



## HEALTH AND SAFETY POLICY

Responsibility of ( <i>see policy tracking sheet</i> ):	Trust Board
Approved by:	Trust Board
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## 1. Statement of intent

Saracens Multi-Academy Trust recognises its health and safety duties under the Health and Safety at Work Act 1974, the Management of Health & Safety at Work Regulations 1999 and accompanying protective legislation. The Chief Executive Officer (CEO) recognises that s/he has a responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice.

Our schools aim to:

- Provide and maintain a safe and healthy environment. As additional schools join the Trust, this may require significant capital investment, which will form part of the Trust estates strategy and budget plans
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school sites
- Deliver information and training as necessary to ensure the health and safety of employees and others, and to promote awareness and understanding of health and safety
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected.

Our 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 schools follow [national guidance published by UK Health Security Agency](#) when responding to infection control issues.

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

This policy also complies with our funding agreement and Articles of Association.

## 2. Roles and responsibilities

### 2.1 The Trust Board

The Trust Board has ultimate responsibility for health and safety matters but will delegate day-to-day responsibility to the Principals.

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 school premises.

The 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.

## **2.2 Principals**

The Principals are responsible for health and safety day-to-day. This involves:

- Implementing the Health and Safety Policy
- Ensuring there are enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring all risk assessments are completed and reviewed (See Appendix 1, Risk Assessment Process)
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary.

In the Principal's absence, the Vice-Principal or Deputy Headteacher assumes the above day-to-day health and safety responsibilities.

Health and Safety is a regular agenda item at Senior Leadership Team meetings.

## **2.3 Operations Managers and/or Caretakers**

The Operations Manager and/or Caretakers are responsible for ensuring that all required H&S checks are undertaken, either by themselves or contractors. They will ensure that the appropriate checks have been undertaken during the appointment of contractors and will provide an induction to the safe operations of the site for contractors, where appropriate.

## **2.4 Health and Safety Lead**

The nominated health and safety lead is the Chief Financial and Operating Officer (CFOO). The CEO oversees the work of the CFOO.

A competent person, Cousins Safety, has also been appointed to support the Health & Safety practices of the Trust. Cousins Safety undertake regular audits of matters relating to health and safety.

## **2.5 Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent/carers 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. Each school has a staff appointed Health and Safety Representative.

## **2.6 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 for reporting any health and safety incidents to a member of staff.

## **2.7 Contractors**

Contractors will where appropriate, provide evidence of competence before commencing any work. Health and safety practices will be agreed with the Site Teams before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work, where appropriate.

## **2.8 Training**

A detailed training matrix is completed and monitored to ensure that all staff are trained appropriately for their roles.

Staff are provided with health and safety training as part of their induction process as well as ongoing training as a result of changes in risks or procedures as a result of risk assessments and audits.

Principals and the CFOO are trained in IOSH Managing Safely.

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs and disabilities (SEND), are provided with access to CLEAPPS and other specialist advice.

## **2.9 Monitoring**

This policy will be reviewed by the Principals and CFOO every year. At every review, the policy will be approved by the Trust Board.

## **2.10 Links with other policies**

This Health and Safety Policy links to the following policies:

- Accessibility Plan
- Child Protection and Safeguarding Policy
- First Aid Policy
- Risk Assessment Policy
- Supporting Pupils with Medical Conditions Policy.
- Critical Incident Plan

# **3. Arrangements**

## **3.1 Asbestos**

- For new free schools, no asbestos has been used in their construction
- Where there is asbestos present:
  - Staff are briefed by the CFOO on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
  - Permission to work arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
  - Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
  - A record is kept of the location of asbestos that has been found on the school site. An Asbestos Management Plan is updated annually by the CFOO to review and manage the asbestos around the school.

## **3.2 Fire**

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices in the Staff Handbook and in all offices and classrooms.

Fire risk assessments of the premises have been undertaken and will continue to be reviewed regularly.

Firefighting equipment is checked monthly or as the Site Team are notified of issues by members of staff.

A termly fire evacuation is coordinated by the Principals and results recorded in the online fire log book.

The fire alarm is a loud siren.

