Good Shepherd Trust

Life in all its fullness

Health and Safety Policy

Parts 1-4

At the time of publishing the following roles were held:	
Head teacher	**NAME**
Health and Safety Lead	**NAME**
Governor with Health and Safety responsibility	**NAME**

Version Number	Version Description	Date of Revision/Review
1	Original	Oct 2016
2	Reviewed – No Changes	Mar 2018
2	Reviewed – No Changes	Mar 2020
3	Reviewed – No Changes	Mar 2022
4	Reviewed – No Changes	Mar 2024
5	Revised whole policy	June 2025
6	Reviewed Oct 2025 – New process for reporting accidents in school 3.6a	Oct 2027

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PART 1 – Health & Safety Policy Statement

We recognise and accept our legal and moral duties to provide for the health, safety and wellbeing of our employees, pupils and any other person who may be affected by our activities both at school and during off-site visits.

As the employer, the Good Shepherd Multi Academy Trust (the Trust) retains overall responsibility for ensuring that suitable health and safety management systems are in place and for establishing suitable systems within the Trust's schools at a strategic level.

The Trust appoints Kym Allan Safeguarding, Health and Safety Consultants Ltd. (KAHSC) as the 'Competent person' to provide support, advice and guidance on health, safety and welfare issues for both Health and Safety in the schools and central Trust premises and for educational visits approval and notification. Schools will access their expertise and guidance as required in the first instance.

The Trust's health and safety performance contributes to our schools' overall performance by helping to reduce injury, ill health, losses and liability, and we view our health and safety responsibilities as equally important to everything else we do. We are committed to continuous improvement in our health and safety performance and will ensure that sufficient resources are made available to achieve this.

We will ensure, so far as is reasonably practicable, that we provide safe premises and working environments, safe equipment and substances, safe activities and systems of work. We will provide suitable information, instruction, training and supervision to ensure we achieve and maintain excellent levels of health and safety. Legal compliance in all areas is deemed to be the minimum standard to be attained. We will establish suitable arrangements to deal with emergencies and school security.

Suitable and sufficient risk assessments will be used as a tool throughout our activities to ensure that our health and safety arrangements are adequate.

Everybody is expected to play their part and we recognise that, for health and safety management to be successful, all parties must be actively involved.

People are our key resource, not only our employees, but also the Local Governing Body, parents/carers, pupils, volunteers, contractors and any partner organisations we work with. To help ensure the active involvement of all parties, effective communication and consultation arrangements will be established through regular Trust, Local Governing Body and staff meetings, communication with school unions, and through other arrangements including induction, health and safety noticeboards, and contractor control procedures. We will employ other methods to communicate our policy and arrangements as we deem appropriate.

The day-to-day responsibility for all school health, safety and welfare organisation and activity rests with the Head teacher.

Each School is represented by a trained Health and Safety Coordinator nominated by the Head teacher / CEO and empowered to act on their behalf. The Head teacher / CEO will ensure that the Trust / Local Governing Body and KAHSC are kept informed of accidents and any other relevant health and safety issues, and that competent health and safety advice is sought where required. The Head teacher / CEO will appoint others to specific roles and will delegate tasks which help to support the school's health and safety arrangements. Our specific organisation is outlined in Part 2 of this Policy which includes details of persons undertaking specific health and safety roles.

Each School and the central Trust will prepare a Health and Safety Action Plan for monitoring improvement, which will be used as a working document, kept under regular review, and will prepare further written documentation to support this policy which will describe the specific arrangements made for health and safety. These specific arrangements can be made available on request. Wherever possible we will benchmark our performance against available data and seek to achieve continual improvement in performance. Health and safety performance will be documented as part of the school's Annual Health & Safety Management Review.

The Trust directors and each school's Local Governing Body will establish suitable forums and procedures for discussing and sharing relevant health and safety information with staff and others, and for implementing the health and safety procedures.

Staff throughout our schools have responsibility not only for their own health and safety but also for that of any pupils or others under their control. All employees are expected to cooperate and to contribute towards meeting excellent health and safety performance in all school activities.

Whilst adopting excellent health and safety standards is viewed positively and contributes to the overall performance of the school, failure to adopt adequate procedures will be taken very seriously. Where required appropriate disciplinary procedures will be implemented.

In order to ensure we are achieving adequate health and safety standards; arrangements will be put into place to monitor and review our own performance. These will include regular audits conducted by KAHSC Ltd., periodic monitoring of our health and safety arrangements by the Local Governing Body and nominated staff, regular inspection of our equipment and premises, and the monitoring of accident and work-related ill health data. Levels of work-related accidents and ill health are deemed to be an indicator of management control and not necessarily the fault of individuals.

Wherever possible we will benchmark our performance against available data. Health and safety performance will be provided in an Annual Health and Safety Report, prepared by the Head teacher or nominated person, to the Trust and the Local Governing Body with interim updates provided where deemed appropriate.

