Maiden Erlegh Trust HEALTH AND SAFETY POLICY



MAIDEN ERLEGH

Maiden Erlegh School

Initial approval:	September 2021
Review frequency:	Annually
Date(s) reviewed:	October 2023
	Name: Paul Gibson
Signed by Headteacher:	Pliber.
	Date: 17/10/2023
	Name: Nick Jones
Signed by Chair of Trust:	Mydre
	Date: 17/10/2023

Contents

1.Statement of intent	3
2.Legislation	3
3. Roles and responsibilities	4
4. Site security	6
5. Fire Safety	6
6. COSHH	7
7. Equipment	8
8. Lone working	9
9. Working at height	9
10. Manual handling	.10
11. Off-site visits	.10
12. Lettings	.10
13. Violence at work	.10
14. Smoking	.11
15. Infection prevention and control including control measures for COVID-19	.11
16. New and expectant mothers	.12
17. Occupational stress	.12
18. Accident Reporting	.12
20. Training (staff) including assessment of risk	.14
21. Monitoring/Review	.14
22. Links with other policies	.15
Appendix 1. School Emergency Plan	.16
Appendix 2. Accident report form	.17
Appendix 3. Asbestos record	.20
Appendix 4. H & S Responsibility Flow Chart	.23

Role	Individuals & Responsibilities
Trust Board	The Trust board has ultimate responsibility for ensuring as far as is reasonably practicable the health, safety, and welfare of all the employees, pupils, and visitors, but will delegate day-to-day responsibility to the Headteachers.
SAB	The SAB will guide and monitor the Headteacher to ensure that they keep health and safety as a high priority in the day-to-day management of the school.
Trust Lead for H & S	The Trustee who oversees health and safety is Bob Kenwrick.
CEO/EDE	Mr Jonathon Peck and Mr Andy Johnson have delegated day-to-day responsibility for ensuring this policy is put into practice by the Headteachers, and report to the Trust Board
Headteacher	The Headteacher is responsible for health and safety day-to-day.
Head of School Operations & Trust Estates Manager	The nominated health and safety lead for MET is the Head of School Operations, Julie Foster, supported by the Head of Trust Operations, Jo Ricketts, and the Trust Estates Manager, Mr Rick Austin.

1. Statement of intent

This policy covers staff, pupils, visitors, and other users of the premises. It aims to show how the Trust board and school staff discharge their duties under the Health and Safety at Work Act 1974.

The management team of the school and the School Advisory Body are committed to ensuring the Health and Safety of everybody involved in the school. We aim to:

- Ensure that all reasonable steps are taken to ensure the health, safety, and welfare of users of the premises and all participants in school trips.
- Establish and maintain safe working procedures for staff and pupils.
- To provide and maintain safe school buildings and safe equipment for use in school.
- Develop safety awareness, by appropriate training, if necessary, amongst staff, pupils and others who help in school.
- Formulate and implement effective procedures for use in the event of fire and other emergencies.
- Investigate accidents and take steps to prevent a re-occurrence.
- To take account of equal opportunities and especially the legal duties towards adults and pupils with disabilities.

2. Legislation

This policy is based on advice from the Department for Education on <u>health and safety in schools</u> and the following legislation:

- <u>The Health and Safety at Work etc. Act 1974</u>, which sets out the general duties' employers have towards employees and duties relating to lettings
- <u>The Management of Health and Safety at Work Regulations 1992</u>, which require employers to assess the risks to the health and safety of their employees
- <u>The Management of Health and Safety at Work Regulations 1999</u>, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- <u>The Control of Substances Hazardous to Health Regulations 2002</u>, which require employers to control substances that are hazardous to health

- <u>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)</u> 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
- <u>The Health and Safety (Display Screen Equipment) Regulations 1992</u>, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- <u>The Gas Safety (Installation and Use) Regulations 1998</u>, which require work on gas fittings to be carried out by someone on the Gas Safe Register
- <u>The Regulatory Reform (Fire Safety) Order 2005</u>, which requires employers to take general fire precautions to ensure the safety of their staff
- <u>The Work at Height Regulations 2005</u>, which requires employers to protect their staff from falls from height
- The school follows <u>national guidance published by UK Health Security Agency (formerly</u> <u>Public Health England)</u> and government guidance on <u>living with COVID-19</u> when responding to infection control issues.

In addition to the acts and regulations above, the schools in the trust are subject to the requirements of part 3 of the schedule to '*the education (independent school standards) regulations 2014*', which apply to academies as well as independent schools.

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

3. Roles and responsibilities

Maiden Erlegh Trust is a multi-academy Trust comprising eight schools:

- Maiden Erlegh School
- Maiden Erlegh School in Reading
- Maiden Erlegh Chiltern Edge
- Hamilton School
- Cranbury College
- Great Hollands Primary School
- Oak Tree School
- Birch Hill Primary School

Overall and ultimate responsibility for health and safety at the schools within the Trust lies with the Trust Board with the support of the School Advisory Board of each setting.

Day-to-day responsibility for ensuring this policy is put into practice is delegated to the Headteacher at each school, each of whom is directly responsible to the EDE and to the School Advisory Board.

The CEO/EDE report to the Trust Board.

3.1 The Trust board

The Trust board has ultimate responsibility for ensuring as far as is reasonably practicable the health, safety, and welfare of all the employees, pupils and visitors, but will delegate day-to-day responsibility to the Headteacher.

The Trust board has a duty to take reasonably practicable steps to ensure that staff, pupils and visitors are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

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

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

• All other duties as laid out in the education (independent school standards) regulations 2014.

The Trustee who oversees health and safety is Bob Kenwrick.

3.2 School Advisory Board

The School Advisory Board shall ensure as far as is reasonably practicable:

- The health, safety, and welfare of all staff.
- The health and safety of pupils in-school and on off-site visits.
- The health and safety of visitors to schools, and volunteers involved in any school activity.
- Will guide and monitor the Headteacher to ensure that they keep health and safety as a high priority in the day-to-day management of the school.

