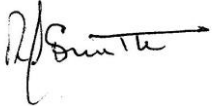
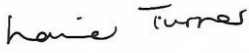




TEMPLEFIELDS MULTI-ACADEMY TRUST (TMAT)

Health and Safety Policy and Procedures Fawbert & Barnard's Primary

POLICY FIRST ADOPTED AND RATIFIED BY THE TRUST	DECEMBER 2018
DATE POLICY LAST REVIEWED	October 2023
POLICY TO BE REVIEWED ANNUALLY OR AS REQUIRED	

Signature :  

Date: March 2025

Name: **Robert Smith Louise Turner**
CO-CHAIRS OF TRUST

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***This is a TMAT Policy adapted by each school (Appendix 2 adapted for each site)*

1. Aims

Our school aims to:

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

2. Legislation

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

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
- The school follows national guidance published by Public Health England, NHS and the DFE www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities when responding to infection control issues.
- [Driving school minibuses: advice for schools and local authorities 2013](#), which is non-statutory advice on driving licence entitlement when driving a school minibus.
- [Keeping children safe in education 2022](#), which is statutory guidance for schools and colleges on safeguarding children and safer recruitment.

3. Roles and responsibilities

3.1 The Templefields Multi-Academy Trust and Local Governing Board

Templefields Multi-Academy Trust has ultimate responsibility for health and safety matters in all the TMAT schools, but delegates responsibility for the strategic management of such matters to the school's local governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

The local governing 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.

Templefields Multi-Academy Trust as the employer, also has a duty to:

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

- Ensure that adequate health and safety training is provided

The governors within each academy who oversee health and safety are:-

Fawbert and Barnard's	Dean Hollyoake
Harlowbury	Lisa Honychurch
Tany's Dell	Craig Armstrong

3.2 Headteacher

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the headteacher's absence, the deputy head teacher and site manager/caretaker assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety leads are:-

Fawbert and Barnard's	D Lambert & S Ovonlen
Harlowbury	K Hampton M Ford & V Early
Tany's Dell	M Harris & D Beaumont

3.4 Staff

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

Staff will:

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

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the headteacher and site managers, before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. Contractors are expected to sign-in once on site following each school's signing-in procedure. Appropriate checks will be taken per each school's procedure.

4. Site security

The TMAT site manager and caretaker are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Headteacher, deputy headteacher and caretaker/cleaner in charge *are key holders and will respond to an emergency.*

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud [continuous bell/buzzer].

Fire alarm testing will take place [once a week].

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks. All visitors and outside agencies are given on arrival information about fire evacuation procedures and assembly points.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The School Business Manager/ Office Manager will take a register/record of all staff and visitors which will then be checked against who is onsite.
- Staff, pupils and visitors will remain outside the building until the Site Manager, Headteacher or the emergency services say it is safe to re-enter

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

See the Emergency and Business Continuity Plan for further evacuation details.

A fire safety checklist can be found in appendix 1.

6. Asbestos Management

The Trust procedures are written in accordance with the Health and Safety at Work Act 1974, the Control of Asbestos Regulation (CAR) 2006, plus other relevant regulations, associated approved codes of practice and guidance.

Under the Control of Asbestos Regulations 2012, the primary responsibility for managing asbestos in a school lies with Templefields Multi-Academy Trust. The Trust is responsible for the maintenance and/or repair of a building.

The Trust has legal responsibility for the safe management of any asbestos- containing materials present in a school and is liable to be prosecuted if the regulations are breached.

Risks

The presence of asbestos containing material (ACM) does not in itself constitute a danger to health. However, it does become hazardous when disturbed or damaged and must then be dealt with appropriately. Activities, which give rise to airborne dust (eg breaking, drilling, sawing, cutting, sanding, abrading or machining ACM's) are most likely to present risks.

Reduction to Risk

Staff, Contractors and others are not expected to work with or be exposed to asbestos on school sites and those whose normal duties may bring them into contact with existing asbestos materials (eg maintenance staff, contractors and their representatives) are required to consult the asbestos register prior to carrying out any work and will only start work where the immediate work site has been classified. as being clear of any asbestos risk.

Responsibilities

In order to manage the asbestos present in a building in accordance with the regulations,

- Duty holders are expected to monitor areas and materials which contain ACM regularly
- Have an updated specialist survey which details the condition of asbestos-containing materials.
- Have an updated register of asbestos-containing materials
- Assess the risk from asbestos-containing materials (this is called the material assessment) and assess the risk of someone disturbing the materials containing asbestos (called the priority assessment).
- With this information schools must decide how they are going to manage the risk. For example, it may be necessary to label, seal, protect or remove the material.
- Write and review an asbestos management plan (AMP) detailing the procedures for monitoring the condition of asbestos-containing materials.
- The Trust will provide adequate information, instruction and training for any members of school staff, including teachers, likely to disturb asbestos and ensure all school staff, and contractors are aware of the location of asbestos in the building.
- The asbestos management plan must detail the procedures for staff to follow in the event of an asbestos incident, and the plan must be communicated clearly to all staff.
- Any asbestos incident should be notified to HSE (unless the incident is very minor)

See the Asbestos Management Plan for further information for individual academies.