This statement of policy on health and safety at work is made in accordance with section 2(3) of the Health and Safety at Work Etc. Act 1974 and represents a summary of the Trust's organisation and arrangements. This statement

and the documented arrangements will be made freely available to all staff and other interested parties on request.

This policy statement and relevant arrangements will be reviewed at least annually to ensure they remain effective and up to date.

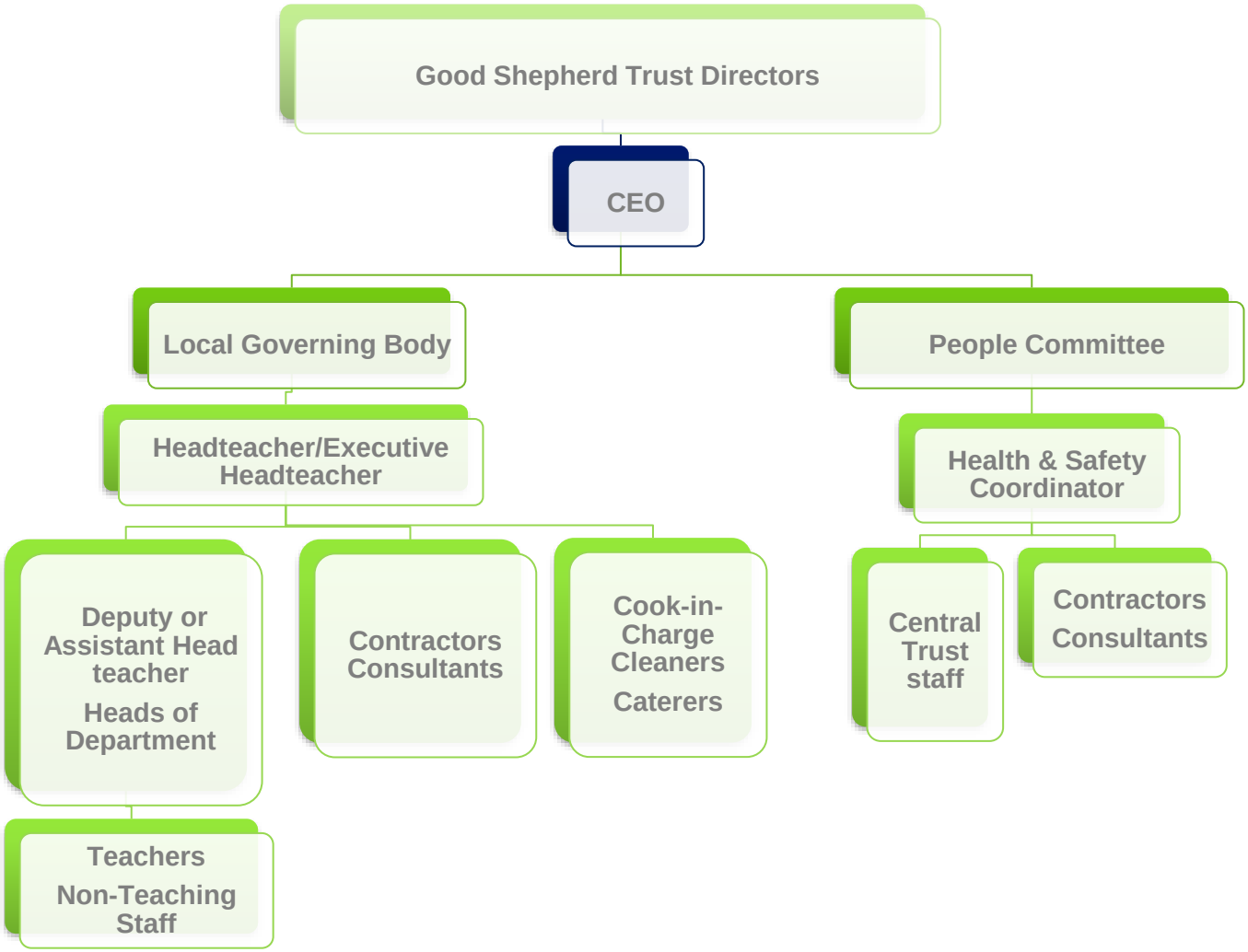
PART 2 - Organisation / Responsibilities

Values

In keeping with our Trust vision, every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe:

- Everyone has something to offer
- Trust, honesty, empathy and social responsibility are the Christian values that frame our work
- We are here for the whole person, spiritually, morally, educationally and socially
- In working with transparency and openness

Organisation Flowchart



Role	Name	Date

Chair of Local Governing Body/Directors		
Headteacher/CEO		

Responsibilities

The Board of Directors

The Directors must visibly demonstrate a commitment to achieving a high standard of Health and Safety performance and the development of a positive attitude to Health and Safety among staff and pupils. They are responsible for ensuring a Health and Safety Management System is in place which ensures:

1. a clear written policy statement is in place that states the organisation and arrangements for implementing the Policy
2. that a review of the Trust's Health and Safety Policy takes place at least biennially (or more often if the need arises) and a review of performance takes place annually with action taken on the findings if necessary
3. secure, competent assistance in applying the provisions of Health and Safety law where it is necessary to assist management in that task. **Kym Allan Safeguarding, Health and Safety Consultants Ltd. (KAHSC)** have been appointed to provide such competent assistance (https://kymallanhub.co.uk)