3.3 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 Advisory 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.
- In conjunction with the Head of Trust Operations, monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary
- Ensure appropriate funding provision for health and safety.
- Ensuring suitable welfare arrangements for staff and pupils.
- Ensuring adequate equal opportunities for all staff and pupils.
- Ensuring adequate staff training, relevant to the role .

In the Headteacher's absence, the School Business Manager assumes the above day-to-day health and safety responsibilities.

3.4 Health and safety lead (Trust)

The nominated health and safety lead for MET is the Head of School Operations, Julie Foster supported by the Head of Trust Operations, Jo Ricketts, and the Trust Estates Manager, Mr Rick Austin.

As H & S lead, the duties discharged include:

- To ensure that all school sites remain complaint with legislation including 'good estate management' guidance 2018, updated 2023 and the MET Estates Strategy.
- To act as the competent person for the Trust, advising on all risk assessments.
- To ensure the responsibility for standards as per the Standards Regulations 2014 are adhered to.
- To act as a system manager for the Handsam Management System, or other system used for health and safety training and compliance.
- To ensure all school based operating procedures are regularly reviewed and updated in accordance to published guidance and legislation.
- To host the Trust compliance meetings, responsible for the agenda and reporting

3.5 Staff

Staff have a duty to ensure as far as is reasonably practicable the health and safety of pupils, other staff, and visitors in line with the this policy and have a duty in law to have regard to their own health and safety.

Staff will:

- Have regard to the requirements of the school policy.
- Co-operate with the school on health and safety matters.
- Work in accordance with training and instructions, ensuring sufficient and suitable risk assessments and controls plans, as appropriate.
- 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.

3.6 Pupils and parents

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

3.7 Contractors

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

All contractors must report to the school reception where they will be asked to sign in and wear an identification badge. Contractors will be issued with guidance on fire procedures, local management arrangements and vehicle movement restrictions. The site team are responsible for monitoring areas where the contractor's work may directly affect staff and pupils and for keeping records of all contractor's work.

4. Site security

The Estates Manager and site teams are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Estates Manager and site team are key holders and will respond to an emergency, in conjunction with the keyholder response providers used by the schools.

5. Fire Safety

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell or klaxon. Fire alarm testing will take place once a week by trained staff.

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 that they can use them without putting themselves or others at risk.
- Staff and pupils will congregate at the assembly points. These are listed in each school's emergency plan.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- A nominated staff member will take a register of all staff, using the fire evacuation functionality of the Inventry system where possible.
- 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.

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 staff responsible for the use of the substance 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 and inspections reports retained for audit purposes.
- Gas pipework, appliances and flues are regularly maintained.
- All rooms with gas appliances are checked to ensure that they have adequate ventilation.

6.2 Legionella

• A legionella risk assessment will be carried out regularly at each of the settings by a competent person. The Site Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's waterlog book

- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers, regular flushing of little used outlets.

6.3 Asbestos

- Where applicable to the setting, staff are trained in asbestos awareness, 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 which they suspect could be asbestos, they will stop work immediately until the area is declared safe.
- An Asbestos Management Plan (AMP) will be kept up to date by the Site Manager and made accessible to all staff. This must include key staff responsible for managing asbestos, asbestos surveys, an asbestos register, records of any work on asbestos containing material, monitoring schedules, risk assessment and what to do in an asbestos emergency.

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 that it meets appropriate educational standards.
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them.
- Any potential hazards will be reported to the site team 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 and risk assess the use of any equipment.
- Any concerns about the condition of the gym floor or other apparatus will be reported to the local Site Manager.
- All required equipment will be inspected at least annually for safety and any repair requirements. Inspections records are retained for audit purposes.

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).
- All staff are issued DSE training to clarify the safe working requirements, and refresher training is issued every 3 years.

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

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.

For home visits undertaken by staff, practical considerations such as travelling after dark, visiting new families who are not known to the employee/Trust, mode of transport, etc. should be factored and assessed ahead of the scheduled visit. Careful consideration must then be carried out for measures that reduce potential risk arising from home visits including:

- ✓ use of taxis where appropriate,
- ✓ a call to a colleague before and after the visit,
- \checkmark always carrying a mobile phone,
- clear timetable of visits shared with colleagues, so others know where the employee is and when to expect them back, etc.
- ✓ explore any held information about families, premises, etc. so any risks of abuse, violence, discriminatory behaviour are known in advance.

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

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

• All staff are issued lone worker awareness training to clarify the safe working requirements, and refresher training issued every 3 years.

9. Working at height

Work at height means work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury. For example, you are working at height if you:

- Are working on a ladder or a flat roof;
- Could fall through a fragile surface;
- Could fall into an opening in a floor or a hole in the ground.

Previous regulations defined "Work at Height" as being at least two meters high above ground level, but injury can be sustained at any height. To ensure the safety of any requirement to work at height, MET will ensure that any required work is properly planned, supervised and carried out by

competent people with the skills, knowledge and experience to do the work in accordance to the The Work at Height Regulations 2005. Any planned work will be risk assessed and certified by the Trust Estates Manager prior to work being undertaken.

In addition:

- The Estates Manager and site teams retain ladders for working at height.
- Any ladders retained by the school are regularly inspected and results recorded.
- 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.
- Working at height training will be issued to all staff prior to any planned work taking place and repeated every 3 years for any staff regularly working at height.
- 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 must 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 school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.
- There will always be at least one first aider on school trips and visits.
- For full details of MET off-site procedures and risk management, please refer to MET Offsite and Educational Visits Policy.

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 including control measures for COVID-19

We follow national guidance published by Public Health England when responding to infection control issues including Covid-19. Each school setting will publish a Covid-19 Whole School Risk Assessment to minimise the impact of Covid-19, considering all relevant guidance, legislation and measures applicable and will regularly review the risk assessment after consultation with staff.