The ACM checklist and register template can be found in appendix 4A.

7. RAAC (Reinforced Autoclaved Aerated Concrete)

Background

RAAC is a lightweight form of concrete. The Standing Committee on Structural Safety (SCOSS) has noted that: 'Although called "concrete", RAAC is very different from traditional concrete and because of the way in which it was made, much weaker. RAAC was used in schools, colleges and other building construction from the 1950s until the mid-1990s. It may therefore be found in any school and college building (educational and ancillary) that was either built or modified in this time period. In the 1990s, several bodies recognised structural deficiencies in RAAC panels installed up until the mid-1990s. It was recognised that the in-service performance was poor with cracking, excessive displacements and durability all being raised as concerns.

Risks

April 2020 – SCOSS published findings from surveys of buildings that revealed RAAC planks/panels suffered noticeably from **water ingress, cracking, spalling and surface corrosion**.

Reduction to Risk

Any academy which contains RAACV within the school building the Trust as the responsible body shall ensure a high level of monitoring of the integrity of the panels.

Schools will have regular surveys from external qualified surveyors and Structural engineers where appropriate and ensure that the structural remedial systems in place is adequate and meets/exceeds the criteria within the DFE policy from August 23.

Regular visual checks will be conducted by a designated responsible person in school who had sufficient knowledge of the possible deterioration and signs of deterioration.

Responsibilities

The Trust will ensure that

- Staff receive training where appropriate
- Visual checks are undertaken
- External structural survey reports are valid
- Risks assessments are up to date and shared with LGB and Trust regularly.
- RAAC Management Plan is in place (to include evaluation and emergency plan for education to continue) and communicated with LGB and Trust regularly
- That any academy where RAAC is present the Trust will work together with the DFE and Essex to enable face to face learning to continue even in an emergency

[DFE RAAC Guidance for Responsible Bodies Sept 23](#)

Please see individual academy Risk Assessment for RAAC and RAAC Management Plan (including monitoring checklist) where appropriate

8. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the site manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. These are kept in locked areas not accessible to children.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

8.1 Gas safety

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

8.2 Legionella

The Duty Holder is the TMAT CEO Sue Spearman. The CEO delegates the weekly and monthly checks to each academy site supervisor as the responsible person; who

- Ensuring the risk assessment and records are correctly maintained
- Any work on the water system is carried out by a competent person.

The following records need to be maintained and kept up to date by each academy site supervisor:-

- Risk assessment
- Records of all flushing of little used outlets
- Temperature monitoring
- Cleaning and Disinfection

The Deputy Site Supervisor at Tany's Dell Primary will deputise in the event of absence for the nominated persons.

All premises are required to have a Legionella risk assessment. The assessment needs to be carried out by a competent person (i.e. water specialist contractor) to determine the extent of any risks associated with Legionella. The assessment is a 'live' document and should be kept up to date whenever the water system is changed or the use, or pattern of use changes. A review of should be made biannually for best practise.

The risks from Legionella are mitigated by the following: - Monitoring or temperature checking is to be carried out to make sure that the Hot and Cold water systems are operating at the correct temperature and safely. This is separate to any laboratory type testing or sampling for Legionella bacteria.

9. Equipment

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

9.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Headteacher or Site Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

9.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the hall floor or other apparatus will be reported to the Headteacher or site manager

9.3 Display screen equipment

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

9.4 Specialist equipment

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

10. Lone working

Lone working may include:

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

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

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

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

11. Working at height

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.

In addition:

- The site manager retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

12. Manual handling

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

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

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

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

13. Off-site visits (See Educational Visits Policy)

When taking pupils off the school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them through the Evolve online reporting system
- Pre visits to be undertaken to ensure familiarity of the venue
- All off-site visits are appropriately staffed
- Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils (parents' contact details will be taken on residential visits, visits abroad or out of school hours visits)
- There will always be at least one first aider on school visits
- On an EYFS visit, there will be at least one first aider with a current paediatric first aid certificate on school visits, as required by the statutory framework for the Early Years Foundation Stage.
- The visit leader shall share all information and planned routes, timetables and risk assessments with group leaders to ensure safety of the group.
- The visit shall be checked and signed off by the EVC leader/ Headteacher and for residential visits by the local governing body.
- Emergency Z cards will be taken by all group leaders to ensure all adults have an emergency plan

14. Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it. After School Clubs run by external providers will be expected to have their own risk assessments, be first aid trained and have their own insurance.

15. Violence at work

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

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

16. Smoking

Smoking is not permitted anywhere on the school premises.

17. Personal Safety

- Our staff do not wear jewellery or fashion accessories, such as belts, high heels or flip flops, that may pose a danger to themselves or children.

- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- Earrings must be removed for P.E, these cannot be taped. Earrings should be removed by the parent before school, when the child is unable to do so themselves.

18. Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

18.1 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

18.2 Coughing and sneezing

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

18.3 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

18.4 Cleaning of the environment

- Clean the environment, including toys and equipment, frequently and thoroughly
- Deep cleaning of classrooms and resources to reduce the spread of communicable virus and diseases.

18.5 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 both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste using a biohazard bag and dispose of safely in the clinical waste foot operated bin in the disabled toilet. Remove clinical waste with a registered waste contractor.