2.1 The Local Governing Body / Trust People Committee

The Local Governing Body / Trust People Committee must visibly demonstrate a commitment to achieving a high standard of Health and Safety performance within their school / central Trust offices and the development of a positive attitude to Health and Safety among staff and pupils. They are responsible for ensuring a Health and Safety Management System is in place which ensures:

1. that they promote and monitor the execution and effectiveness of the Trust Policy, within the resources made available to them
2. that the headteacher / CEO is aware of and implements the Policy and that they are aware of their duties and responsibilities under the Health and Safety at Work etc. Act 1974 and its subordinate legislation
3. that specific duties and functions for health, safety and welfare are allocated to individuals who should receive specific, relevant information and training to ensure competence
4. that all staff are given the opportunity to receive training on Health and Safety matters and have sufficient experience, knowledge and training to perform the tasks required of them
5. that all premises, plant and equipment are safe and properly maintained
6. the involvement of everyone in making the Policy work
7. that they specify who is responsible, and the arrangements for identifying hazards, undertaking risk assessments and implementing appropriate control measures
8. that where resources are required to implement specific control measures, priority is given to those hazards presenting the highest risk
9. that everyone has sufficient information about the risks they run and the preventative measures they should take to minimise the risks
10. that Health and Safety performance is measured using inspections, checks and the recording of accidents
11. that proper documented Health and Safety objectives are established at each relevant function and level within the establishment and that such objectives are quantified wherever practicable
12. that they consult their appointed competent Health and Safety Adviser in resolving any health, safety or welfare problems
13. that they consult with properly appointed Union and non-Union staff representatives on issues relating to their members' health, safety and welfare and communicate with such staff representatives the outcome of any safety audits, inspections and risk assessments which may affect the working conditions and/or practices of staff within the school, there may be occasions where this may be more appropriately managed at Trust level
14. that they receive and act appropriately upon reports from the headteacher, Children's Services and any other internal or external agencies.

2.2 Headteacher / CEO

The day-to-day responsibility for all school health, safety and welfare organisation and activity rests with the headteacher and the day-to-day responsibility for central Trust Health and Safety and welfare organisation and activity rests with the CEO. They will:

1. ensure that all members of staff have sufficient information, instruction and training to enable them to effectively carry out their duties and responsibilities as required by this Policy and legislation
2. ensure that newly appointed staff, temporary staff and young workers receive sufficient information, instruction and training to enable them to effectively carry out their duties and responsibilities as required by this Policy, and the provisions of legislation
3. be the focal point for reference on health, safety and welfare matters and give advice or indicate sources of advice. Any Health and Safety problems for which they are unable to provide a solution should be referred in the first instance to the Local Governing Body / People Committee and/or KAHSC
4. co-ordinate the implementation of the Local Governing Body's / Peopld Committee's health, safety and welfare procedures in the school / central Trust
5. make clear any duties in respect of Health and Safety that are delegated to members of staff
6. stop any practices or the use of any plant, tools, equipment, machinery, etc. considered to be unsafe, until satisfied as to their safety
7. put in place procedures to monitor the Health and Safety performance
8. arrange for risk assessments of the premises and working practices to be undertaken, recorded and reviewed on a regular basis, and ensure they are kept informed of accidents and hazardous situations
9. put into place and actively monitor risk assessments and resulting procedures relating to the identification and management of work-related ill-health with specific emphasis on the identification and reduction of work-related stress
10. to receive and respond positively to Health and Safety problems reported to them by their staff and to generate co-operation from all employees under their direction
11. ensure that all accidents are reported, investigated and any remedial actions required are taken or requested
12. ensure that procedures and appropriate contacts with external services are established and are in place for all individuals to follow in the case of situations presenting serious and imminent danger
13. review from time to time the emergency procedures, the provision of first aid and risk assessments
14. review regularly, the dissemination of Health and Safety information paying particular attention to newly appointed and temporary staff, volunteer helpers, students and other users of the premises
15. ensure that all equipment used on Trust premises is adequately maintained and inspected in accordance with the law and procedures contained in KAHSC Safety Series
16. report to the Local Governing Body / Trust People Committee at least annually on the Health and Safety performance of the school
17. Ensure Health and Safety reporting to central Trust for co-ordination / overview of all schools / central Trust activity.
18. co-operate with and provide the necessary facilities for properly appointed Trade Union Safety Representatives
19. consult as appropriate, with staff on issues relating to their health, safety and welfare, and communicate the outcome of any safety audits, inspections and risk assessments which may affect the working conditions and/or practices of those staff
20. ensure that contractors on the site are made aware of this Policy and that Health and Safety matters are formally discussed at any pre-contract site meetings
21. ensure, as far as is reasonably practicable, that the health, safety and welfare of pupils/students, visitors and members of the public are safeguarded.