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
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

• Clean the environment 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 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- 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

15.7 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 Covid-19, chickenpox, measles, or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly, and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

16. New and expectant mothers

Risk assessments will be carried out by the School Business Manager whenever any employee or pupil notifies the school that they are pregnant and reviewed regularly throughout the pregnancy.

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

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

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. Promotion of the work-life balance through our policy is encouraged, and systems are in place within the school for responding to individual concerns and monitoring staff workloads.

For full details of MET procedures and risk management, please refer to MET Stress at Work Policy.

18. Accident Reporting

18.1 Accident record book

- 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.
- As much detail as possible will be supplied when reporting an accident.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.
- All accidents, incidents and near-misses are entered onto our Trust Health and Safety online database; Handsam for reporting and trend analysis.

18.2 Reporting to the Health and Safety Executive

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

The Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident. This may be delegated to the SBM.

Reportable injuries, diseases or dangerous occurrences include:

- Death
 - Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion Information on how to make a RIDDOR report is available here: <u>How to make a RIDDOR report, HSE</u>

19. First Aid for staff and pupils

The Health and Safety (First Aid) Regulations 1981 place a duty on employers to provide adequate and appropriate first aid provision for staff.

19.1 Training of First Aid Personnel

All first aiders must hold a valid certificate of competence, approved by the Health and Safety Executive, before taking up their duties as first-aiders. First aid certificates are valid for three years; therefore, the School Business Manager should ensure that appropriate records are kept regarding the training of first aiders and ensure any recertification is scheduled.

19.2 First Aid Assessment

A first aid assessment must be carried out, which will identify minimum numbers of first aiders required within schools. The assessment must be based upon numbers of employees within schools and departments. Although these regulations do not oblige employers to provide first aid for anyone other than their own employees, due to the high numbers of students present, provision has been included within the assessment for the treatment of students.

There should be an **Appointed Person** whose duty it is to take charge of a situation if a serious illness or injury occurs. The level of training provided for first aiders and Appointed Person must meet the standard laid down by the Health and Safety Executive.

For full details of MET procedures and risk management, please refer to the school First Aid Policy.

20. Training (staff) including assessment of risk

Our staff are provided with health and safety training as part of their induction process, via our online Health & Safety database; Handsam and locally with each School Business Manager for site specific contextual information.

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 including but not limited to; fire safety, asbestos awareness and first aid training.

The Headteacher will ensure that regular risk assessments are undertaken on the school premises, methods of work, changes in practices or working environments and all school sponsored activities.

The Trust requires a regular programme of planned assessments to be completed in high-risk areas such as laboratories, workshops etc. In other activity areas, establishments should work towards undertaking Termly risk assessments.

Risk assessments will identify all defects and deficiencies, together with the necessary remedial action or risk control measures. The results of all such surveys will be reported to the Health & Safety Board and Advisory Body who will prioritise issues and assign resources to undertake remedial control measures where required.

The Trust provide regular training/workshop sessions in risk assessment undertaking and review all risk assessments to ensure compliance as well as validate that all safety aspects have been considered and carried out.

For full details of MET procedures and risk management, please refer to MET Risk Assessment Policy.

21. Monitoring/Review

At school level

The Policy is put into practice and monitored on a daily basis, results of any monitoring carried out will be reported to the SAB. Termly inspections will be carried out, by means of a walk around by the School Headteacher, School Business Manager, Site Manager and if possible, a member of the SAB.

Regular Health & Safety audits will be undertaken at each school to ensure that the approved practice is being followed and a record of these audits will be held centrally at the Trust and made available to the CEO/EDE and Trust Board as required. A report will be drafted, and actions allocated with deadlines. Any items not rectified by the next audit/review will be carried forward, items rectified will remain on the report for everyone to note.

At Trust level

This policy will be formally reviewed by the Head of School Operations every 3 years.

The policy will also be regularly monitored alongside the Trust compliance review meetings so as to include any relevant updates in a timely manner. Any required amendments or additions will be submitted to the Trust board for approval by the Head of School Operations termly.

At each formal review cycle, the policy will be approved by the Headteacher, SAB and Trust Board.

A termly report is prepared by the Head of School Operations and submitted to the CEO/EDE and Trust Board for full transparency on issues raised, accidents and reportable incidents in the schools, training compliance and any trend analysis.

22. Links with other policies

This health and safety policy links to the following policies:

- First Aid
- Risk Assessment
- Supporting pupils with medical conditions
- Estates Strategy
- School Emergency Plan
- Accessibility plan
- Stress at Work Policy
- Safer Working Practices
- Emergency Plan

Appendix 1. School Emergency Plan

The Emergency Plan has restricted access due to the sensitive nature of data it contains.