18.6 Laundry

- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

18.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor

- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

18.8 Pupils vulnerable to infection

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

18.9 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, NHS and DFE summarised in appendix 4.

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

19. Issuing Medicines

- School staff should not administer any medicines unless the form 'Issuing medicine to a child during school time' has been filled in. As a general rule, medicines issued to children during school time should be restricted to pupils who suffer from a chronic complaint and could not otherwise attend school. However, medicines can be given where there is a compelling need to administer short term medication for a serious complaint.
- All clinical waste must be disposed of using a biohazard bag and dispose of safely in the clinical waste foot operated bin in the disabled toilet. Remove clinical waste with a registered waste contractor.

See also, "Medicines at School" policy and procedures.

20. New and expectant mothers

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

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

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

21. Occupational stress

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

22. Accident reporting

22.1 "Bump" record book

- All first aid incidents will be recorded in the school "bump" books.
- The first aider will complete the treatment given and record the cause of the incident

- Any head injuries and or incident which have left a mark on the child – a phone call home is made.

Online accident record

- In some cases where the incident involving the child, staff member or visitor is recorded using the online reporting forms by the Office Manager the Headteacher.
- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

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 head teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts 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

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

The first aider and or office staff 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. First aid slips are sent home at the end of a day more minor playground bumps and grazes.

22.4 Reporting to Ofsted and child protection agencies

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

The Headteacher and or CEO of the Trust will also notify Essex Family Operations Hub of any serious accident or injury to, or the death of, a pupil while in the school's care.

23. Training

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

Staff who work in high risk environments, such as work with pupils with special educational needs (SEN) or challenging behaviours are given additional health and safety training. Head teachers ensure they attend regular training.

24. Monitoring

- A safety audit of the school will be carried out each year by the Headteacher, site manager and a member of the Local Governing Body.
- The outcome and actions taken will subsequently be reported to the Local Governing Body.
- The Annual Health and Safety Audit Report will be completed – checklist is included in Appendix 3

This policy will be reviewed by the Local Governing Body annually or when necessary.

At every review, the policy will be approved by the Local Governing Body and the Board of Trustees.

25. Links with other policies, procedures, and documentation

This health and safety policy is not a standalone policy and links to the following policies and documents:

- First aid
- Medical Policy
- Risk assessments
- Educational Visits Policy, Evolve and supporting documentation (including risk assessments and risk benefits documents)
- Accessibility plan
- Safeguarding Policies and Procedures
- Intimate Care Policy
- Positive Handling Policy
- Induction Policies, procedures and checklists
- Emergency Business Continuity Plan
- Inclusion Policy

26. Support for schools

DfE updated July 2021 www.gov.uk/government/publications/health-and-safety-advice-for-schools/responsibilities-and-duties-for-schools

Schools can adopt or modify the guidance below to suit their circumstances:

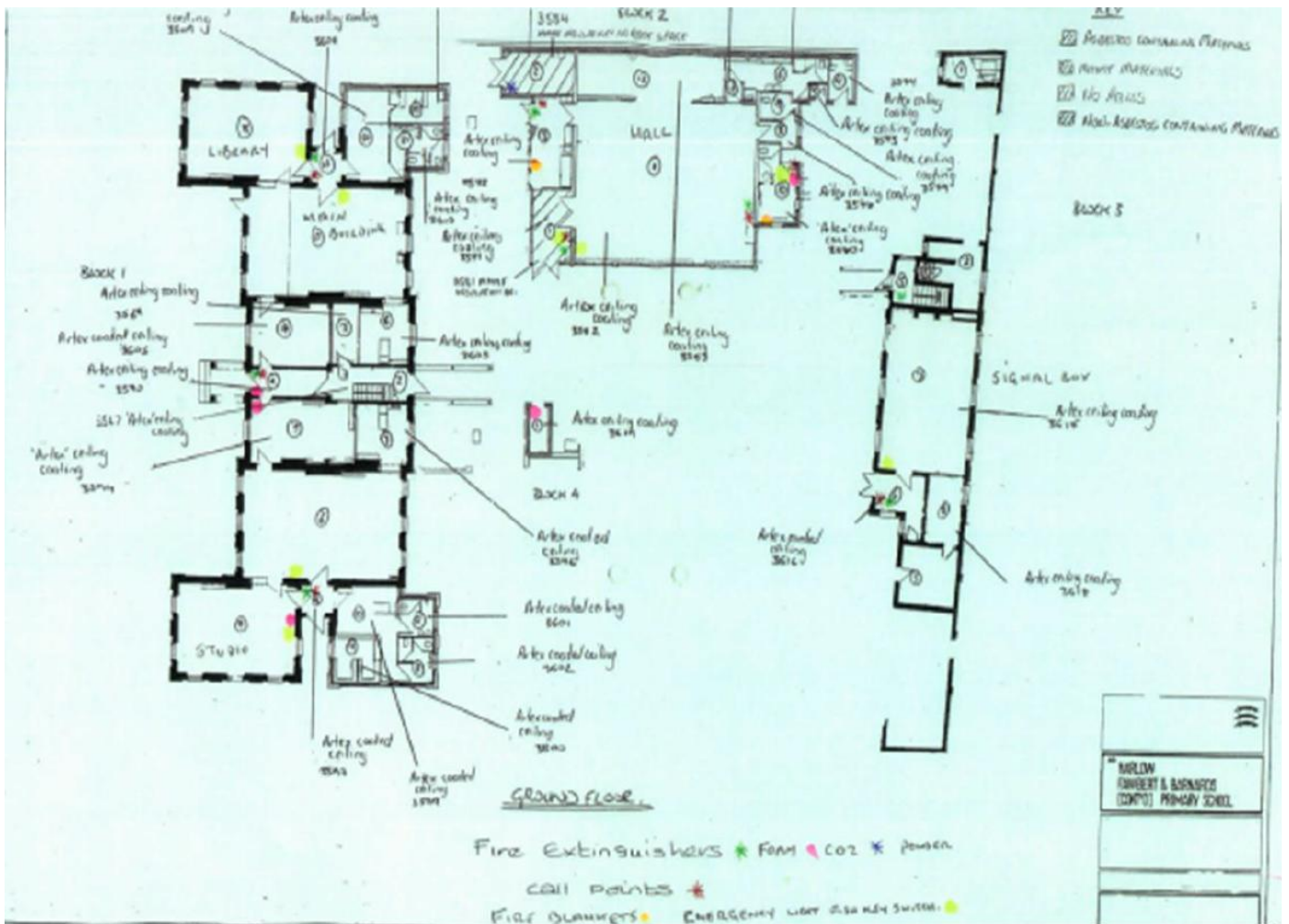
- [actions for schools during the coronavirus outbreak](#)
- [HSE website: common hazards](#)
- [CLEAPSS guidance on Covid-19 in schools](#)
- [HSE guidance on making your workplace COVID-secure](#)