2.3 Health and Safety Coordinator

The Health and Safety Co-ordinator has been trained in Health and Safety to ensure competence and has the following duties:

1. to co-ordinate and manage the risk assessment process and to ensure that where control measures are required, requests for funding are fed into the Management System

2. to identify and manage via the risk assessment process, a whole organisation approach to work related ill-health, with a particular focus on stress related absence
3. to ensure general workplace monitoring inspections are carried out
4. to make provision for the inspection and maintenance of work equipment and ensure adequate records are kept
5. to advise the headteacher / CEO on situations or activities which are potentially hazardous to the health, safety and welfare of staff, pupils and visitors
6. to maintain continuing observations throughout the premises and make relevant comment to the headteacher / CEO, the Head of a Department or a member of staff, as appropriate, if any unsatisfactory situation is observed
7. to ensure that staff are adequately instructed in health, safety and welfare matters in connection with their specific workplace and the school / Trust generally
8. to ensure that adequate records are kept of specific health, safety and induction training
9. to ensure that Health and Safety advice and information is disseminated in such a way that all appropriate staff have access to such information
10. undertaking any other functions devolved to them by the headteacher / CEO or Local Governing Body / Trust Personnel Committee.
11. Co-ordinators are given the required non-contact time in order that they may carry out their duties accordingly.

2.4 Teaching/Non-Teaching Staff Holding Positions of Special Responsibility

These staff may include Deputy/Assistant headteacher(s), Heads of Department/Curriculum Co-ordinators, Clerical Managers/Supervisors and Site Managers/Janitors who will:

1. have a general responsibility for the application of the Trust's Health and Safety Policy to their own department or area of work and are directly responsible to the headteacher / CEO for the application of the health, safety and welfare procedures and arrangements
2. establish and maintain safe working procedures including arrangements for ensuring, so far as is reasonably practicable, the absence of risks to Health and Safety in connection with the use, handling, storage and transport of articles and substances
3. resolve health, safety and welfare problems members of staff may refer to them, or refer to the headteacher / CEO or Health and Safety Coordinator any problems for which they cannot achieve a satisfactory solution within the resources available to them
4. carry out regular Health and Safety risk assessments of the activities for which they are responsible, ensuring that staff involved in such activities are made fully aware of the relevant control measures, and submit reports to the headteacher / CEO or the Health and Safety Co-ordinator
5. in accordance with the Trust policy carry out risk assessments and monitor outcomes in relation to individual cases of work-related ill-health as and when these are brought to the manager's attention or are identified in individual members of staff
6. carry out regular inspections of their areas of responsibility to ensure that equipment, furniture and activities are safe and record these inspections where required
7. ensure that all staff under their control are familiar with national and local guidance and the KAHSC Safety Series, if issued, for their area of work
8. ensure, so far as is reasonably practicable, the provision of sufficient information, instruction, training and supervision to enable other employees and pupils to avoid hazards and contribute positively to their own Health and Safety
9. where appropriate, ensure relevant advice and guidance on Health and Safety matters is sought either from National Bodies of subjects, KAHSC, or others
10. investigate any accidents that occur within their sphere of responsibility, ensuring that the appropriate recording and reporting procedures are followed
11. prepare an annual report for the headteacher / CEO on the Health and Safety performance of their department or area of responsibility.

2.5 Special Obligations of Class Teachers

The Health and Safety of pupils in classrooms, laboratories, workshops and physical education areas is the responsibility of class teachers. Class teachers are expected to:

- exercise effective supervision of the pupils and to know the emergency procedures in respect of fire, first aid and other emergencies, and to carry them out
- follow the Health and Safety measures to be adopted in their own teaching areas as laid down in the relevant National Guidelines or the KAHSC Safety Series and website guidance, if issued, and to ensure that they are applied
- give clear oral and written instructions and warnings to pupils as often as necessary
- follow safe working procedures personally
- require the use of protective clothing and guards where necessary
- make recommendations to their headteacher or Health and Safety Coordinator on Health and Safety equipment and on additions or necessary improvements to plant, tools, equipment or machinery
- integrate all relevant aspects of safety into the teaching process and, if necessary, give special lessons on Health and Safety
- avoid introducing personal items of equipment (electrical or mechanical) into the school without prior authorisation
- report all accidents, defects and dangerous occurrences to their headteacher or line manager
- report any situations which are causing or are likely to cause work related ill-health and work with Senior Managers to bring about a successful resolution to issues raised.

2.6 Health and Safety Representatives

The Trust Directors / Local Governing Body, headteacher and CEO recognise the role of Health and Safety Representatives appointed by a recognised trade union or staff. Health and Safety Representatives will be allowed reasonable opportunities to investigate accidents and potential hazards, pursue employee complaints and carry out inspections within directed time. They are also entitled to certain information, for example, about accidents, and to paid time off to train for and carry out their Health and Safety functions. They are not part of the management structure (unless officially invited to be so) and are not carrying out the duties on behalf of the Trust, CEO, headteacher or Local Governing Body.

