone Working Policy. Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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.

13. Working at height

Any work above ground level must be properly planned, supervised, and carried out by competent people with the skills, knowledge, and experience to do the work.

In addition:

The caretaker retains ladders for working at height and will undertake suitable training for using these.

Staff must have undertaken working at height training prior to using ladders or any apparatus which takes them above ground level. When using ladders or similar items staff must wear appropriate footwear and clothing.

Contractors are expected to provide their own ladders for working at height.

All staff are expected to conduct a visual inspection to ensure the safety of ladders before using them. A ladder check sheet can be found in the Trust Shared Resources.

Access to high levels, such as roofs, is only permitted by trained persons

Pupils are prohibited from using ladders.

14. Manual handling

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

The School will ensure that proper mechanical aids and lifting equipment are available School and that staff are trained 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

15. Off-site visits

When taking pupils off the School premises, staff 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, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on School trips and visits.

For full details of our process, including roles and responsibilities, please see the Trust Educational Visits Policy.

16. Lettings

This policy applies to lettings. Those who hire any aspect of the School site or any facility will be made aware of the content of the Trust's health and safety policy and will have responsibility for complying with it. Please see the Trust Lettings policy.

17. Violence at work

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

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

18. Smoking

Smoking is not permitted anywhere on the School or Trust premises.

19. Infection prevention and control

Trust Schools follow national guidance published by the UK Health Security Agency when responding to infection control issues. Staff should familiarise themselves with the First Aid policy, and we will encourage staff and pupils to follow the good hygiene practice outlined below wherever possible.

19.1 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, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

19.2 Coughing and sneezing

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

19.3 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 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
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

19.4 Cleaning of the environment

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

19.5 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 detergent and a disinfectant, and use as per the 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

19.6 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

19.7 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 them in a dedicated, secure area while awaiting collection

19.8 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 pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues and the suitability of the animal as a pet

19.9 Infectious disease management

The School will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19. It will also carry out appropriate risk assessments based on the time of year, review them regularly, and monitor whether any measures in place are working effectively.

All Trust Schools will follow local and national guidance on the use of control measures including:

Following good hygiene practices

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

Implementing an appropriate cleaning regime

Regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned at least daily

Keeping rooms well ventilated

Risk assessments should be undertaken to identify rooms or areas with poor ventilation, and measures should be taken to improve airflow, including opening external windows, opening internal doors, and installing mechanical ventilation.

19.10 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that are rarely serious in most children. The School will typically 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 any of these, the parent/carer will need be informed promptly and further medical advice sought. Staff should assess whether these children have additional immunisations, for example for pneumococcal and influenza.

19.11 Exclusion periods for infectious diseases

The School will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in Appendix 2.

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

20. New and expectant mothers

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

Rest facilities, including a place to lie down, are provided for both nursing and expectant mothers.

Appropriate measures will be put in place to control the 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 an 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

21. Occupational stress

The Trust is committed to promoting high levels of health and wellbeing and recognises the importance of identifying and reducing workplace stressors through risk assessment.

Where the School's risk assessments (including DSE workstation assessments) show any staff members to be at risk from occupational health disorders, such as stress, musculoskeletal injury, or eye strain, the Headteacher works with the staff member to reduce the risks by adjusting their work or the equipment they use. If the Headteacher deems it necessary, an occupational health referral is made to provide staff with support in dealing with any health conditions they have.

22. Accident reporting

All accidents, incidents and medical emergencies involving staff, pupils or visitors are recorded using the Trust's accident/incident form.

Accidents involving pupils, contractors, or visitors to the School are reported immediately to the Headteacher.

All accidents, incidents and cases of work-related ill-health that are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) are reported immediately to the Services Manager by the Headteacher.

22.1 Accident recording

In the case of accidents involving children and that require minor first aid (bumps, slips or trips for example), records should be taken using in-house printed forms. A model can be found in the Trust Shared folders

For all instances involving staff members or those that require any first aid beyond a cold compress in the case of children, the Trust Accident and Near Miss Form must 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 the Trust-shared folders

As much detail as possible will need to 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.

22.2 Reporting to the Health and Safety Executive

The Headteacher 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 Headteacher will report these to the Services Manager in the first instance and HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

Death

Specified injuries, which 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 Headteacher 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. These are incidents which would be classified as dangerous occurrences defined in Schedule 2 of RIDDOR. 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

Pupils 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, HSE http://www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

22.3 Notifying parents/carers

The School will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

22.4 Reporting to Child Protection Agencies

The Headteacher will notify the local authority of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the School's care.