- [Outdoor Education Panel Coronavirus guidance](#)
- [DfE guidance: Asbestos management in schools](#)
- [DfE guidance: Emergency planning and response](#)
- [CLEAPSS for science and design and technology](#)
- [ASE for science](#)
- [The Design and Technology Association for design and technology](#)
- [Association for Physical Education](#)
- [Outdoor Education Advisers' Panel for school trips](#)

Appendix 1. Fire Checklist

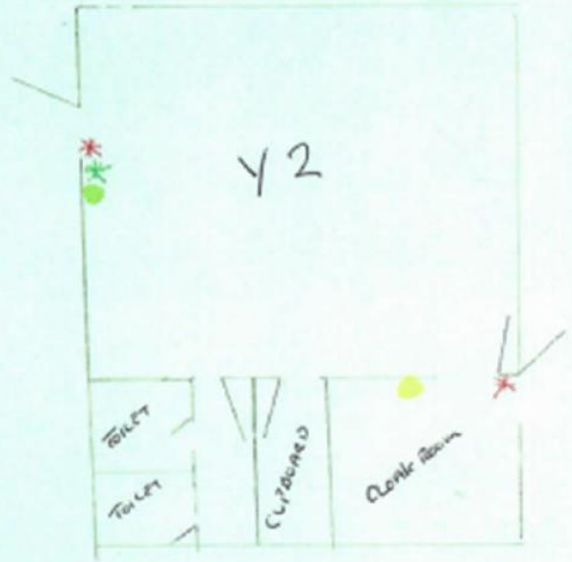
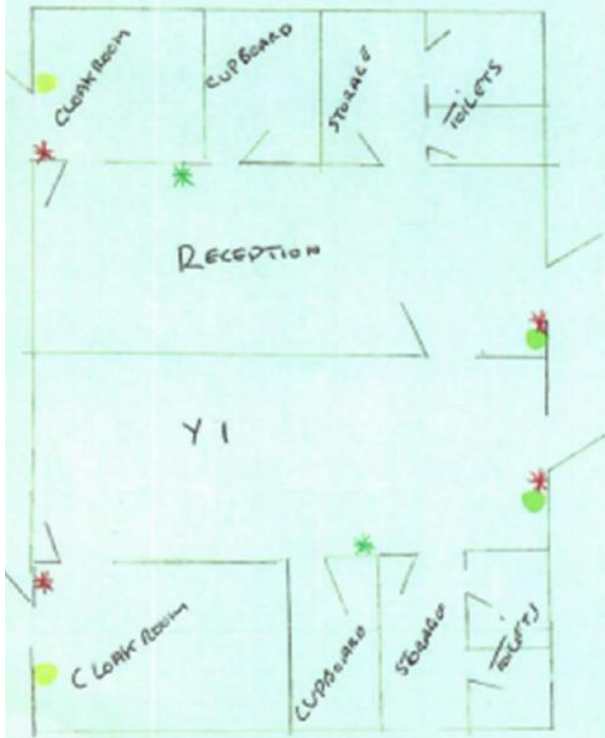
Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?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