Fire alarm testing of a different call point takes place once a week and records are kept by the Site Teams.

New staff are trained in fire safety and all staff and pupils are made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then for use on a small waste bin sized fire, by those staff trained in how to operate extinguishers and who are confident they can use them without putting themselves or others at risk
- Trained Fire Wardens check their allocated areas such as toilets and workrooms before leaving the building
- Staff and pupils will congregate at the assembly point
- Learning coaches and class teachers will take a headcount of pupils, which will then be checked against the attendance register of that day
- The Receptionist will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter. For practices the Principal or his designated deputy will make this decision.

The school has Personal Emergency Evacuation Plans (PEEPs) in place for the evacuation of people with mobility needs and the fire risk assessments also pays particular attention to those with disabilities. Staff are trained in the use of evacuation chairs.

Class teachers and Learning Support or Teaching Assistants are responsible for the evacuation of people with mobility needs. During break times staff on duty will be responsible.

### **3.3 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 secondary Science and Design & Technology (DT) technicians, cleaning teams and kitchen staff and circulated to all employees who work with hazardous substances. Chemicals used for cleaning in the kitchen and school are labelled and stored in accordance with COSHH

requirements. Staff will also be provided with protective equipment, where necessary.

Secondary schools have a subscription to [CLEAPSS](http://cleapss.org.uk/) and their publications are used as sources of model risk assessment within Science, Art and DT. See:

- CLEAPSS technology site <http://dt.cleapss.org.uk/>
- CLEAPSS science site <http://science.cleapss.org.uk/>

In addition, the following publications are used within the schools as sources of model risk assessments:

- BS 4163:2014 Health and Safety for Design and Technology in Schools and Similar Establishments- Code of Practice
- ASE, Safeguards in the school laboratory, 2006 (11<sup>th</sup> Edition), <http://www.ase.org.uk>] ISBN 978-0-86357-408-5
- Safe Practice in Physical Education, School Sport and Physical Activity 2016' Association of PE 'AfPE' <https://www.afpe.org.uk/>

School 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.

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.

### **3.4 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.

### **3.5 Legionella**

- A water risk assessment has been completed for each school. Monthly monitoring of temperatures are undertaken either in house or by contractors and recorded. Flushing of little used outlets is undertaken weekly in-house. Annual testing of bacteria levels throughout the school site is outsourced to a specialist company. Results are provided to the school and the caretakers are responsible for ensuring that the identified operational controls are effective and any issues recorded in the school's premises management system, to be addressed
- This risk assessment will be reviewed based on risk if any significant changes have occurred to the water system and/or building footprint.

### **3.6 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. Key areas for compliance are outlined in the DfE's [Good Estate Management for Schools](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344923/Good_Estate_Management_for_Schools.pdf)
- 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.
- Statutory engineering inspections of lifts and gas safety systems are annually undertaken by competent contractors.

### **3.7 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 immediately through the premises management system
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- All portable electronic equipment must be logged prior to use and a portable appliance test (PAT) carried out. Equipment must be removed from the log when no longer in use
- Portable equipment in long term use will be subject to a PAT test, usually every 12 months by a competent contractor
- 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 contractor
- Fixed wiring is tested every 5 years by a competent contractor.

### **3.8 PE equipment**

- Where appropriate, 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 gym/hall floor or other apparatus will be reported to the Caretakers and logged on the premises management system
- Relevant PE equipment is serviced annually by a competent contractor.

### **3.9 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). The Trust uses Specsavers to provide this service.

### **3.10 Specialist equipment**

- Parents/carers are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs
- Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.
- Local Exhaust Ventilation (LEV) systems and pressure systems such as in DT workshops and science departments are tested by a qualified contractor regularly
- F-gas in air conditioning systems is tested regularly by a qualified contractor

### **3.11 Site security**

Procedures are updated in line with reviews of the Security Risk Assessment The Site Teams are responsible for the security of the school site in and out of school hours. He/she is responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Each school has key holders who will respond in an emergency.

Some schools have a keyholding company who attend the site in the event of a police response being required.



### **3.12 Lone working**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Caretaker 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. A lone working risk assessment is in place for each school.