Appendix 2. Accident report form

TRUST	ERLEG	θH		Inciden	t Form	1			
Please indicate below which School	h Trust s	chool th	e incldent r Address	elates to					
Incident Summary			Address	-					
Incident Description Name of person/s involved									
Name of personvs involved									
Included Date and Time									
Incident Date and Time									
Incident Type									
Back pain			lline	988 Tergic reaction		Near Mis	8	_	estraint Inter-personal physical restraint
Biten by someone			□ An	nsisty/partic attack		to rearrigary			Rostraint by constraining in a room
Bullying (of staff) Burns				athma					
Contact with electricity or electrical electrical	fischarge			old/flu symptoms/sore	throat			+	
Contact with moving machinery or m		g machined		aily modication					
Drowned or asphysiated Exposed to an explosion				opression jabotos					
Exposed to heat/ins/smoke (burn)				ianhosa					
Exposed to or in contact with a harm Exposed to or in contact with a harm		ait .		rug overdose					
Fell from height. Give distance faller Finger trap	1 IT MEDIE			atacho coomaitash				+	
Head injury			D Ep	pilopsy					
Hit by a moving vehicle. Type of veh Hit by a moving, flying or falling obje				ya infaction aint/dizzv				+	
Hit something fixed or stationary	12			aligun					
Injured by a sharp object (being use				eneral screness/aches	â.				
Injured by a sharp object (not being Injured while handling, lifting or carry		rk at the time	-	ayfovor oadacho/migraino				+	
Injured/stung by an animal/insect. T		lineet		ausoańsicknosa/vomiti	ng				
Involved in vehicle accident as drive Occupational disease. Please specification of the second se	_			osebleed ther known medical co	office			+	
Physically assaulted by a perion	9			ther unknown	marian				
Repetitive Strain Injury				ning pain					
 Scald Slipped on stairs or another uneven 	surface			anaonal aflux				+	
Slipped, tripped or fell on the same I				alf-harm					
Stress				tomach acho				+	
Stung (not animal) Trapped by something collepsing				unburn/heatstroko/hea oothacho/tornailitia	é niáh			+	
Violence between students				ital/fungal symptoms					
Violance from a person other than st Visual impairment.	taff member	or student		(ater/urine infection oronavirus – No sympt	lanes.			_	
Voice lass				oronavirus - Confirme					
Cither, please specify				oronavirus – Suspecte	d symptoms				
Severity Level			Medium				D Major		
Incident Site			LI Wildiam				i maja		
On promises If no, please detail of promises location	n Yes						□ No		
If yes, please choose area below									
Boarding house Boiler room		Hall Kitchen			Other extr Descoration	imal space ffice/Student Su	hooori	□ Sch □ Sch	col trip sory room
Garpark			tory/Technician	moon a		facility (indoor)	i i i i i i i i i i i i i i i i i i i		h fann spæce
Cantako/Sito space or workshop		□ Library				facility (outdoor)		⊟ Staf	
Classroom Conidor		Medica MuGA			Playgroun Playgroun				ra/stapa mming pool
🗆 Dining room		D Music n	aam		Practical t	eaching area		D Toil	
Forest school	Here in t	On real			C School of	ica:			
Activity – please select more than once After-school club		ign Technolo	ây.	Ceography		Modia			Religious Education
Anivalidoperturo	D Dtar	na/Dance		🗆 Grounds work		Music			Running in corridors
Art Between lessons	_	ng assembly ng food prep		History Humanities		Nursery Office work			Science Staff work
Broakfast dub		ng laad prop ng laad servi					y area with equipr	nont	Students at play/break
Citizanship		ng maeting		C Key Stage 1		PE indeer fr	aciity@ym		Technology/Engineering
Cleaning Computing	Earl			Key Stage 2 Languages		PE outdoor Physical Ed			Tutor time
Construction work	Engl	íah		Maintenance v	wark.	Palitics			
Cooking teaching areas	E Food	5 Technology	l	Mastra.		PSHE			
Staff-led Session?			Yes				No		