2.7 Obligations of All Employees (including Agency Workers and Seconded Staff)

Notwithstanding any specific duties that may have been delegated to them, all employees must:

1. make themselves familiar with the contents of this Policy
2. keep up to date with all current safety requirements and/or safety advice that affect their area of work, and seek competent advice if required
3. comply with any control measures put in place because of Risk Assessments carried out
4. act in the course of their employment with due care for the health, safety and welfare of themselves and others
5. observe all instructions on Health and Safety issued by the Trust or the school or any other person delegated to be responsible for a relevant aspect of Health and Safety
6. take heed of any instruction and/or training received on the use of equipment, machinery, dangerous substance or safety device
7. use and maintain correctly, in accordance with any instruction and/or training received, all personal protective equipment issued
8. report every accident, injury and, where appropriate, near miss using the agreed procedures and the appropriate documentation
9. co-operate with other persons to enable them to carry out their Health and Safety responsibilities and/or statutory duties
10. inform their Line Manager of any shortcomings they consider to be in the Trust's Health and Safety arrangements
11. exercise good standards of housekeeping and cleanliness
12. know and apply the procedures in respect of fire, first aid and other emergencies
13. co-operate with the appointed Trade Union Health and Safety Representative and the Enforcement Officers of the Health and Safety Executive.

Failure to exercise reasonable care for the safety of oneself, fellow employees or members of the public; to co-operate with the Trust Directors / Local Governing Body members on Health and Safety matters; or the misuse of safety equipment provided may justify disciplinary action being taken against the employee concerned.

2.8 Pupils

Pupils, in accordance with their age and aptitude, are expected to:

1. exercise personal responsibility for the Health and Safety of themselves and others
2. observe standards of dress consistent with safety and/or hygiene
3. observe all the Health and Safety rules of the school and in particular the instructions of staff given in an emergency
4. use and not wilfully misuse, neglect or interfere with things provided for his/her Health and Safety.

2.9 Contractors, Volunteers, Visitors and Other Users of Trust Premises

Health & Safety considerations for contractors working on behalf of the Trust are a joint responsibility. Both the contractor and the Trust have responsibility for the Health, Safety and welfare of their staff including where the contractor is a self-employed individual. Agreed precautions must take account of normal work and foreseeable emergencies. To identify situations that may cause potential hazards the contractor must liaise with the person sanctioning the work, before work commences, to ensure all joint H&S requirements are met

Volunteers, including directors, LGB members, parents and other individuals, including students and pupils on work experience, working on Trust sites or on undertaking activities on behalf of the Trust should be made aware of the Health and Safety Policy and the areas applicable to them depending on their role. This awareness raising process should be undertaken by the member of Trust staff they are assigned to/ work closely with.

Visitors and other users of the premises are required to observe the health, safety and welfare rules. Where Trust buildings are let/hired out to other users, those users should be informed of, and familiarise themselves with, emergency evacuation and accident reporting procedures. These form part of the Lettings Arrangements/Conditions of Hire.

2.10 Competent Health and Safety Assistance

Without detracting from the primary responsibility of the Local Governing Body and staff for ensuring safe conditions of work, and in compliance with the Management of Health and Safety at Work Regulations 1999, the Trust will secure, competent assistance in applying the provisions of Health and Safety law where it is necessary to assist management in that task:

Kym Allan Health and Safety Consultants Ltd.	3-4 Citadel Row, Carlisle CA3 8SQ
Tel No. (Office hours & 24-hour emergencies):	01228 210152
Fax:	01228 210153
Mobile:	07909 484449https://kymallanhub.co.uk

Name	Title	Email
Kym Allan	Director	kym@kymallanhsc.co.uk
Helen Blamire	Safeguarding, Health & Safety Consultant	helen.blamire@kymallanhsc.co.uk
Penny Gosling	Safeguarding, Health & Safety Consultant	penny.gosling@kymallanhsc.co.uk
Laura Sim	Business Support Administrator	laura.sim@kymallanhsc.co.uk
Courtney Allan	Administrator	courtney.allan@kymallanhsc.co.uk
Gordon Hastings	Health & Safety Consultant	gordon.hastings@kymallanhsc.co.uk
Paul Wanless	Health and Safety Consultant	paul.wanless@kymallanhsc.co.uk

Further Assistance and guidance can be sought from:

Local Safeguarding Contacts:	
Northumberland Children and Adults Safeguarding Partnership (NCASP)	
Tel: *01670 536400 (One call – available 24/7)* ***Email****: childrentriage@northumberland.gove.uk* ***Website:*** *www.northumberland.gov.uk/Children/Safeguarding/Info.aspx*	***Local Authority Designated Officer:*** ***Tel****: 07500 606174 (Mon-Thu 08.30-16.30)* ***Or*** *01670 536400 (out of hours)* ***Email****:* *LADO@northumberland.gov.uk*
Cumberland Safeguarding Children Partnership ***Email****: CSCP@cumbria.gov.uk*	
Cumberland Children Advice and Support Service (CCASS) ***Tel:*** *0333 240 1727*	
Local Authority Designated Officer (LADO): ***Tel: 03003033892*** ***Email: lado@cumberland.gov.uk***	
Westmorland and Furness Safeguarding Children Partnership ***Email:*** *WFSCP@cumbria.gov.uk*	
Multi Agency Children's Hub ***Email****: safeguarding.hub@westmorlandandfurness.gov.uk* ***Tel:*** *0300 373 2724*	
Local Authority Designated Officer (LADO): ***Tel: 03003033897*** ***Email: lado@westmorlandandfurness.co.uk***	
CONTACT THE TEAM IN THE AUTHORITY IN WHICH THE CHILD OR FAMILY RESIDES	

Public Health England (PHE) Local Health Protection Teams (HPT): *[delete those that do not apply]*	
UK Health Security Agency (UKHSA) **Cumbria and Lancashire HPT:**	**UK Health Security Agency (UKHSA)** **North East Health Protection Team (HPT):**
Lancashire County Council Pitt Street Reception County Hall, Preston, PR1 8XB Tel: 0344 225 0562 option 2	Floor 1 Barras Bridge, Newcastle upon Tyne. NE1 8QH

Out of office: 0151 434 4819	Tel: 0300 303 8596 option 1 Out of hours for health professionals only: 0191 269 7714
Cumbria Education IPC Team Point of contact for schools' advice with public health incidents. **Email:** EducationIPC@cumbria.gov.uk (Mon-Fri)	

Others:	
Health & Safety (Executive HSE) Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS Incident Contact Centre Tel: 0345 300 9923 Infoline: 0345 345 0055 Website: www.hse.gov.uk	**DfE** General Enquiries: 0370 000 2288 (office hours) **Incident Support Team Email:** incident.support@education.gov.uk **Environment Agency** Incident Hotline: 0800 807060 Floodline: 0345 988 1188

2.11 Persons with Specific Responsibilities

The Trust Personnel Committee, CEO, Local Governing Body and headteacher have delegated certain tasks and roles to the following individuals (ideally these people will be staff members):

- The Health and Safety Co-ordinator – Name of person
- The Health and Safety Local Governing Body member(s) – Name of person(s)
- Workplace First Aiders - Name of person(s)
- Paediatric First Aiders - Name of person(s)
- Other First Aiders - Name of person(s)
- Person responsible for ensuring first aid boxes remain stocked – Name of person
- Site Security issues, CCTV etc. - Name of person
- Defects are to be reported to – Name of person
- Organisation for equipment repairs, maintenance and routine servicing - Name of person
- Training and Development Coordinator (H&S) - Name of person
- Asbestos Coordinator, responsible for visual inspection and the recording of termly condition monitoring and managing contractors (and staff) onsite - Name of person and Deputy Name of person
- The person within our setting to oversee the management of radon in the workplace, regardless of risk level – Name of person
- Coordinator of Risk and COSHH Assessments is - Name of person
- The person responsible for ensuring that all persons working in school undergo suitable recruitment and vetting checks - Name of person
- Designated Safeguarding Lead (DSL) - Name of person and deputy DSL(s) - Name of person(s)
- Educational Visits Co-ordinator - Name of person
- The Responsible Person for Fire Safety - Name of headteacher
- The Fire Safety Manager (person in charge in an emergency) - Name of person and deputy - Name of person
- Fire Wardens - Name of persons
- Person responsible for testing/checking the fire alarm/emergency lighting/fire extinguishers etc. and maintaining the Fire Logbook - Name of person
- Holder of accident/incident records, pupil accident book and official site accident book - Name of person
- The person(s) responsible for undertaking accident investigations - Name of person
- Ladder register is maintained by - Name of person
- PE and fixed playground equipment in-house visual inspection - Name of person(s)

2.12 Location of Supporting Systems/Documents

To effectively implement our Health and Safety arrangements, we refer to a variety of supporting internal and external documents and procedures. This section outlines where you can access key documents and information in school.

This advised list is not exhaustive so please add to it as required

Location of Key Documentation

- Displayed H&S Policy Statement and Arrangements – State location
- Defect reporting system/book – state location
- General School Risk Assessments – State location
- Pupils' Accident Book/Records – State location
- Official Accident Book - State location
- A list of pupils with specific medical conditions/needs - State location
- Archived health ad safety documents/records are held in – State location
- Emergency/Fire evacuation plans - State location *(copies also held off site)*
- Health and Safety Management Plan - State location
- Asbestos Management Plan (including Asbestos Register) - State location
- Legionella Risk Assessment – State Location

2.13 Other Related Policies and procedures

The Health and Safety Arrangements / Procedures are detailed in a separate document and are designed to be specific for each school / Trust site.