Appendix 2. Fire Extinguishers and Call Points



DEMOUNTABLES

FIRE EXTINGUISHERS * FOAM
CALL POINTS *
PANIC BUTTONS ●
EMERGENCY LIGHT FISH KEY ●



Appendix 3:- Health and Safety Checklist


AREA /OFFICE INSPECTED:		
NAME & JOB TITLE:		
SIGNED:	DATE OF INSPECTION:	
INSPECTION POINTS	YES/NO/ NA	COMMENTS/ACTION (where action required record on separate action plan)
General Premises: <ul style="list-style-type: none"> Window restrictors in place where needed and operating properly? (e.g. where open out on to walkways or to prevent possible falls from height) Glazing film in good condition where present? (no bubbling & peeling) 		
Plant Room(s): <ul style="list-style-type: none"> Adequate access to the boiler room? (e.g. stairs in good condition with handrail, adequate lighting etc) Free of combustible items or other items which should not be stored in boiler room? Access to boiler units, dials, controls etc clear and unobstructed? Adequate access to switch room / cupboard? (e.g. not blocked. Access should be maintained at all times in case emergency access needed) Free of combustible items or other items which should not be stored in switch room / cupboard? Access to panels, controls etc kept clear? Individual panels kept locked / secured? Room / cupboard is secure and is kept locked at all times? 		
External: <ul style="list-style-type: none"> Access routes in to the site kept clear at all times? (some establishment may have a system of restricted access at certain times) Access routes clear (and marked if necessary) As far as possible is there separation of vehicle and pedestrian traffic (also marked where possible)? Where access ramps provided they are of good condition? Adequate external lighting? (clearly lit pathways) Steps, walkways, access routes in good condition? (no excessively raised paving slabs, obstructions etc) Wheelie bins and other similar items positioned to minimise unauthorised access to roof area? Rubbish and other items kept to minimum to reduce risk from arson? Gates in good condition? (no rust affecting hinges, if automatic sensors working to prevent trapping etc) Gates set up to prevent injury through misuse? (e.g. padlocks, stoppers, hinge guards – all to prevent finger or other trapping if swung on / misused) Trees / branches / shrubs well maintained? (not overgrown, unstable, decaying) 		

<ul style="list-style-type: none"> • Tree roots under control? (not damaging walkways etc. within play areas / general areas tree roots naturally create unevenness but judgement has to be made on any unacceptable hazard being caused) • External area generally ok? (consider clearing of leaves, ice, moss etc on this day as indication of how external site maintained on day to day basis) 		
<p>External Play Equipment: (note: there is guidance and a checklist regarding maintenance and checking of play equipment. The questions below provide an additional quick check but should not be used in place of the more detailed formal check)</p> <ul style="list-style-type: none"> • General condition of play equipment good? (no splinters, loose nuts/bolts, broken ropes etc) • Safety surface in good condition? (bark to adequate depth, no holes in wet-form surface etc) 		
<p>Access to Heights:</p> <ul style="list-style-type: none"> • Is there a safe access point to get on to the roof? • Is there a tie point for where the roof is accessed (if no tie point in place the ladder must be footed)? • Are fragile roofs / areas clearly marked once up there? (check with site manager) 		
<p>Asbestos: Note: refer to Asbestos Register and Asbestos Management Plan for frequency of formal inspections and how they are carried out.</p> <ul style="list-style-type: none"> • Known and visible asbestos materials in good condition? • Asbestos register held at reception or other point where contractors would sign in to? 		
<p>Legionella:</p> <ul style="list-style-type: none"> • Are temperature checks being taken and recorded in the legionella risk assessment monitoring sheets? • Is there evidence that where temperatures are too high or too low action is being taken? 		
<p>Indoor Working Environment:</p> <ul style="list-style-type: none"> • Is there matting at entrances to minimise slips risk when raining outside? • Is the temperature acceptable? (e.g. not excessively hot or cold for long periods of time?) • Is it felt that there is adequate ventilation / air movement? • Is there adequate control over lighting to ensure it is light enough for staff? • Is there reasonable access to toilet facilities, with hand washing facilities, hot water, soap and means to dry hands? • Is there access to drinking water? 		
<p>Slips & Trips (indoors)</p> <ul style="list-style-type: none"> • Cables around the premise positioned safely? • Floors, stairs, steps, walkways in good condition? • Are general routes / corridors / walkways within the premise clear of obstructions? 		
<p>Indoor Housekeeping</p> <ul style="list-style-type: none"> • Work and/or storage areas tidy? • Objects stored safely and/or securely? • Shelving stable and secure? • Combustible items not stored near heat sources or sources of ignition? 		
<p>Workstations: Check:</p> <ul style="list-style-type: none"> • Equipment arranged to avoid unnatural positions or 		

