Health and safety policy

December 2025

Approved by	Date
Next review date December 2026	

Rookery School statement of intent

Rookery School is committed to ensuring health and safety good practice across all areas of school life. We take our responsibility for the health and safety of staff, pupils, volunteers and any other visitors to the school very seriously and use this policy, in line with our **risk assessment documents** and in accordance with the 1974 Health and Safety at Work Act, to maintain the highest possible level of health and safety around the school.

Health and safety in school is a priority as well as a legal requirement, and all members of the school community have a part to play in making sure that the school environment is safe, which we encourage by promoting a positive health and safety culture within the school. The school commits adequate and appropriate resources to making sure that the best equipment, risk assessments, advice, and training are applied both on school grounds and during off-site activities and visits.

All school staff will ensure that they are up to date and familiar with the school health and safety policy, as well as health and safety regulations that apply specifically to their own classroom activities. All activities, both on- and off-site, should be planned by staff with consideration for the safety of themselves, their colleagues, students and members of the public.

Signed by

_____	**Chair of the Board of Trustees**	**Date: .....**
		Date: .....
_____	**Headteacher**	

This policy will be reviewed by the Board of Trustees and the Headteacher:

- at regular intervals
- after accidents, incidents and near misses
- after any significant changes to workplace, working practices or staffing after any form of notice has been served.

Contents

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1. Aims

Our school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on health and safety in schools, 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. 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 headteacher.

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.

Rookery School 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 Geoff Rees

3.2 Headteacher

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

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

In the headteacher's absence, deputy headteachers assume the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Joe McCormick.

3.4 Staff

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 headteacher before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

Kings Security, Andrew Garbutt and Adam Stone 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.

Joe McCormick, Andrew Garbutt, James Arnold and Adam Stone 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 term.

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. These are displayed in every room.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The headteacher 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.

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 Site Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

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 is completed by HSL. The site manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed every annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: HSL completing monthly water checks.

- 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 site manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary, a portable appliance test (PAT) will be carried out by a competent person
- All 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 site manager

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 upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office
- 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 manager retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

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

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 mobile phone, an appropriate 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
- 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/headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises.

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 frequently and thoroughly
- 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
- Make spillage kits available for blood spills

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 daily.

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.

Refer to the Rookery School Well Being Statement https://www.rookeryschool.co.uk/about-us/policies/#30-30-policies-p2

First Aid

First Aiders Rookery School 2024/25 are displayed on Safeguarding boards

25-26

Lead First Aider – Alvinder Panesar

First Aid at Work – For Adults

Name	Location	Qualification	Date
Akvinder Panesar	Globe	**L3 – First Aid at Work (RQF)**	8th & 9th October 25
Andy Garbett	Crescent	**L3 – First Aid at Work (RQF**	8th & 9th October

			25

Senior - Fully Qualified Paediatric Staff

Name	Location	Qualification	Date
Gurmej Jhalley	Foundation	**L3 – Paediatric First Aid (RQF)**	17-18th November 2025
Camille Hamilton	Foundation	**L3 – Paediatric First Aid (RQF**	17-18th November 2025
Tasmia Mazar	Crescent	**L3 – Paediatric First Aid (RQF**	17-18th November 2025
Akvinder Panesar	Globe	**L3 – Paediatric First Aid (RQF**	**4-5th December 2025**
Shelina Begum	Foundation	**L3 – Paediatric First Aid (RQF**	**4-5th December 2025**

Emergency Paediatric First Aid

Name	Role	Qualification	Start Date
Santosh Bhatia	LS	**Emergency Paediatric First Aid**	21-11-25
Shopna Begum	LS	**Emergency Paediatric First Aid**	21-11-25
Sania Bibi	LS	**Emergency Paediatric**	21-11-25

		First Aid	
Vaida Bibi	LS	**Emergency Paediatric First Aid**	21-11-25
Irita Campbell	Learning Mentor	**Emergency Paediatric First Aid**	21-11-25
Darshan Chahal	KS1 TA	**Emergency Paediatric First Aid**	21-11-25
Ravneet Chem	LS	**Emergency Paediatric First Aid**	21-11-25
Ravinder Dhesi	KS1 TA	**Emergency Paediatric First Aid**	21-11-25
Casey Edwards	Sports Mentor	**Emergency Paediatric First Aid**	21-11-25
Donna Groves	LS	**Emergency Paediatric First Aid**	21-11-25
Abigail Hadley	BASE Teacher	**Emergency Paediatric First Aid**	21-11-25
Shaleka Hamilton	LS	**Emergency Paediatric First Aid**	21-11-25
Monisha Heer	Mini-Base TA	**Emergency Paediatric First Aid**	21-11-25
Martha Hemsted	Y6 Teacher	**Emergency Paediatric First Aid**	21-11-25
Georgina Higgins	Reception Teacher	**Emergency Paediatric First Aid**	21-11-25
Mary Jackson	LS	**Emergency Paediatric First Aid**	21-11-25
Jennifer Kapur	Y6 TA	**Emergency Paediatric First Aid**	21-11-25
Karamjeet Kaur	Mini-Base TA/LS	**Emergency Paediatric First Aid**	21-11-25
Mandeep Kaur	Canteen	**Emergency Paediatric First Aid**	21-11-25
Manpreet Kaur	LS	**Emergency Paediatric First Aid**	21-11-25
Ravinder Kaur	Mini-Base	**Emergency Paediatric**	21-11-25