This policy should be read in conjunction with other related Trust policies and procedures including, but not limited to:

- Child Protection Policy and procedures
- Child on Child Abuse Policy
- Code of Conduct for adults visiting or working on a school site (leaflet)
- Recruitment, Selection and Pre-Employment Vetting Policy & procedures including the Single Central Record
- Online Safety Policy and procedures
- Behaviour Policy and procedures
- Code of Conduct for Staff & Other Adults
- Positive Handling, Support and Physical Intervention Procedures
- Relationships and Sex Education Policy
- Equality Policy and Objectives
- Supporting Pupils with Medical Conditions Policy and procedures
- First Aid Policy
- Intimate Care Procedures
- Off-Site Visits Procedures
- Attendance Policy
- Data Protection Policy
- Special Educational Needs Information Report/Policy
- Missing Child Procedures
- First Day Calling Procedures
- Emergency Plan(s) including Lockdown procedures
- Risk Assessments
- Premises Management including security measures, formal inspections and Buildings Register
- Accessibility Plan
- Lettings Arrangements

Good Shepherd Trust

Life in all its fullness

Health and Safety

Part 3: Arrangements/Procedures

Values

In keeping with our Trust vision, every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe:

- Everyone has something to offer
- Trust, honesty, empathy and social responsibility are the Christian values that frame our work
- We are here for the whole person, spiritually, morally, educationally and socially
- In working with transparency and openness

Definitions

This is a Trust wide policy designed to cover all operations. Since the Trust's area of operation covers more than one county when the document refers to Local Safeguarding Organisations it means the county in which the individual setting operates.

Child', 'children' and 'Pupil(s)': refer to children and young people under the age of 18 years. However, the principles of this Code of Conduct apply to professional behaviours towards all pupils, including those over the age of 18 years. 'Child' should therefore be read to mean any pupil in the setting.

Employees, adults and staff: refer to **all** those who work across the Trust in any setting, with or without direct contact with pupils and in either a paid or unpaid capacity and includes staff/ volunteers who may be under 18. This will also include, for example, volunteers and those who are not directly employed by the Trust e.g., Local Authority staff, sports coaches, independent supply staff and agency staff.

The term **'parent'** is used, this includes any person with parental authority of the child concerned e.g., carers, legal guardians etc.

The term '**setting**' is used, this refers to any workplace within the Trust.

Roles and terminology within the Good Shepherd Trust

Throughout this document the following terminology is used to describe the roles within the Trust.

Role/Term	Alternatives, description and meaning
Members	Members appoint the Directors. Membership is described in the Trust's Articles of Association
Directors	Also 'the Trust board' or 'the board' The Trust Directors are accountable in law for all decisions about member schools and are accountable to the Secretary of State for Education for the performance of each school within the Trust.
LGB	Also 'Local Governing Bodies' or 'LGB Members' The local governing body is a standing committee of the Trust which has delegated powers to oversee the running of its individual school. The LGB may choose to delegate some of these powers to smaller committees or the Headteacher as it deems fit to fulfil its responsibilities. Where the document refers to the LGB this might be through some committees or further delegation but with the understanding that the ultimate responsibility remains with the LGB.
CEO	Chief Executive Officer A significant number of responsibilities under the scheme of delegation lie with the CEO. It is recognised that the CEO may choose to delegate some of their duties to the Chief Finance Officer and School Improvement Consultants and other staff in their team.
Central Team	Refers collectively to the: Deputy CEO, Head of Finance, People Partner, Governance Lead, Finance Support Officers, School Improvement Consultants, and

Role/Term	Alternatives, description and meaning
	Admin Support Officers Any other staff appropriate to the responsibility or task who work from the Trust's central administration office in Penrith rather than being based in a school.
SLT	Senior Leadership Team The Headteacher/Executive Headteacher, Head of School, Deputy Headteacher or other Senior staff member as appropriate to the individual school's senior leadership structure
	'Headteacher' in policies will usually refer to the Headteacher or Executive Headteacher as appropriate for the leadership structure of the school

3. Arrangements + Procedures

3.1. Consultation, Communication and Competence

These procedures will always be followed; however, the Trust Directors recognise that amendments or additions may be required to support those directly affected by emergencies or public health incidents for example. Any variations to this Policy in relation to emergencies or public health incidents will be produced as necessary.

Consultation

The Good Shepherd Trust recognises the contribution which employees and pupils can make towards Health and Safety in their workplace and will co-operate and consult with employees and pupils as necessary. If a decision involving work equipment, processes or organisation could affect the Health and Safety of staff, time will be allowed to give them, or their representatives, the chance to express their views, and to take account of these views before reaching a decision. Consultation with staff will be carried out on all matters relating to Health and Safety at work either collectively or direct with individuals.

The Trust Directors and each school Local Governing Body will recognise, co-operate and consult with ***any properly appointed*** Health and Safety Representatives to enable them to fulfil their statutory functions and ensure that effective arrangements are in place for consultation and communication with staff. Provision will be made for specific staff safety committees ***where requested*** and they will be provided with the facilities and assistance they may reasonably require.