<ul style="list-style-type: none"> excessive stretching; Sufficient space to obtain a comfortable working position; Chairs meets minimum requirements, i.e. has 5 castors and back and seat are adjustable separately. 		
<p>Fire Prevention:</p> <ul style="list-style-type: none"> Quantity of paper and combustible materials controlled & stored safely? Heaters positioned safely? Fire evacuation notices displayed and up to date? (pictorial white on green) Fire extinguishers in place where indicated needed by fire extinguisher sticker / label or stand? Fire escape routes clear and fire doors not wedged open? Automatic fire doors not blocked? 		
<p>First Aid:</p> <ul style="list-style-type: none"> Are there a suitable number of notices indicating the first aid arrangement and detailing the first aiders? Are the first aid boxes suitable stocked? (refer to list on First Aid pages. Not other items should be stored in first aid box although other items may be stored with it) 		
<p>Stepladders / Kick-stool:</p> <ul style="list-style-type: none"> Access equipment provided where needed, e.g. kick stool, step ladder where there is high level storage? (question any employees around about how they access items at height or put up displays at height) Where access equipment provided is it suitable for the task? (e.g. high enough, provide a solid standing point etc). When not in use is it positioned or secured so that it will not get knocked over? Is it in good condition (ladders are required to be formally checked every 6 months and a ladder register kept)? 		
<p>Portable Electrical Appliances</p> <ul style="list-style-type: none"> Is there evidence that portable electrical items are tested (e.g. labels) <p>Spot check a couple of items:</p> <ul style="list-style-type: none"> No damage to cable; No damage to plug casing or bent pins; No evidence of overheating (burn marks or discolouration); On/off switch working correctly 		
<p>Harmful Substances (COSHH) - General:</p> <ul style="list-style-type: none"> Substances with orange hazard warning labels being stored safely? Bottles clearly labelled with details of content and hazard (indicated by symbol)? Stored safely to prevent container damage or accidental mixing? (e.g. pool chemicals store dry acid separately to bleach) Flammable substances stored in metal container / cupboard? Appropriate personal protective equipment available and used where necessary? (e.g. possibly goggles, gloves, apron depending on process) Are there suitable arrangements for dealing with spillages 		

<p>Cleaners Cupboard:</p> <ul style="list-style-type: none"> • Cleaning substances stored securely? • Cleaning substances all clearly labelled to show contents? • Low level cleaners sink available for use? • Cupboard kept locked at all times not in use? 		
<p>Site Managers Area:</p> <p>General:</p> <ul style="list-style-type: none"> • Area sufficiently tidy? • Kept locked when not in use? <p>Machinery (e.g. circular saw, sander. For full details of standards refer to workshops / design & technology health & safety pages):</p> <ul style="list-style-type: none"> • Machinery securely fitted or clamped to work bench? • Guards in place? (refer to generic risk assessments for machinery if unsure) • Emergency stop buttons fitted and working? (e.g. stop machine in under 10 seconds) • Suitable Personal Protective Equipment (PPE) provided where necessary? (e.g dust masks must be British Standard (BS) and not just be nuisance masks) • Where PPE is provided is it stored to prevent damage and / or contamination • Are safe working practices followed? (discussion with caretaker / site manager) <p>Portable electrical appliances / tools:</p> <ul style="list-style-type: none"> • Evidence that items electrically tested and inspected? • Stored securely and generally in good condition? 		
<p>Other Items: (Use this area to record other items, including any concerns raised by employees).</p>		

Appendix 4A Asbestos Management Plan Template

 Asbestos Management Plan Template	
<p>The Control of Asbestos Regulations 2012 requires managers of premises to prepare a written asbestos management plan. The plan should set out how the risks from asbestos are to be managed and the procedure for ensuring that employees or others do not disturb asbestos-containing materials (ACM). The premises 'Asbestos Register' should be used to produce this plan.</p> <p>Before completing this plan, you must familiarise yourself with: HSP 9.17 Managing Asbestos, The premises 'Asbestos Register'.</p> <p>The register is adequate for the management of asbestos on a day-to-day basis but it does not list any asbestos that may be present but not visible. If building alterations are proposed a more detailed 'Refurbishment and Demolition' survey may be necessary (see the HSP 9.17 Asbestos for advice on this).</p> <p>Non ECC maintained schools (see Academies) – The Trust Business Manager</p> <p>The premises manager must be aware of the contents of this management plan</p>	
<p>1. Name of premises</p>	
<p>2. Employee responsibilities</p>	
<p>Name and job title of the premises manager. The person with managerial and business responsibility for the premises. <i>In the case of schools this will be the headteacher.</i></p>	
<p>Name of the person with delegated duties to manage asbestos in the premises. The named person must: produce AND review this management plan; keep the asbestos register up to date; monitor the condition of asbestos materials; ensure that contractors do not disturb asbestos.</p>	

3. Reviewing this management plan	
<p>Date this management plan was produced (or last reviewed).</p> <p>Asbestos management plans should be reviewed at regular intervals (at least once a year), if it is specifically noted reviewed if:</p> <p>There is reason to suspect it is no longer valid, There have been significant changes in the premises.</p>	<p>To be reviewed</p>
4. The asbestos register	
<p>State where the register is kept. The Asbestos Register should be available to any persons carrying out work which may disturb asbestos containing materials. A suitable place would be the reception office. This plan may be kept with the register.</p> <p>Each ECC premises, if built prior to 2000 must have an Asbestos Register.</p>	<p>Register kept in the school site link</p> <p>Ensure an inventory containing locations of asbestos at the back of register to look at local link</p> <p>link information available to all staff on health and safety board in staff room.</p>
5. How information about asbestos is passed to those that need it	
<p>State here which personnel staff need to be made aware of the location of asbestos containing materials and how they have been informed.</p> <p>Relevant staff should be made aware that asbestos contains (that may be in walls or ceiling in their workplace link if ceiling (the search asbestos not include them).</p> <p>These staff could be informed at a staff meeting and asked to report any damage.</p> <p>Take care when communicating with staff – asbestos should be respected but not feared.</p>	<p>Due to location of asbestos in site access is limited to key holders link</p> <p>Site Manager/Officer Head Teacher Deputy Head Teacher Cleaner in Charge</p>

