

Health and Safety Policy

Approved by: Board of Trustees

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Summary of Changes

Page 4 - Name change of H&S Trustee

Page 11 – amended to include Vaping

Page 22 – updated appendix 3

Page 26 – updated appendix 5

1. Statement of Intent

The Duston School is committed to ensuring the health, safety and welfare at work of its employees, so far as is reasonably practicable, by fully complying with all statutory health and safety requirements of the Health and Safety At Work etc. Act 1974 and all subsequent Regulations and by positive action to prevent work related injury and ill health and promote healthy working practices.

The Duston School is committed to continual improvement in all areas of health and safety management and recognises its responsibility for providing a safe and healthy workplace and work environment for employees and others (students, contractors, visitors and the public) who may be affected by its work or undertakings.

Objectives

To achieve this aim, The Duston School has the following objectives: -

- ↳ to assess work activities by identification of hazards and evaluation of risks
- ↳ to minimise risk to health through the provision and maintenance of suitable plant, buildings, facilities, equipment and the provision of safe systems of work
- ↳ to minimise unavoidable risks by the use of physical control measures and issue of personal protective equipment
- ↳ to provide safe arrangements for the use, handling, storage and transport of articles and substances
- ↳ to provide necessary information, instruction, training and supervision to ensure the health and safety of staff and others
- ↳ to consult with employees' representatives on health and safety matters
- ↳ to provide a comprehensive and effective Occupational Health Service, including health surveillance where appropriate
- ↳ to implement a monitoring, inspection and audit process to ensure effective management of health and safety throughout the Duston School
- ↳ to co-ordinate, co-operate and exchange relevant information with organisations
- ↳ providing support and facilities to the Duston School employees and students
- ↳ to co-ordinate, co-operate and exchange relevant information with contractors and visitors
- ↳ to integrate health and safety responsibilities into everyday working practices and managerial responsibilities.

Board of Trustees

To recognise its ultimate responsibilities for health and safety as the employer and has delegated operational responsibility and authority for health and safety policy implementation

Employees

Each individual has a legal obligation to take reasonable care for his or her own health and for the safety of others who may be affected by his or her acts or omissions. Every employee must comply with the rules and requirements under the authority of this policy to enable compliance with statutory duties. Employees must immediately report to their manager, any significant risk liable to cause injury, danger or any shortcoming in the arrangements for health and safety.

Competent Advisors

The Duston School will ensure that competent persons are appointed to advise and assist the organisation in meeting its health and safety obligations.

Principal



Date 13.01.25

Chair of Board of Trustee



Date 13.01.25

2. Legislation

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

- [The Health and Safety at Work etc. Act 1974](#), 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 UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) 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 complies with our funding agreement and articles of association.

3. Organisation - Roles and responsibilities

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Principal.

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

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

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

The Trustee who oversees health and safety is **Andrew Mumford**

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 Board of Trustees 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 CFO/Business Manager (S Connor) / Snr Vice Principal (T Wise / N Adams)** assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety leads

The nominated health and safety lead is **the Business Manager**

3.3.1 Safeguarding Lead – Vice Principal (P Dewes)

3.3.2 First Aid Lead – Assistant Principal (S Wade)

3.3.3 Trips & Activities Lead – Assistant Principal (S Pragnell)

3.3.4 EVC (Educational Visits Coordinator) – J Barker

3.3.5 Amey Site Manager – PFI contractual Obligations

3.4 Staff

Heads of Departments are responsible for the health, safety & maintenance of equipment in their respective areas and will ensure that they raise any concerns in writing with the Health & Safety lead.

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

Staff will:

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

3.5 Pupils and parents/carers

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

3.6 Contractors

Contractors will agree health and safety practices with the Amey Site Manager / Caretaker before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

Amey Facilities Management 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.