22.5 Reporting to Ofsted

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

22.6 Communication of Accidents to Governors and Trustees

Governors and Trustees will both expect to receive details about accidents within their specific School or across the Trust to assess the general safety of our Schools and spot any trends. This will ensure transparency, accountability, and continuous improvement in health and safety practices.

Notification to Governors of Local Management Committees.

Governors will take note of incidents at each School and shall be notified of the following:

Significant Accidents: Governors shall be informed of any incident that requires medical attention beyond basic first aid or results in the prolonged absence of a pupil or staff member. This ensures they are aware of serious incidents and can monitor the School's response and preventive measures.

Recurring Patterns or Trends: Governors will be informed of any noticeable patterns of recurring incidents. Recognising these trends is crucial to effectively addressing potential underlying safety issues.

Regular Health and Safety Reports: Governors will receive termly health and safety reports from the Headteacher that summarise minor accidents, significant incidents, and actions undertaken to improve safety practices.

Notification to Trustees

Trustees will take a strategic oversight across the Trust and shall be informed about the following:

Major Accidents: Any incident involving serious injury, legal implications, or those reportable under RIDDOR must be reported to the Trustees promptly. This includes accidents that attract media attention or could impact the MAT's reputation.

Serious Incidents and Risk Assessments: Trustees will be updated on the outcomes of major incident investigations and any risk assessments with implications for the Trusts overall operations.

Annual Health and Safety Summary:

Trustees will receive an annual report summarising accident data across the MAT, detailing preventive measures and strategic health and safety initiatives implemented throughout the year.

23. Training

All staff are provided health and safety training during their induction process. This is reviewed annually.

Staff who work in high-risk environments, such as caretakers or with pupils with special educational needs (SEN), are given additional health and safety training specific to their role.

The Trust employs a 'competent person' who advises the Trust Board and Schools on health and safety compliance. This person also conducts an annual general risk assessment to guide practice across the Trust. The resulting reports offer local health and safety governors a clear indication of the good practice the School should follow and areas for improvement.

24. Risk assessment

The Headteacher of each School ensures that the School's risks are properly assessed. The task of assessing risks is delegated to staff responsible for the work activity being assessed. Staff must be aware of where these risk assessments are stored and review them for information purposes at regular intervals.

Where any risk assessment shows that action needs to be taken to reduce risks, the Headteacher ensures that such actions are dealt with within a reasonable time. If there are insufficient resources to do this, the Headteacher alerts the Chair of Governors to the situation. The decision on how further resources will be provided rests with the LMC

Where risk assessments have identified a risk to a new or expectant mother, this must be noted. Once an employee informs the School that she is pregnant and gives the School a certificate from her doctor, the employee's line manager discusses with her how the work can be altered to reduce those risks. If there is still a risk that cannot be properly controlled, the Headteacher may find alternative work for her. If this is not feasible, then the employee is suspended from work on full pay.

Risk assessments are reviewed when circumstances change or annually if nothing has changed.

The results of these reviews are recorded, and any changes to practice which may be needed are passed on to the Headteacher, who ensures that these changes are initiated.

25. Monitoring

This policy will be reviewed by the Services Manager annually.

At every review, the policy will be approved by the Trust board and circulated to each LMC for adoption.

Appendix 1. LMC Annual Monitoring report Template

This is available as a separate document

School Name	
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Full Name:		Date:	
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POLICY	Y	N	N/A	Comments/Actions Needed
Has the LMC received and accepted the Trust Health and Safety Policy?				
The H&S policy is included in the induction process, and policy changes are effectively communicated to all staff.				
COMMUNICATION	Y	N	N/A	Comments/Actions Needed
Is health and safety a standing agenda item at LMC meetings?				
Is health and safety a standing agenda item at all staff meetings?				
RISK ASSESSMENT	Y	N	N/A	Comments/Actions Needed
Are staff consulted on and aware of the content and location of all relevant risk assessments?				
Are all notifiable off-site visits (self-led adventurous activities, fieldwork in wild /open country, etc.) entered and approved on Evolve (LA's online system)?				
Is a member of staff designated as an External Visits Coordinator (EVC), and have they received up-to-date training?				
INSPECTION/MONITORING	Y	N	N/A	Comments/Actions Needed
Are all statutory Health and safety inspections of the site undertaken and documented regularly?				
• Asbestos (known areas of ACMs, permission to work)				
Fire including extinguishers, emergency lighting, service (call points & smoke detectors), fixed electrical wiring, fire drills (minimum three pa)				
• Legionella/Water Hygiene, including cold water storage tanks				
• Boiler Service				
• Lifts				
• Automatic gates/barriers				
• Gas safety				
• Gas carcass				
• Outdoor play equipment				