### **3.13 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 caretakers retain 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
- A ladder log is maintained at each site with termly checks undertaken of all ladders
- Access to high levels, may be permitted on the basis of a risk assessment and use of a tower, by PASMA trained staff only
- Access to roofs, is only permitted by trained persons unless safe access can be achieved via internal access routes and the roof boundaries are completely safe (such as having high walls around).

### **3.14 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 schools will ensure that proper mechanical aids and lifting equipment are available, and that staff are trained in how to use them safely.

All staff complete an online course 'Moving and Handling' when they start work for the Trust.

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.

### **3.15 Off-site visits**

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

- EVOLVE is used for the planning and approval of off-site visits. Risk assessments will be completed where off-site visits and activities require them
- Off-site visit leaders complete EVOLVE training prior to risk assessing their trip
- Risk assessments will be signed off (via EVOLVE) in advance of trips by the Educational Visits Co-ordinators and the Principals
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' / carers' contact details
- There will always be at least one first aider on school trips and visits
- 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.

### **3.16 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.

### **3.17 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/Principal immediately. This applies to violence from pupils, visitors or other staff.

### **3.18 Smoking**

Smoking is not permitted anywhere on school premises.

### **3.19 Infection prevention and control**

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

#### **3.19.1 Handwashing**

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

#### **3.19.2 Coughing and sneezing**

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

#### **3.19.3 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.

#### **3.19.4 Cleaning of the environment**

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

### **3.19.5 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 both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills.

### **3.19.6 Laundry**

- Wash laundry in a separate dedicated area
- Bag children's soiled clothing to be sent home, never rinse by hand.

### **3.19.7 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 in a dedicated, secure area while awaiting collection.

### **3.19.8 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.

### **3.19.9 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.

### **3.19.10 Exclusion periods for infectious disease**

- Schools will follow the recommended exclusion periods outlined by the UK Health Security Agency, summarised in Appendix 3.
- In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action.

### **3.19.11 EpiPens**

EpiPens are held at the school reception. First aiders are trained in their use and a process is in place to ensure all EpiPens held are correctly addressed, available and in date.

## **3.20 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.

### **3.21 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. Additional support is available from the Trust's trained Mental Health First Aiders, Occupational Health service and the Staff Counsellor (while funds allow). Details are available from the Trust People Manager.

### **3.22 Accident reporting**

#### **3.22.1 Accident records**

- Medical Tracker will be completed as soon as possible after the pupil or staff accident or near miss 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 pupil injuries will also be kept in the pupil's educational record
- Records held in Medical Tracker will be retained by the school for a minimum of 12 years from the date of the incident.

The CFOO reviews Medical Tracker termly, considers and addresses any trends in accidents and near misses. Staff also notify the CFOO of accidents as they occur, where improvements are needed to the school estate to prevent re-occurrence.

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

The CFOO 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 CFOO 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. All major incidents will be reported to the Principals and the Trust Board.

#### **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
  - 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>

### **3.22.3 Notifying parents/ carers**

The School Office will inform parents/carers 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.

The Designated Safeguarding Lead will also notify LB Barnet Multi Agency Safeguarding Hub (MASH) of any serious accident or injury to, or the death of, a pupil while in the school's care.

#### **MASH**

London Borough of Barnet, 2 Bristol Avenue, Colindale, London NW9 4EW

<https://www.barnet.gov.uk/directories/directme/multi-agency-safeguarding-hub-mash-team>

Phone number: 020 8359 4066 Monday to Thursday 9.00am to 5.15pm and Friday 9.00am to 5.00pm. Outside of these hours contact the emergency duty team on 020 8359 2000.

Email: [mash@barnet.gov.uk](mailto:mash@barnet.gov.uk)

On-line referral form:

<https://account.barnet.gov.uk/OnlineApplication/Introduction.aspx?form=MASHANDCAF&time=638883730016566939,1752772601087>

### **3.22.4 Reporting to Ofsted**

The Principal 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.

## Appendix 1. Risk assessment process

When assessing risks in the school, we will follow the process outlined below.