Amey Facilities Management 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 practiced at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place **once a week and is conducted by Amey Facilities Management.**

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points **on the field**
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The **reception / administration team** 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

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. **This information will be detailed in their PEEP.**

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Science Head of Faculty, Design Head of Faculty and circulated to all employees who work with hazardous substances. Staff will also be provided with training & protective equipment, where necessary. Amey Facilities Management hold their own COSHH register and this is updated by their Health & Safety Manager

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.

In Art and Design Technology, all hazardous products are kept in a locked hazard cupboard with the key for the cupboard only with the Head of Design Technology & Art, and the Creative Technologies Technician.

In Science, there are two prep rooms, one is upstairs and one is downstairs. No chemicals are kept in the upstairs prep rooms, the only downstairs prep room keep all substances. If it has to be used in upstairs classrooms, there is a small lift in the prep rooms that is used to transport substances upstairs, where only the science technicians have access to. Both upstairs and downstairs rooms are locked on either side of the prep rooms which lead into classrooms and the main doors are locked when the science technicians are out of these areas.

Most hazardous items are kept behind a locked door within the downstairs science prep room which is G105a, inside this room is two locked cabinets that contain corrosive items, the only people that have access to this cupboard is the science technicians. They also have a poisonous cabinet which is only used for demonstrations by the teachers, this cabinet is also kept locked and the only keys are kept by the science technicians.

There is another locked cabinet that group 1 metals are kept in and this is only to be used by staff behind a glass screen. Another locked cabinet is for flammable items, which also has the keys kept by the technicians.

There is a blue locked cabinet that keeps items such as matches and cigarettes inside from experiments which the only keys are kept by the science technicians

The teachers must be with the students at all times in the classrooms when they are using any substances, if the teacher needs to leave the room there has to be another teacher in the classroom before the teachers leave.

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.

6.1 Gas safety

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

6.2 Legionella

- A water risk assessment has been completed. It is reviewed by independent consultants every two years (or sooner if there is a change in the system). The water risk assessment is also reviewed multiple times every year by both the Amey Assurance team audits and the Legionella Responsible Person (LRP).

Amey are responsible for ensuring that the identified operational controls are conducted and recorded in their documentation.

The risks from legionella are mitigated by the following

Normal contractual tasks :

- Weekly flushing of little used outlets
- Monthly temperatures checks of hot & cold sentinel outlets.
- Monthly temperature checks of calorifiers flow & return.
- Quarterly clean & disinfection of showers & spray heads.
- Annual servicing of thermostatic mixing valves
- Annual inspection of cold water storage tank.
- Annual blowdown & inspection of calorifiers.
- Annual treatment of the closed water (heating) system.
- Additionally at The Duston we are contracted to do monthly sampling of the pool.

Currently we have these additional measures in the red line area:

- Twice daily flushing in Red Line area (that is because the area is so hot that the water in the pipes easily heats up to above 20*c so we have to regularly flush it through to be cold again).
- Filters on taps and showers in Red Line Area (these have to be replaced every time the outlets are cleaned & system disinfected).

6.3 Asbestos

- Staff are briefed 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
- 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 that 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

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical equipment

- All staff are responsible for ensuring 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 **Amey site team / School Leadership** 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 isolator 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

7.2 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 gym floor or other apparatus will be reported to the Head of PE Faculty who is responsible for the maintenance of school owned equipment and Amey site staff, responsible for the maintenance of PFI owned equipment.

7.3 Display screen equipment

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

7.4 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.

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Working in a single occupancy office

➤ Remote working, self-isolation and/or remote learning

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

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 they are medically fit to work alone.

9. 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 team / Events Manager** 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
- Access to high levels, such as roofs, is only permitted by trained persons

10. Manual handling

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

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

Staff and 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

11. Off-site visits, Trips and Activities

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical [and special educational](#) needs of pupils along with the parents/carers' contact details
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate

- For other trips, there will always be at least one first aider on school trips and visits

12. Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it.

13. Violence at work

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

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

14. Smoking/Vaping

Smoking or Vaping is not permitted anywhere on the school premises or in the vicinity of the school.