	TA	**First Aid**	
Simran Kaur	Reception Teacher	**Emergency Paediatric First Aid**	21-11-25
Nagma Kerung	Y6 Teacher	**Emergency Paediatric First Aid**	21-11-25
Mohshena Khanum	Y2 Teacher	**Emergency Paediatric First Aid**	21-11-25
Emma Lacken	Art/ Craft Teacher	**Emergency Paediatric First Aid**	21-11-25
Tracy Lenihan	Y3 Teacher	**Emergency Paediatric First Aid**	21-11-25
Christopher Loveridge	Y3 Teacher	**Emergency Paediatric First Aid**	21-11-25
Jackie Morgan	BASE TA	**Emergency Paediatric First Aid**	21-11-25
Kiran Phanasan	Y2 Teacher	**Emergency Paediatric First Aid**	21-11-25
Turell Pryce	Sports Mentor	**Emergency Paediatric First Aid**	21-11-25
Satvir Rai	Pastoral Team	**Emergency Paediatric First Aid**	21-11-25
Anita Rani	LS	**Emergency Paediatric First Aid**	21-11-25
Anita Reid	KS1/2 TA	**Emergency Paediatric First Aid**	21-11-25
Sheetal Sahdev	Y1 Teacher	**Emergency Paediatric First Aid**	21-11-25
Nisha Sangar	Canteen/Cleaning Staff	**Emergency Paediatric First Aid**	21-11-25
Peter Shrimpton	Y5 Teacher	**Emergency Paediatric First Aid**	21-11-25
Inderjit Singh	Y4 Teacher	**Emergency Paediatric First Aid**	21-11-25
Emma	SENCO	**Emergency Paediatric**	21-11-25

Whitehouse	Teacher	**First Aid**	
Jo Whittington	Nursery Teacher	**Emergency Paediatric First Aid**	21-11-25

If an ambulance is required, it will be ordered by the school office staff unless emergency medical assistance is required, in which case any member of staff should call an ambulance from the nearest phone.

Parents (or emergency contacts where the parent is not available) will be contacted as soon as possible in the event of serious injury or ill health of a student. **Medical treatment or the contacting of emergency services will not be delayed if the school cannot contact a parent or guardian.** If a student needs to be taken to hospital, and a parent or guardian is not immediately available, a member of school staff will accompany the student to hospital and wait for the parent to arrive.

Pupils will only be sent home if there is a parent or guardian available to be with them there. If they have suffered injury or are unwell, they will be kept in the reception until they can be collected.

Pupils will have individual medical plans if it is the case that there is allergy medication or other prescriptive medication that needs to be on-site for students to use regularly or in a case of emergency. Individual medical plans will be reviewed systematically to ensure that they suit the pupil's needs and remain effective. A record of any medication of this sort will be kept in the school reception. Any medicine administered in school will be recorded. All medicines are stored in a locked fridge in the staffrooms.

Recording an accident

The school has accident forms which are stored in the ***Finance Office*** This is used to record **all** accidents, both major and minor. Each page is used for a separate report and removed once it has been filled out with the details of the accident and stored securely *in the school's health and safety file* according to the Data Protection Act 1998. All members of staff supervising at the time of the incident should make a separate report. What happened, actions taken, injuries, and first aid administered should be recorded.

Serious incidents will also be recorded, and reviewed by senior leaders. The governing body will review cases of serious incidents and determine what, if any, steps could be taken in order to ensure that the same accident does not happen in the future. The types of minor accidents reported (no personal details discussed) will be reviewed at senior leadership team meetings to determine whether there are any accident trends that could be avoided.

Investigation

An investigation may be launched by ***external authorities*** in the case of accidents or incidents that fall under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Accident reports will be reviewed and witnesses may be interviewed. This may happen in cases including but not limited to:

- 'major injuries' in respect of employees or students 'dangerous occurrences''
- 'occupational diseases'
- 'injuries resulting in hospital visits for treatment in respect of students and employees who are injured out of or in connection with work activities'.

The Headteacher and the Governing Body may decide to conduct internal investigations into less serious incidents to ensure that policy and procedure are being used correctly and effectively, and that future incidents of a similar nature can be avoided.

18.3 Notifying parents/carers

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

18.4 Reporting to child protection agencies

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

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 headteacher every year.

At every review, the policy will be approved by the full governing board.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan

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

Name of injured person		**Role/class**	
Date and time of incident		**Location of incident**	
Incident details			
Describe in detail what happened, how it happened and what injuries the person incurred			
Action taken			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
Follow-up action required			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
Name of person attending the incident			
Signature		**Date**	

Appendix 3. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to your school's specific circumstances.

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

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

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from 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)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and 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. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require 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.