<p>Detail here the system for ensuring that contractors, and other persons not building work, do not inadvertently disturb asbestos containing materials, and how you ensure that the asbestos register is checked before starting work. Ensure that this system does not fail during staff absence.</p> <p>The procedure must identify the need to carry out further intrusive asbestos surveys if necessary.</p> <p>HSP10 'Contractors sign-off sheet' can be used to provide documented proof that the contractor is aware of the contents of the Asbestos Register and its limitations (but other methods of controlling work may be more appropriate for your premises – see HSP 9.17 Asbestos for further guidance).</p>	<ol style="list-style-type: none"> 1. Prior to commencement of work the area or areas identified for access are identified on the register. 2. Access to these areas are free of asbestos. 3. Contractor issues the register to agree with the findings register is signed by the client. 4. All work to be carried out will be controlled either by site manager or the school business officer or by signed work by a representative of ECC. 5. In the event of the absence of site manager responsibility will pass to the Head teacher or deputy head teacher. 6. For larger construction works normal working procedures should be carried out prior to commencement of works, site surveys and asbestos links to areas to be marked on.
<p>State here it, and where, warning labels have been used to alert workers to the presence of known asbestos.</p> <p>Labels are not essential and may not be appropriate link in classrooms but they will always be appropriate in areas such as boiler rooms. The decision to label or not will, in part, depend on whether you are confident link communication with your staff and contractors is effective.</p>	<p>Warning labels are in place on identified asbestos containing products.</p>

6. Training	
<p>Training in asbestos management is essential. State here who has completed training on asbestos management and when it took place.</p>	<p>Date: _____</p>
7. Risk Assessments and Monitoring	
<p>All known or presumed asbestos-containing materials shown in the asbestos register should be regularly monitored to ensure that they remain in good condition. The first stage in this process is to assess the risk from each material to establish the priority for monitoring (this is called a 'Priority Assessment'). This is easily done by walking around the premises with the asbestos register and assessing the likelihood that each material will be disturbed and deciding how frequently they should be checked for damage or deterioration.</p> <p>When doing the initial assessment you should consult the 'Material Assessment' section of your asbestos register which is an assessment of how hard or breakable the material is, and if it is soft, whether it has been adequately protected or sealed. It provides a Material Assessment Score; the higher the score, the more likely it is that the material will release fibres if disturbed. This section of the register also contains recommendations which should be complied with.</p> <p>Note: Any work on asbestos-containing materials must only be carried out by a contractor who is trained and competent to carry out the task. Normally, only a contractor licensed by the Health and Safety Executive should work on asbestos insulation, asbestos insulating board and lagging, including sealing and removal. If you are in any doubt about the action to take you should contact your property consultant.</p>	

<p>State the monitoring arrangements that you have adopted. For asbestos you may decide that a six-monthly monitoring regime of all asbestos materials may be appropriate with the exception of a few items that need more frequent checks.</p> <p>Monitoring must be recorded. The HSE127 Asbestos Monitoring Sheet is one method for recording the monitoring.</p> <p>The time period between monitoring will vary depending on the type of material, its location and the activities in the area concerned, but would not be expected to be more than 12 months in most cases. However, some materials may need inspecting more frequently (for example asbestos insulating board panels on the walls of a constantly used corridor may need inspecting monthly). Monitoring would involve a visual inspection, looking for signs of disturbance, scratches, broken edges, cracked or peeling paint and dents. If you have any doubts about what action to take you should seek advice from your property consultant. Any work you decide to carry out should be recorded with an agreed date for completion.</p>	<p>All areas identified as containing asbestos are monitored on a monthly basis.</p> <p>Records are kept in the asbestos register.</p>
8. Signatures and date	
<p>Person responsible for managing asbestos Name and job title: Premises Manager.</p>	<p>Date:</p>
<p>Date:</p>	<p>Date:</p>

Appendix 5. 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 (PHE).

Rashes and skin infections

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

		conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.
Croup	Children with croup should be considered contagious for three days after the illness begins or until the fever is gone.	Preventable by good hygiene as Croup is caused by viruses that can be spread easily through coughing, sneezing, and respiratory secretions (mucus and droplets from coughing or sneezing)
Covid19 and variants *	If feeling unwell & have a high temperature recommended 3 day period No requirement to use lateral flow tests	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.

Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Appendix 6. Risk Assessment for Pupils with Challenging Behaviours

Name of child **EXAMPLE**

Class

Teacher

School

Identification of Risk		
Describe risk	Physical assault Absconding Unsafe behaviours	
Is Risk potential or actual?	Actual	
List who is affected by the risk	Other children Adults Himself	
Assessment of Risk		
In which situations does the risk usually occur?	Lunchtime Break times When not engaging in learning and refusing to use a quiet and calming space to deescalate	
How likely is the risk to arise?	Almost certain	
If the risk arises, who is likely to be injured or hurt?	Children Adults Themselves	
What kinds of injuries or harm are likely to occur?	Punching Strangling Pushing Slapping Threatening to kill people Fall from climbing trees /fences and stair rails Damage to property Road accident if leaving the premises	
How serious are the adverse outcomes?	Hospitalisation Death Accidental death (RTA)	