15. Infection prevention and control

We follow national guidance published by the 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.

15.1 Handwashing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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

15.4 Cleaning of the environment

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

15.5 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
- Spillage kits available for blood spills and chemical spills by the Amey on site team

15.6 Laundry

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

15.7 Clinical waste

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

15.8 Animals

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

15.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned
- Keeping rooms well ventilated
- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

15.10 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 any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.11 Exclusion periods for infectious diseases

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

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

16. New and expectant mothers

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

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

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

17. Occupational stress

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

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

18. Accident reporting

18.1 Accident records

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. **An accident form template can be found in appendix 2**
- For student first aid incidents, the first aider will log the accident on the schools internal database system the same day or practically as soon as possible after the accident.
- 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 (**or in accordance with insurance requirements**), in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- 18.2 Reporting to the Health and Safety Executive

The Health & Safety Lead will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Health & Safety/Local Authority H&S Team will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Health & Safety Lead will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

➤ Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

These include:

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

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

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

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)
<http://www.hse.gov.uk/riddor/report.htm>

18.3 Notifying parents/carers

The Principal /Primary Phase Head will ensure parents/carers are informed 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.

18.4 Reporting to child protection agencies

The **Principal or designated VP** will notify Ofsted and Northamptonshire Multi Agency Safeguarding Hub (Telephone: 0300 126 1000; Email: MASH@nctrust.co.uk) of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

18.5 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.

19. Training

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

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

20. Monitoring

This policy will be reviewed by the **Health & Safety Lead** once a year

At every review, the policy will be approved by **the Principal and The Board of Trustees**.

Appendix 1. Fire safety checklist

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all 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. Accident report



ACCIDENT / INCIDENT NOTIFICATION PROCEDURES

These procedures are designed to assist managers/establishments in the correct notification of accidents and relevant incidents (including acts of violence and aggression to employees) occurring on or associated with their premises. This ensures that The Governing Body has the necessary information to comply with the requirements of the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995* and the Civil Courts.

SATISFACTORY COMPLETION OF THIS FORM IS ESSENTIAL

Failure to follow the procedures detailed could lead to legal action by the Health and Safety Executive.

1. The attached form should be used to report any accident / incident involving employees, service users and visitors / contractors on site. (A separate form is used by schools for reporting pupil accidents).
2. The form should be completed or at least signed after initial investigation by the manager / headteacher / supervisor of the employee affected and/or the site where the accident / incident occurred. Please use blue or black ink and avoid abbreviations.
3. Where applicable, the affected person should sign the form to confirm they agree with the information provided.
4. After completion, a copy should be forwarded without delay to the School Health and Safety Officer with a copy being retained on site in a secure place. Any additional information can be supplied later.
5. The Headteacher / Chair of Governors must be notified immediately in the event of any of the following:
 - ❖ the death of any person
 - ❖ a major injury (listed below) to an employee
 - ❖ a dangerous occurrence (specified incidents involving plant, equipment etc that had the potential to cause death or serious injury)
 - ❖ a member of the public (e.g. service user or visitor) being taken directly to hospital
6. If the accident / incident results in an employee being either absent from work or incapable of carrying out their usual work for more than three days, the Health and Safety Officer must be notified.

Major injuries

1. Any fracture (including break, crack or chip) other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury –
 - a) leading to hypothermia, heat-induced illness or to unconsciousness,
 - b) requiring resuscitation, or
 - c) requiring admittance to hospital for more than 24 hours.
8. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
9. Either of the following conditions which result from the absorption of any substances by inhalation, ingestion or through the skin –
 - a) acute illness requiring treatment, or
 - b) loss of consciousness.
10. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

ACCIDENT FORM DATA PROTECTION STATEMENT

Personal information contained on accident forms will only be used for accident record management purposes and statutory requirements. In all cases the information will be treated confidentially and kept securely. Accident forms will be destroyed in line with the retention schedule used by the school.