November 2021

Relationship to the school		□ Staff	□ Student	Contractor	Visit		Office also	ise specify
Injund		Yes	LI Student	LI Contractor		ar 🗆	Other, plas	isn spocity
Fatality		T Yes						
RIDDOR reportable		T Yes			□ No			
Injury Type	Braken	i bane	Contusion (bruise)	Fracture		 Lacenation (cut) 		 Repetitive strain injury
Abrasion (scrape)	D Bump		Dormatitis/Skin initiation	Freezing		Lass of consciou		 Respiratory initiation
All other injuries	D Butth		Dislocation	Hearing imp	aimont	🗆 No apparent inju	iy	Sprain
Amputation	Chemis		Electric shock	Host stress		Panic attack		Strain
Bits mark	Chest ;		Exposure (chemical etc.)	Inflammation	n	Pulled muscle		Swelling
Bleed (not due to cut)	Contac	thed mark	Foreign body	Insect bits		Puncture		Vision impairment
Body Part		1.44	Think in		1.0	T No.		The second second
Abdomon including grain Ankle – left	Elbow-		Hand - lot Hand - right	Lower ann -		Nose Palvis		□ Tools – left □ Tools - right
	Eye - i		Hand – ngn: Head	Lower ann -				Upper ann – left
Arkle – right Butocka	Eye – r	gn	Hip – left	Lower back		Sacrum and Cor Shoulder – left	TAX	Upper ann - right
Chest	- Finger	An _ left	Hip - right	Lower log -		Shoulder - right		Upper leg – left
Ear-loft	Finger		Internal organs	Lungs/Rosp		Teeth		Upper leg - right
Ear - right	D Foot -		□ Knoe – leit	D Mouth		Thurb - left		Wrist - left
Elbow - loft	E Foot -		Knoe - right	Nack		Thunb - right		Wrist - right
Cause of Injury								
	A piece of eq.	aipment 🗆 Anv	other person Deliberate activ	on 🗆 Yes 🗆 No	C Other, plas	se specify		
Injury description								
Parent Contacted		T Yes			□ No			
If yos, date and time contacts	đ							
Parent contacted details								
First Aid administered		T Yes			🗆 No			
First Aidor attending								
First Aid description								
Was the person sent home		Tes 1			□ No			
lliness Details – If ap	plicable							
Parson involved								
Relationship to the school		□ Staff	Student	Contractor	🗆 Visit	or 🗆	Other, plas	ise specify
Eness description								
Parent Contacted		T Yes			□ No			
If yes, date and time contacte	đ							
Parent contacted details								
Medicine given								
Solf-medicated		🗆 Yes			□ No			
If no, person who administere	d medicine							
First Aid administened		Yes			□ No			
First Aidor attending								
First Aid description								
Was the person sent home		T Yes			□ No			
Restraint Details – If	applicable	9						
Parson involved								
Relationship to the school		□ Staff	Student	Contractor	Visit	ör 🗆	Other, plas	iso spocity
Injured		T Yes			□ No			
Fatality		T Yes			□ No			
					No			
RIDDOR reportable	_	T Yes						
RIDDOR reportable Injury Type	Broken		Contusion (bruiss)	Fracture		Lacenation (cut)		Reputitive strain injury
RIDDOR reportable Injury Type Abrasion (scraps)	🗆 Bump		Dormatitis/Skin initiation	Freezing		Lass of consciou	1511288	Respiratory initiation
RIDDOR reportable Injury Type Abrasion (scrape) All other injuries	Bunp Bunn	h bane	Dormatitis/Skin initiation Dislocation	Freezing Hearing imp		Loss of consciou No apparent inju	1511288	Respiratory initiation Sprain
RIDDOR reportable Injury Type Absasion (actaps) All other injuries Amputation	Bump Bum Chemi	a bane cel burn	Dormetitis/Skin initiation Dislocation Electric shock	Freezing Hearing imp Heat stress		Loss of consciou No apparent inju Panic attack	1511288	Respiratory initiation Sprain Strain
RIDDOR reportable Injury Type Atrasion (scrape) Atrasion (scrape) Atropher injuries Amputation Bits mark	Bump Bum Chemi Chest;	cal burn	Dormatitis/Skin initiation Dislocation Electric shock Exposum (chemical etc.)	Freazing Heating imp Heat stress Inflammatio		Loss of consciou No apparent inju Panic attack Pulled muscle	1511288	Respiratory initiation Sprain Strain Swelling
RIDDOR reportable Injury Type Abussion (scrape) Aluster injuries Amputation Bits mark Bitend (not due to cut)	Bump Bum Chemi Chest;	a bane cel burn	Dormetitis/Skin initiation Dislocation Electric shock	Freezing Hearing imp Heat stress		Loss of consciou No apparent inju Panic attack	1511288	Respiratory initiation Sprain Strain
RIDDOR reportable Injury Type Atrassion (sotape) Atrassion (sotape) Atrastation Arrputation Bion mark Bion (not due to cat) Body Part	Bump Bum Cherris Chest ; Contac	cal burn pain tifed mark	Dermattis/Skin initiation Dislocation Electric shock Esposure (chemical etc.) Privign body	Freezing Hearing imp Hearing imp Hear stress Inflammatio Insect bits	n	Loss of consciou No apparent inju Panic attack Pulled musicle Pulled musicle Puncture	1511288	Respiratory initiation Sprain Sprain Strain Swelling Vision impairment
RIDDOR reportable Injury Type Abaseion (scrape) Abaseion (scrape) Aroputation Been mark Been (not due to cat) Body Part Adomen including proin	Bum Bum Chemi Chemi Chemi Chemi Elbow	bana cal burn pain triod mark – right	Dermattis/Skin initiation Dislocation Electric shock Esposure (chemical etc.) Freeign body Hand - lot	Freezing Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insect bite	n - left	Lose of consciou No apparent inju Panic attack Pulled musicle Puncture Nose	1511288	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Tools – left
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) All other injuries All other injuries Bend (not due to cut) Body Part Abdomen including proin Artile – left	Bump Bum Chemi Chemi Chemi Chemi Elbow Elbow Elbow	bane cel burn pein dhad mark - right left	Dermattie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Provige body Hand - left Hand - right	Freezing Hearing imp Hearing imp Heat stress Inflammatic Insect bits Lower atm Lower atm	n - laft right	Loss of consciou No apparent inju Panic attack Pullod musicle Pullod musicle Nose Nose Polyte	ishitisi i'y	Respiratory initiation Sprain Strain Strain Swelling Valion impairment Tools – loft Tools – loft
RIDDOR reportable Injury Type Abassion (acrape) All other injuries Areputation Bits mark Beaty Plat Body Plat Addomen including grain Artile – left Artile – left Artile – right	Bamp Bam Chemi Chemi Contac Contac Elbow Elbow Elbow	bane cel burn pein dhad mark - right left	Dermattie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Foneign body Hand - left Hand - right Heid	Freezing Hearing imp Hearing imp Heat stress Inflammatic Insect bits Lower ann Lower ann Lower ann	n - loft right anna	Loss of consciou No apparent inju Panic attack Pulled muscle Pulled muscle Nose Nose Palvie Sacrum and Cose	ishitisi i'y	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Tools - loft Upper arm - loft