• PE equipment				
Are pre-use checklists undertaken and documented on a regular cycle?				
• Electrical equipment				
• Power tools				
• Ladders				
Is all electrical equipment PAT tested annually, and is a register of all electrical items in School kept up to date to ensure no equipment is missed during the annual testing?				

CERTIFICATES	Y	N	N/A	Comments/Actions Needed
Display energy certificate				
Food Safety				
Public Liability				
Employers Liability				
Compliance Training (renewable three yearly – Headteacher and Site Manager) <i>Asbestos, legionella, fire, COSHH, working at height, manual handling</i>				
Health and Safety Law poster				
FIRE SAFETY	Y	N	N/A	Comments/Actions Needed
Has an external annual fire risk assessment been completed				
Is a documented School evacuation plan in place? Does this evacuation plan also consider any individuals (PEEP) needing specific assistance during evacuation?				
Visual inspection of all internal fire doors. Are they free of obstruction and kept closed?				
Visual inspection of all fire exits. Are they free of obstruction both internally and externally to aid emergency evacuation?				
Visual inspection of all fire doors. Are any locked either internally or externally?				
Are LPG cylinders, flammable liquids and hazardous substances stored safely				
Did you see any slip or trip hazards while walking around the site?				
FIRST AID	Y	N	N/A	Comments/Actions Needed
Are there adequate numbers and levels of first aiders on site?				Detail number of staff trained in: Paediatric first aid in EYFS: First aid at work (FAW):

<i>E.g. For low-risk workplaces:</i> <i><25 employees EFAW training recommended.</i> <i>25-50 at least one EFAW</i> <i>>50 at least one first aid at work (FAW) qualified person for every 100 employees or part thereof.</i>				Emergency first aid at work (EFAW): Other e.g. emergency first aid for Schools:
MEDICATION	Y	N	N/A	Comments/Actions Needed
Are pupils and staff with medical needs and allergies clearly identified, and is an annual review of care plans undertaken for those with more significant needs?				
Is there a documented system for the acceptance and administration of medication?				
Is the food operator aware of all food-related allergies? <i>e.g. HCL policy is a 6x4 photo reviewed annually and mounted on a red background to be in the kitchen for those pupils with epi-pens.</i>				
Is annual training for all relevant staff in the use of epi-pens / medical procedures up to date?				

Appendix 2. Recommended absence period for preventing the spread of infection

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

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on the most up-to-date government guidance.

Infection or complaint	Recommended period to be kept away from School or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chickenpox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of the rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or School. A person with shingles is infectious to those who have not had chickenpox and should be excluded from School if the rash is weeping and cannot be covered or until it is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from the appearance of the rash.
Hand, foot and mouth	It is safe for children to return to School or nursery as soon as they feel better. There is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before the onset of the rash to 4 days after, so it is important to ensure cases are excluded from School during this period.
Ringworm	Exclusion is not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to School 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the School or nursery, the health protection team will assist with letters and a factsheet to send to parents, carers, and staff.

Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of Shigella species before the child or food handler returns to School.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from School are required, and microbiological clearance may be needed. Your local health protection team, School health adviser, or environmental health officer will advise on these groups. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-School infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require more extended periods (the local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to School after 2 weeks of treatment if they are well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to School as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to School until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment has been received.
Conjunctivitis	None.

Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from School while unwell or until 7 days after the onset of jaundice. There is no need to exclude well, older children with good hygiene who will have been much more infectious before diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend School, and their doctors will advise when they can return. Do not exclude instances of chronic 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.
Hepatitis C	None.
Meningococcal septicaemia	If the child has been treated and has recovered, they can return to School.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to School. No exclusion is needed.
Meningitis viral	None.
MRSA (methicillin-resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.