The Duston School is fully committed to compliance with the Data Protection Act. The school's data protection policy is available on request but any queries relating to this should be addressed to the Data Protection Officer on 01604 460004.



ACCIDENT / INCIDENT REPORT FORM

1. PERSONAL DETAILS OF AFFECTED PERSON

Full Name:			
Job Title:		Other (pupil, visitor, contractor, member of the public):	
Home Address:			
Post code:			
Phone No:	DOB:	If you are happy for some information within this form to be shared with Trade Union representatives, please name the Trade Union here.	

2. DETAILS OF WHERE AND WHEN ACCIDENT/ INCIDENT OCCURRED

Date of Accident/Incident		Time (use 24hr format)	
Exact Location of the Accident or Incident (<i>where on the premises did the incident occur</i>)			
Description of Accident or Incident (<i>please provide a summary of events leading up to the Incident / Accident with details of the circumstances immediately prior to the event plus working conditions such as weather, visibility, temperature, housekeeping standards, unusual working conditions etc., that may have contributed to the incident</i>)			
Was first aid administered? (<i>if yes, please provide name and contact details of first aider</i>)			
Were there any Witnesses to the Accident or Incident? (<i>If yes, please provide name and contact details of Witnesses</i>)			
If the person suffered any injury, say what the injury was: <i>i.e. cut, graze, strain etc.</i>			
Location of Injury <i>Please be specific, i.e. left hand, right side of forehead etc.</i>			
Did the injured party attend or get admitted to hospital?			
Is the injury likely to cause a loss of working time (or missed school days)? <i>Please include days that the IP is incapable of work even if they would not normally be working, i.e. annual leave or weekends.</i>			

3. What was the accident/incident? (Please tick only one)

Contact with Electricity	Contact with Machinery	Cuts and Lacerations
Drowning or Asphyxiation	Explosives (fireworks, chemical reactions etc.)	Burns or Scalds
Harmful substance – Liquid (Bleach, acids, deasil etc.)	Harmful Substance – Gas (Chlorine Gas, Carbon monoxide etc.)	Harmful Substance – Particulate (Asbestos, concrete dust, powdered alkaline)
Slip, trip or fall at floor level	Fall from height	Injured by animal
Lifting and handling injuries	Physical Assault (Malicious)	Physical Assault (Reactive)
Verbal Assault	Cyber or written threats/abuse	Lodging in the ear/nose
Striking against an object	Struck by object	Struck by vehicle
Trapped under collapsed structure	Unintentional injury caused by another person	Allergy
Pre-existing medical condition (seizures etc.)	First instance of medical condition	Near Miss
Pinching or trapping injury	Ingestion of hazardous substance	Other <i>(please provide details below)</i>
Details:		

4. COMPLIANCE – TO BE COMPLETED BY LINE MANAGER

Was the person authorised to be carrying out those tasks?	
How long has the injured person or the person involved been carrying out this activity as part of their role <i>(please describe the person's experience in doing this activity over time)</i>	
Does there appear to be any unsafe behavior <i>(if Yes please give details)?</i>	
Detail any risk assessments undertaken for the activity involved in the Accident / Incident: <i>(include Reference Nos., dates of assessment and review, appropriate control measures required etc. – copies of relevant risk assessments should be made available for examination)</i>	
Was there a safe system of work in place? <i>(if Yes please give details of documented safe systems of work or instructions given)</i>	
Was the person involved trained regarding this activity?	

(please describe what training had been provided – full training records should be made available for examination)	
Have the risk assessments associated with the accident or incident been reviewed? What changes were made?	
Detail any remedial action to prevent re-occurrence? <i>(Please include details of punitive measures where necessary)</i>	
Have the actions identified been implemented?	