RIDDOR reportable Injury Type Abassion (sotape) Alassian (sotape) Alassian (sotape) Alassian (sotape) Brownek Bits mark Bits mark Bits (not due to cut) Bits of (not due to cut) Bits of (not due to cut) Bits of (not due to cut) Arbite – teh Arbite – right Buttocke	Bamp Bam Cherrie Chest ; Contac Elsow Elsow Elsow Face	bane ceil burn péin stirod mark - right left ight	Dermatitie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Freeign body Hand - left Hand - right Head Hip - left	Freezing Hearing imp Heat structs Inflammatio Inflammatio Insect bits Lower arm Lower arm Lower back Lower lack Lower lack	n - loft - right anca loft	Loss of consciou No apparent inju Pranic attack Pulled musicle Puncture Nose Polivie Secrum and Cos Shoulder – left	ishtili ry	Respiratory initiation Sprain Strein Swelling Vision impairment Tools - left Upper arm - left Upper arm - left
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) Amputation Boards Board (not due to cat) Body Piet Artiste – lot Artiste – lot Artiste – lot Buttocke Chest	Bamp Bam Cherrie Chest; Contac Elsow Elsow Eys – I Faos	bane ceil burn pein stilted mark - right keft right % – left	Dermattis/Skin initiation Dislocation Dislocation Exposure (chemical etc.) Foreign body Hand - left Hand - right Head Hip - left Hip - light	Pressing Heat stress Hoat stress Inflammatio Inflammatio Lower atm Lower tarm Lower back Lower leg	n - loft - right anna loft - right	Loss of consciou No apparent inju Panic attack Puliod mascie Panicatack Panicatac Nose Palvie Sacum and Coo Shoulder – kit Shoulder – kit	ishtili ry	Respiratory initiation Spain Spain Swelling Valor impairment Tools - loft Upper arm - loft Upper lam - right Upper lam right
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) Amputation Bion mak Bion (not due to cat) Biody Part Addomen including grain Artike – left Chest Ear – left	Bamp Bam Cherrie Chest ; Contac Elsow Elsow Elsow Face	bane cal burn pein steat mark - right eft right % - left % - left % - right	Dermatitie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Freeign body Hand - left Hand - right Head Hip - left	Freezing Hearing imp Heat structs Inflammatio Inflammatio Insect bits Lower arm Lower arm Lower back Lower lack Lower lack	n - loft - right anna loft - right	Loss of consciou No apparent inju Pranic attack Pulled musicle Puncture Nose Polivie Secrum and Cos Shoulder – left	ishtili ry	Respiratory initiation Sprain Strein Swelling Vision impairment Tools - left Upper arm - left Upper arm - left
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) Amputation Boards Board (not due to cat) Body Piet Artiste – lot Artiste – lot Artiste – lot Buttocke Chest	Bamp Bam Cherk Chest Contac Elsow Elsow Elsow Elsow Fingen Fingen	bane cal burn pein stited mark - right left % left % left % right ket	Dermattis/Skin initiation Dislocation Dislocation Exposure (chemical etc.) Foreign body Hand - loft Hand - right Head Hip - left Ithrmal organs Knee - left	Pressing Heating imp Heat stress Inflammatio Inflammatio Inflammatio Lower aim Lower aim Lower lack Lower lack Lower lag Lower lag Lower lag	n - loft - right anna loft - right	Loss of consciou No apparent inju Paric attack Pullod muscle Puncture Nose Polyis Securit and Cos Shoulder – Init Shoulder – Init Tooth Thumb – Init	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Attraction (soctape) Attraction (soctape) Attraction Boot mark Boot (not due to cat) Body Part Attraction Article – left Attraction Christ Ear – left Ear – left Ear – left Ear – left	Bamp Bam Cherk Chest Contac Elsow Elsow Elsow Elsow Fingen	bane cal burn pein stited mark - right left % left % left % right ket	Dermattis/Skin initiation Dislocation Dislocation Electric shock Exposure (chemical etc.) Foneign body Hand - right Head Hip - left Hip - right Internal organe	Finaling Heating imp Heat strains Inflammatio Inflammatio Insoct bite Lower ann Lower tack Lower back Lower log Lower keg Lange/Resp Mouth	n - loft - right anna loft - right	Loss of consciou No apparent inju Panic attack Puliod muscle Puncture Nose Polivis Sacrum and Coo Siscrum and Siscrum and Siscrum and Sis	ishtili ry	Respiratory initiation Spain Strain Strain Swelling Vision impairment Tools - left Tools - right Upper lem - left
RIDDOR reportable Injury Type Arossion (scrape) Alossion (scrape) Alossion (scrape) Arostation Bits mark Bits mark Bits mark Bits of (not due to cut) Bits mark Bits of (not due to cut) Chost Bits of (not due to cut) Bits	Bamp Bam Cherk Chest Contac Elsow Elsow Elsow Elsow Fingen Fingen	bane cel burn pein tihot mark - right left 's - left 's - right left 's - right left	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Finaling Heating imp Heat strains Inflammatio Inflammatio Insoct bite Lower ann Lower tack Lower back Lower log Lower keg Lange/Resp Mouth	n - loft - right anna loft - right	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Arossion (scrape) Alossion (scrape) Alossion (scrape) Arostation Bits mark Bits mark Bits mark Bits of (not due to cut) Bits mark Bits of (not due to cut) Chost Bits of (not due to cut) Bits	Bamp Bam Charris Chest ; Contac Elsow Elsow Eys - r Free Frigen Frigen Frigen	bane cel burn pein tihot mark - right left 's - left 's - right left 's - right left	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Insect bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right ama left right isatory system	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Abassion (scrape) Abassion (scrape) Amputation Body Piet Body Piet Body Piet Arbite – loft Buttocke Ear – loft E	Bamp Bam Charris Chest; Contac Elsow Byt - I Fingen Fingen Fingen	bane cel burn pein tihot mark - right left 's - left 's - right left 's - right left	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Insect bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right ama left right isatory system	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Abassion (scrape) Abassion (scrape) Amputation Boards Body Part Body Part Addornen induding groin Artile – left Artile – left Estrocks Estr – left Estr – left Estre of finjery A fister or fiting Injury description	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cal burn pein stited mark - right left % – left % – left % – right left % – right left % – right left % – right	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right anta loft right isliony system	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Abassion (scrape) Abassion (scrape) Amputation Bion mark. Bion (not due to cat) Body Part Addomen including proin Arbin – Init Arbin – Init Arbin – Init Buttecks Ear – Init Ear –	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cal burn pein stied mark - right left % – left % – left % – right left % – right left % – right left % – right	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right anta loft right isliony system	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Attraction (scrape) Attraction (scrape) Aropatation Boody Part Boody Part Boody Part Attract Industry Boody