Assessment completed by:

Signature Date

Risk Reduction Options			
	Possible Options	Benefits	Draw back
Proactive interventions to prevent risk	De-escalation script Safe place Talk to a trusted adult Tactical ignoring	Self-regulation	Time Refusal to engage in the safe place
Early interventions to manage risk	Anger Management work Social Stories Lunchtime activities Understanding choices of actions and consequence Use of a control hold and or a restraint if necessary	Emotional Intelligence increased	Patterns of behaviour are already embedded Staff do not wish to be physically hurt
Reactive interventions to respond to adverse outcomes	Home lunch time exclusions 45 days Internal school exclusions	All children and adults in school are safe	Difficult to remove the whole school from the playground or dinner

	Fixed term Exclusions Police Involvement		hall Relationships with adults damaged. Not regulating own behaviours
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Agreed Behaviour Management Plan & School Risk Management Strategy		
Focus of measures	Measures to be employed	Level of Risk
Proactive interventions to prevent risk	De-escalation script	Low
Early interventions to manage risk	Understanding choices of actions and consequence Lunchtime activities Zone of Regulation Intervention	Moderate
Reactive interventions to respond to adverse outcomes	Home lunch time exclusions Internal school exclusions Fixed term Exclusions	High

Agreed by:

Relationship to child

Date

Review Date

Evaluation of Behaviour Management Plan & School Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
ACTIONS FOR THE FUTURE		

Plans and strategies evaluated by:

Relationship to child

.....

.....

Date.....

Appendix 7 Example Risk Assessment

TMAT RISK ASSESSMENT -

Activity: Science/DT

Assessment Date:

Educational Objectives:

Completed By:

<p>HAZARD</p> <p>List significant hazards which may result in serious harm or affect several people.</p>	<p>WHO MIGHT BE HARMED?</p> <p>List groups of people who are especially at risk from the significant hazards identified.</p>	<p>IS THE RISK ADEQUATELY CONTROLLED?</p> <p>List existing controls or note where information may be found (e.g. information, instruction training, systems or procedures)</p>	<p>WHAT FURTHER ACTION IS REQUIRED TO CONTROL RISK?</p> <p>List the risks which are adequately controlled – proposed action where it is reasonably practicable to do so.</p>
<p>Burns- use of glue gun</p>	<p>Pupils Volunteers Staff</p>	<p>Low melting glue sticks to be used Goggles and gloves to be used Supervision Number of children in the classroom Competent person changing saw& knife blades Clear and suitable workstations for tools Adequate instruction and support for children to use tools safely Use of tools controlled in lower KS2</p>	<p>Needs of the children – instructions to be clear, concise and supported with visuals and widgets as appropriate.</p>
<p>Cuts – use of junior hacksaws and craft knives</p>	<p>Pupils Volunteers Staff</p>	<p>Supervision Number of children in the classroom Competent person changing saw& knife blades Clear and suitable workstations for tools Adequate instruction and support for children to use tools safely Use of tools controlled in lower KS2</p>	<p>Needs of the children – instructions to be clear, concise and supported with visuals and widgets as appropriate.</p>

<p>Glass Beakers to be used for science experiments – breakage and cuts</p>	<p>Pupils Staff Visitors</p>	<p>Use in science lesson for experiment in year 5&6 only</p> <p>Clear concise instructions</p> <p>Paper and dustpan and brush available to clear up glass shards.</p> <p>Limit movement and ensure space between areas to avoiding bumping into tables</p>	
<p>Microbes – mold spores breathing in spores</p> <p>Asthma</p> <p>Breathing difficulties</p>	<p>Pupils Staff Volunteer</p>	<p>Sealed containers – video footage rather than first hand experience</p> <p>Clean up spills</p> <p>Disinfect the workstation before and after use</p> <p>Do not eat or drink near the workstation</p> <p>Wash hands regularly</p> <p>Dispose of microbes in a sealed container and bag.</p>	<p>Note</p> <p>Ensure children with asthma have up to date asthma plans and pumps in schools</p>
<p>Living organisms and animal</p> <p>There is a requirement under COSHH to assess and adequately control the risks of potential infection and allergic reactions.</p>	<p>Pupils Staff Volunteers</p>	<p>Handle animals no more than necessary, wash hands before & after and especially before meals</p> <p>Avoid contact wherever practicable with the animals.</p> <p>Some animals e.g. lambs may carry infections that could threaten a pregnancy. - Keep the animal housing clean and disinfect cages at regular intervals.</p> <p>Do not allow animals to wander freely on floors or tables unless these are cleaned immediately afterwards with hot water and detergent.</p> <p>All waste should be disposed of regularly. Where animals require fresh food, remove any uneaten surplus before it begins to decompose.</p> <p>Children should not touch animals if not supervised .</p> <p>Wash their hands before & after handling animals, cleaning cages etc. –</p> <p>Only obtain animals, particularly small mammals only from reputable suppliers.</p>	<p>Note obtain risk assessment from the company e.g, Paradise Park</p>

LED Torches – damage to eyes	Pupils	Clear concise instructions and modeling how to use the torches Supervision Limited number of torches if appropriate	
Signed Date Reviewed			