5. ABOUT YOU, THE PERSON COMPLETING THE FORM

Declaration: I have carried out an initial investigation and declare that to the best of my knowledge and belief the above information is true and no material fact concerning the accident / injured person has been withheld.	
NAME (print):	
Address:	
	Post code
Designation:	
Signature:	Date:
Manager/ Headteacher Signature:	Date:
Copies for:	H&S Office use:
1) Health and Safety Officer Originator	Date report received:
2)	HR Officer informed <input type="checkbox"/> (tick)

Appendix 3. Asbestos records

Building	Floor	Room	Description	Accessibility	Product Type	Damage Extent	Surface Treatment	Asbestos Type:	Quantity	Risk Score	Action
Swimming Pool Annex	Ground Floor	001 - Plant Room	Cement panelled ceiling	Medium	1	1	1	Chrysotile	100 m ²	8	Manage
Swimming Pool Annex	Ground Floor	001 - Plant Room	Bitumen felt lining around doorway	Easy	1	1	0	Chrysotile	8 Lin M	6	Manage
Swimming Pool Annex	Ground Floor	004 - Hallway	Bitumen to the floor & presumed to run below linoleum	Difficult	1	1	0	Chrysotile	15 m ²	9	Manage
Swimming Pool Annex	Ground Floor	005 - Servery	Beige, grey & brown thermoplastic floor tiles & bitumen adhesive	Difficult	1	1	0	Chrysotile	4 m ²	7	Manage
Swimming Pool Annex	Ground Floor	035/036/037 - Store	Cement panelled ceiling	Medium	1	1	1	Chrysotile	18 m ²	9	Manage
Swimming Pool Annex	Ground Floor	036 - Store	Bitumen felt packers to metal water tanks	Difficult	1	1	0	Chrysotile	6 Lin M	6	Manage
Swimming Pool Annex	Ground Floor	038 - Store	Cement panelled ceiling	Medium	1	1	1	Chrysotile	8 m ²	8	Manage
Swimming Pool Annex	Ground Floor	039 - Store	Cement panelled ceiling	Medium	1	1	1	Chrysotile	3 m ²	8	Manage
Swimming Pool Annex	Ground Floor	041 - Pool Surround	Cement panels between windows	Easy	1	1	1	Chrysotile	2 m ²	11	Manage
Swimming Pool Annex	External	099 - External	Bitumen damp proof course to low level external brick walls	Easy	1	1	0	Chrysotile	<300 Lin M	7	Manage

Appendix 4. Recommended absence period for preventing the spread of infection

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

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

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

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

Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Appendix 5. Risk assessment Template



Risk Assessment Form V2.1 (2024)



Location:			
Activity Description:			
Persons Completing:			
Date of Initial Completion:		RA Ref. Number	

(Delete rows as appropriate)

What are the Hazard(s)? <i>Potential to cause harm</i>	Who is at risk? <i>Staff/Pupils/Contractors/Parents/Volunteers/Public/Other</i>	How they might be harmed? <i>i.e. what type of injury or ill health might occur</i>	L <i>Likelihood</i>	S <i>Severity</i>	Risk (L*S)	What are the current Control Measures in place? <i>To remove or reduce risk to lowest levels possible (Brief description and/or reference to source of information).</i>	L <i>Likelihood</i>	S <i>Severity</i>	Risk (L*S)	Is further action(s) required to control this risk – Yes/No? <i>If YES, give details/person responsible/dates</i>
Visitors: parents/carers/relatives	Pupils, staff, other parents	Verbal/physical assault				Main gates and doors are controlled by staff in the reception All visitors to site need to sign in and out on the system CCTV operational				

Hazardous Event	1	2	3	4	5
Likelihood (L)	Very unlikely	Unlikely	Possible (Heard of it happening)	Likely	Very Likely
Severity (S)	None or trivial injury / illness or 1 person at risk	Minor injury or illness / Only minor first aid required or up to 5 persons at risk	Injury or illness that could result in lost time or up to 10 persons at risk	Specified major injury / severe incapacity, fractures, loss of consciousness or up to 25 persons at risk	Fatality / widespread loss – 25 or more persons involved

	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

Risk Rating
Low – monitor the situation
Medium – identify improvements, draw up action plan and monitor
High – urgent action required to reduce exposure and re-access