Part Attraction Arole - Ish Arole - Ish Arole - Ish Crass Ear - Ish Cause of Injury A fixture or fitting Parent Contacted Fyes, date and time contactes	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cal burn pein stied mark - right left % – left % – left % – right left % – right left % – right left % – right	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right anta loft right isliony system	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Arossion (scrape) Arossion (scrape) Arossion (scrape) Brownerk Brownerk Brownerk Brownerk Brownerk Brownerk Brownerk Brownerk Arbite - right Brownerk	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cel ban pein sthed mark - right left % - left % - left % - left % - right left % - right left % - right	Dermattia/Skin initiation Dislocation Electric shock Exposure (cherrical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right arna left right isatory system D Other, plea	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Arbasian (scrape) Arbasian (scrape) Arbasian (scrape) Brank Brank Brank Brank Brank Brank Brank Cause of Injury Arbite - Inft Parent Contacted Parent Contacted Parent Contacted Parent Contacted distels First Ad administered	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cel ban pein sthed mark - right left % - left % - left % - left % - right left % - right left % - right	Dermatitie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right arna left right isatory system D Other, plea	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Accession (scrape) Accession (scrape) Accession (scrape) Accession (scrape) Body Part Body Part Body Part Acritic – Ioft Bodrone Including grain Arritic – Ioft Bodrone Including Cruest Ear – Ioft Ear	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cel ban pein sthed mark - right left % - left % - left % - left % - right left % - right left % - right	Dermatitie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right arna left right isatory system D Other, plea	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) Abassion (scrape) Amputation Boe mark Bend (not due to cat) Body Part Abassion including proin Arbin = left Arbin = left Creat Ear = left Ear = right Ear =	Bamp Bam Bam Charris Chests Contac Elsow Elsow Eyst = r Freque Freque Freque Freque Font = Post = A pieces of equ	bane cel ban pein sthed mark - right left % - left % - left % - left % - right left % - right left % - right	Dermatitie/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Provign body Hand - left Hand - right Hoad Hip - left Internal organs Knee - right Knee - right	Freezing Hearing imp Hearing imp Hearing imp Hearing imp Inflammatio Inflammatio Insoct bite Lower atm Lower atm Lower atm Lower back Lower leg Lower leg Lower leg Lower leg Moath Neck	n right arna left right isatory system D Other, plea	Loss of consciou No apparent inju Panic attack Putiod muscle Panicattack Putiod muscle Panicatare Nose Pativis Pativis Stouder – lint Shouder – right Thumb – linft Thumb – right	ishtili ry	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Abassion (scrape) Abassion (scrape) Amputation Boo mark Body Part Body Part Abdomen including grain Artile – left Artile – left Bottacks Chest Ear – left Ear – left Ear – right Ebrow – left Cause of Injury A foture or fiting Injury description Parent Contacted From Add and instances From Add administered From Add administered From Add examption	Bamp Bam Charris Charris Contac Elsow Eys - r Eys - r Friogen Friogen Friogen Friogen Friogen	bane cal burn pain shed mark - right left ight Ns - left ight left - right left - right left - right - left	Dermattis/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Freeign body Hand - hight Hand - night Head Hip - left Hip - right Internal organs Knee - right	Freezing Heating imp Heat stress Inflammatio Inflammatio Insoct bite Lower ann - Lower back Lower back Lower back Lower back Lower back Lower back Nock Nock	n - loft - right ama loft - right - right - isitory system - No - No	Loss of consciou No apparent inju Panic attack Puliod muscle Puliod muscle Puliod muscle Puliod Puliod Nose Polivie Securit and Cos Shoulder – right Shoulder – right Thumb – left Thumb – left Thumb – left	isniziii iy iitiya	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Too/s - loft Too/s - loft Upper aem - loft Upper leg - loft Upper leg - loft Upper leg - night Upper leg - night Wrist - left
RIDDOR reportable Injury Type Injury Type Arossian (scrape) Arossian (scrape) Brownessian (sc	Bamp Bam Chartis Christi Contac Byo - i Elsow Eyo - i Fingen Fingen Fingen Foot - Foot - Foot - A piece of equ	bione cal burn pain shed mark - right kalt - right kalt - right wapment - right - righ	Dermattis/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Freeign body Hand - hight Hand - night Head Hip - left Hip - right Internal organs Knee - right	Pressing Heat stress Inflammatio Inflammatio Lower arm - Lower arm - Lower back Lower log - Noath Nock	n right arma left right isilory system D Other, plea No No	Loss of consciou No apparent inju Panic attack Puliod muscle Puliod muscle Puliod muscle Puliod Puliod Nose Polivie Securit and Cos Shoulder – right Shoulder – right Thumb – left Thumb – left Thumb – left	isniziii iy iitiya	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Tools - loft Tools - right Upper arm - loft Upper arm - loft Upper leg - loft Wrist - left Wrist - left
RIDDOR reportable Injury Type Abassion (scrape) Abassion (scrape) Ampatelion Board (ret due to cat) Body Piet Body Piet Body Piet Arbite – loft Buttocke Creat Bate – right Buttocke Ear – loft Cause of fright Elicove – loft Cause of fright Elicove – loft Cause of fright A fisture or fitting First Add administered	Bamp Bam Charris Charris Charris Charris Contact Esys = i Esys = i Fingen Fingen Fingen Fost = Fost = A piece of equ d	bane cal burn pain shed mark - right left - right left - right - right - right - right - right - mark - right - mark - right - mark - m	Dermattis/Skin initiation Dislocation Electric shock Exposure (chemical etc.) Freeign body Hand - hight Hand - night Head Hip - left Hip - right Internal organs Knee - right	Freezing Heating imp Heat stress Inflammatio Inflammatio Insoct bits Lower ann - Lower lack Lower lack Lower lag Lower lag Noath Nock Yes No	n right arma left right isilory system D Other, plea No No	Loss of consciou No apparent inju Panic attack Puliod muscle Puliod muscle Puliod muscle Puliod Nose Pulioi Nose Pulioi Nose Sacrum and Cos Shoulder - light Thumb - light Thumb - light Thumb - light se specify	isniziii iy iitiya	Respiratory initiation Sprain Strain Strain Swelling Vision impairment Tools - loft Tools - right Upper arm - loft Upper arm - loft Upper leg - loft Wrist - left Wrist - left