We will also involve staff, where appropriate, to ensure that all possible hazards have been identified and to discuss control measures, following a risk assessment.

**Step 1: identify hazards** – we will consider activities, processes and substances within the school and establish what associated-hazards could injure or harm the health of staff, pupils and visitors.

**Step 2: decide who may be harmed and how** – for each hazard, we will establish who might be harmed, listing groups rather than individuals. We will bear in mind that some people will have special requirements, for instance pupils with special educational needs and disabilities (SEND) and expectant mothers. We will then establish how these groups might be harmed.

**Step 3: evaluate the risks and decide on control measures (reviewing existing ones as well)** – we will establish the level of risk posed by each hazard and review existing control measures. We will balance the level of risk against the measures needed to control them and do everything that is reasonably practicable to protect people from harm.

**Step 4: record significant findings** – the findings from Steps 1-3 will be written up and recorded in order to produce the risk assessment. A risk assessment template can be found in Appendix 2 of this policy.

**Step 5: review the assessment and update, as needed** – we will review our risk assessments, as needed, and the following questions will be asked when doing so:

- Have there been any significant changes?
- Are there improvements that still need to be made?
- Has anyone spotted a problem?
- Have we learnt anything from accidents or near misses?

**Step 6: retaining risk assessments** – risk assessments are retained for the 3 years after the length of time they apply. Risk assessments are securely disposed of.

### Monitoring arrangements

Risk assessments are written as needed and reviewed by the Subject Lead or a member of the Senior Leadership Team.

Appendix 2: Risk assessment template

School Name:	Risk Assessment for:	
Assessment by (Name and Job Title): <i>Who carried out this RA</i>		Date:
Review Date: <i>Example: Annually or when significant changes occur or an incident.</i>	Approved by (Name and Job Title):	Date:
COMMENTS <i>(Record any comments reviewer wishes to make. Including recommendations for future reviews):</i>		

Hazard	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures <i>(Brief description and/or reference to source of information).</i>	Are Control Measures Y / N / NA	
				In Place	Adequate

Additional Control Measures <i>(to take account of local/individual circumstances including changes such as working practices, equipment, staffing levels).</i>	Action by Whom <i>(list the name of the person/people who have been designated to conduct actions)</i>	Action by When <i>(set timescales for the completion of the actions - remember to prioritise them)</i>	Action Completed <i>(record the actual date of completion for each action listed)</i>	Residual Risk Rating

RESIDUAL RISK RATING	ACTION REQUIRED
<b>VERY HIGH (VH) Strong likelihood of fatality / serious injury occurring</b>	<b>The activity must not take place at all.</b> You must identify further controls to reduce the risk rating.
<b>HIGH (H) Possibility of fatality/serious injury occurring</b>	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team
<b>MEDIUM (M) Possibility of significant injury or over 3-day absence occurring</b>	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
<b>LOW (L) Possibility of minor injury only</b>	No further action required.



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

This list of recommended absence periods for preventing the spread of infection is taken from the UK Public Health Agency:  
<https://www.publichealth.hscni.net/publications/guidance-infection-control-schools-and-other-childcare-settings-0>

#### Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chickenpox</b>	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 leukemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
<b>German measles (rubella)*</b>	Four days from onset of rash (as per <a href="#">"Green Book"</a> )	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.
<b>Hand, foot and mouth</b>	None	

<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	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 leukemia 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.
<b>Molluscum contagiosum</b>	None	A self-limiting condition.
<b>Ringworm</b>	Exclusion not usually required	Treatment is required.
<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts require treatment.
<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	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 leukemia 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.

<b>Shingles</b>	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 leukemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	
<b>E. coli O157 VTEC</b> <b>Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b>	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
<b>Cryptosporidiosis</b>	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 leukemia 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 leukemia 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.

## 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.

<b>Hepatitis B*, C*, HIV/AIDS</b>	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.
<b>Meningococcal meningitis*/ septicaemia*</b>	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.

<b>Meningitis* due to other bacteria</b>	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.
<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	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.

<b>Mumps*</b>	Exclude child for five days after onset of swelling	Preventable by vaccination
<b>Threadworms</b>	None	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	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.