November 2021

1*

Emergency Servi	C88									
Emergency services call										
treat/take to hospital		T Yiza		□ No						
If yes, Emergency service	os called by									
Emorgancy services resp	ni amit asnoq									
minutes										
Investigation										
Investigation required		T Yes		□ No						
If yos, please detail the r Investigator/s	Service Critices									
Investigation due date										
Investigation guidance	S is for Spec	the: Vague action plan points will lead to vague app	plication. Pinpoint the iss	uce and catablish spec	ific appro	aches.				
		M is for Measurable: "Improve promptly' and like phrases will lead to action which, even if fulfilled, cannot be gaged or built upon. Set measurable action points and targets.								
		et: Communicate with staff to ensure the control meters. Do not overestimate what can be achieved. Set			and und	envicod.				
		ecaled: This is not an overright fix. Set timescales		-	and find	ings.				
Investigation checklist		When and when did the accident happen? Who was injured/authenci il health?								
	-	Whet was damaged?								
	-	What and where was the injury? Who was involved?								
		How did the accident happen? What activities were being partied out at the time?								
	-	What did witnesses see? Was then anything new or different shout the working condit	ine 7							
	-	Wree them adequate anfe systems of work and wree they do								
	-	Weathen activity being property supervised/managed? What was the primery cause from incrediate observation?								
	-	What were the outcomes of the applicant - injury, disease, do What was the cause of any injury?		17						
	-	What were the immediate and underlying causes of the accid What does the relevant risk assessment say?	Swit7							
	-	We the risk known? If yes, why was it not controlled? If no, a Did the work organisation (or lack of it) impact on the accident								
	-	Wee the maintenance and cleaning adequate?	ne r							
	-	Were the people involved suitable and competent? Did the workplace inyout influence the accident?								
		Did the sature, shape or form of the materials influence the a Did the work equipment influence the accident?	vocádenti.?							
	-	Head the people involved received adequate information, instr Wea this clearly documented?	righter and training?							
	-	Was adequate safety equipment provided and used correctly Was maintenance and cleaning/housekeeping sufficient?	a.							
	:	What other conditions influenced the accident?								
	No. the data	energia de la facta de la calita de ser en incont	□ Yes			□ No				
		assessment relating to the activity been reviewed required and documented	□ Yes							
		is been approved	T Yes			□ No				
Further action required	T Yes			□ No		-				
Fyos, add actions	Action			Actiones	Expo	cted completion date	Actual completion date			
Action 1										
Action 2					1		1			
Action 3					1		t			
Action 4					+		+			
					+		<u> </u>			
Action 5							 			
Action 6					1					
Action 7					1		L			
Action B										
Action 9										
Action 10										
Investigation Con	npleted by									
Name				Date						
Sign				Position						
Incident Form Co	moleted by									
Nome	inprotod by			Date						
(1) (1) (1) (1)				1.000						

 Incident Form Completed by

 Name
 Date

 Sign
 Position

November 2021

Appendix 3. Asbestos record

Asbestos Inspection Register

ltem no.	Location/Reference/ Room	Inspection comments	Date of inspection
04	Reception area – cleaners cupboard floor tile	Labelled - undisturbed	23/10/2023
09	Main hall – stage steps nosing	Labelled - undisturbed	23/10/2023
-	Boys changing room – panels above suspended ceiling	Labelled - undisturbed	23/10/2023
20	C10 – window ledge tiles	Labelled - undisturbed	23/10/2023
24	Food tech – staff room sink pad	Labelled - undisturbed	23/10/2023
34	Silverdale classroom floor tiles	ENCAPSULATED (Aug23)	
37	Art corridor – cleaners cupboard floor tiles	Ceramic tiles	
39	Art corridor – infill panel above door way	Labelled - undisturbed	23/10/2023
40	C16 – entrance floor tiles	REMOVED	
43	C16 – floor tiles in corner	REMOVED	
44	Between C16 & C6 – floor tiles	REMOVED	
-	C16 – cupboard floor tiles	REMOVED	
46	C7 – Floor tiles	REMOVED	
47	C8 – cupboard floor tiles	REMOVED	
-	C8 - Classroom floor tiles	REMOVED	
49	C6 – Kiln room ceiling tiles	Labelled - undisturbed	23/10/2023

50	C5 – Floor tiles	REMOVED	
53	C1 – Cupboard ceiling tiles	Labelled - undisturbed	23/10/2023
54	C2 – Cupboard ceiling panels	Labelled - undisturbed	23/10/2023
55	C2 – Panels above suspended ceiling		23/10/2023
56	Trust office area 1 st floor window ledge tiles	Mostly Labelled - undisturbed	23/10/2023
57	ICT office – staff room sink pad	Labelled - undisturbed	23/10/2023
58	S6 – cupboard floor adhesive residue	Labelled - undisturbed	23/10/2023
61	Drama – FFE outside D1 insulating board	Labelled - undisturbed	23/10/2023
65	D6 – Classroom floor tiles	Vinyl	

65	D6 – Drama store floor tiles	Labelled – undisturbed. Monitored for 23/10/2023 breakages.	
----	------------------------------	---	--

67	Silverdale – services cupboard	REMOVED	
68	Silverdale – porch entrance board	REMOVED	
-	C Block roof – cement cowl	Labelled - undisturbed	23/10/2023
-	C Block pitched roof – cement and cladding	Labelled - undisturbed	23/10/2023
-	C Block roof – cement under cloaking x 3	Labelled - undisturbed	23/10/2023

-	M Block – cladding in roof void betweer M2, M3 & office	h Labelled - undisturbed	23/10/2023
	Under drama stairs by DR1	To be removed. Some removed.	23/10/2023
	Reception Corridor window sill	Labelled - undisturbed	23/10/2023
	Bungalow bathroom floor	REMOVED	
	Bungalow soffits & facia	REMOVED	
	Bungalow internal flat roof	Remove or encapsulate	23/10/2023
	Bungalow water tank	To be removed	23/10/2023
	C4 - Tiled floor area	REMOVED	
	Walk-in fridge door - main kitchen	Label and assess	23/10/2023
	Exam stores x2 floor tiles	REMOVED	

Appendix 4. H & S Responsibility Flow Chart

For all health and safety responsibilities including:

- Legionella
- Risk assessment and management
- Training
- Recording and reporting accidents to staff, pupils, and visitors