Each Trust setting either has a dedicated Health and Safety Committee or delegates the Health and Safety responsibility to one of its committees. Depending on the size of the setting membership of the committee with Health and Safety responsibility may include Senior Management, representatives from each department, Site Manager, Health and Safety Coordinator, Union Safety Representative etc. One of the aims is to improve communication links and give ownership of Health and Safety to staff at different levels. Members of the Committee report back directly to their own teams/departments and bring to the Committee issues raised by their teams/departments in a bid to improve health and safety.

The relevant Local Governing Body sub-committee meets regularly to discuss health, safety and welfare and safeguarding issues affecting staff, pupils or visitors. Action points from meetings are brought forward for review.

Communication

All employees (including trainees and those on fixed term contracts) and staff (including volunteers, directors, LGB members, students and pupils on work experience) will be provided with easy to understand and relevant information on the risks to their Health and Safety identified by risk assessments, as well as the preventive and protective measures required to prevent accident, injury or loss.

Agency workers and seconded workers are treated as employees under health and safety legislation, and it must be ensured that these employees have appropriate induction and are informed of hazards and risks associated with the working environment.

Health & Safety considerations for contractors working on behalf of any Trust setting are a joint responsibility of the contractor (even where self-employed) and the setting's Senior Leader. Agreed precautions must take account of normal work and foreseeable emergencies. To identify situations that may cause potential hazards the contractor must liaise with the person sanctioning the work, before work commences, to ensure all joint H&S requirements are met.

Information supplied will be pitched appropriately, given the level of training, knowledge and experience of the employee. It will also be provided in a form which takes account of any language difficulties or disabilities. For employees with little or no understanding of English, or who cannot read English, special arrangements may need to be made. These could include providing translation, using interpreters, or replacing written notices with clearly understood symbols or diagrams.

While any child (below minimum school leaving age) or young person (under 18) is at work i.e., on work experience from another school, a trainee or employed, the requirements to provide information are the same as for other employees. There is however an extra requirement on the employer to provide the parents/carers of children at work with information on the key findings of the risk assessment and the control measures taken before the child starts work. Children on work experience will also receive formal Health and Safety Induction.

Kym Allan Health and Safety Consultants Ltd. (KAHSC) provides competent Health and Safety advice across the Trust and is responsible for keeping the Trust settings up to date on all Health and Safety matters of relevance. The Health and Safety Coordinator in each location is responsible for ensuring that all new information supplied by KAHSC is effectively communicated to the relevant target audience.

Information and/or advice on matters relating to the health, safety and welfare of employees will generally be circulated via staff meetings unless it is of immediate importance to any individual employee or group of employees. Health and Safety will be a standing item on the agenda of staff meetings and Local Governing Body meetings. Good communication links will be maintained with those not in school e.g., during emergencies, working from home or absent due to illness etc.

Additions and alterations to the Policy, which is a working document, will be circulated to staff promptly.

Safety Signs and Notices

Where a risk assessment indicates that, having adopted all appropriate precautions, risks cannot be adequately controlled except by the provision of appropriate safety signs, then such signs will be provided. Appropriate signs will be displayed and will be easy to follow; a Health and Safety information notice board will be provided/maintained, and a Health and Safety Law poster displayed.

Co-ordination

Where any setting within the Trust shares premises with another organisation or employer, whether permanently or temporarily, arrangements and procedures shall be adopted to ensure that all concerned are able to comply with their statutory Health and Safety duties. Each premises will ensure that arrangements are made to co-ordinate the activities of its staff and those of outside agencies such as contractors, cleaning/catering staff, maintenance personnel and private hirers.

Health and Safety Training

All personnel shall be competent to perform tasks that may impact on health and safety in the workplace. Competence shall be defined in terms of appropriate education, training and/or experience. Training procedures shall consider differing levels of responsibility, ability, literacy, and risk.

All employees will be provided with:

- induction training in the requirements of this policy
- update training in response to any significant change
- training in specific skills needed for certain activities, (e.g., use of hazardous substances, work at height, use of certain machinery etc.)
- refresher training where required.

Schools within the Trust will utilise the Training Module on the KAHSC Hub. Records of staff training are uploaded onto the KAHSC Hub along with copies of training certificates. This enables monitoring of training taking place. Notifications are made via KAHSC email 3 months in advance of required refresher training for individual staff members.

Line managers will be responsible for assessing the effectiveness of training received.

Each member of staff is also responsible for drawing their line manager's attention to their own personal needs for training and for not undertaking duties unless they are confident that they have the necessary competence.

Induction Training

All new members of staff (including volunteers, students and pupils on work experience) are encouraged to familiarise themselves with the Health and Safety procedures in the workplace. It is the responsibility of the Health and Safety Coordinator or line manager to ensure that the relevant procedures and documentation has been seen and understood. Further training and development is identified and incorporated in the School Management/Development Plan.

The Health and Safety Induction Checklist will be completed with each new starter/trainee commencing the first week of their employment. Separate checklists are also available for pupils/ trainees from other schools on work experience along with cleaning and catering staff employed directly by the Trust.

References

Safety Representatives and Safety Committee Regulations 1977
Health and Safety (Consultation with Employees) Regulations 1996
Health & Safety (Safety Signs and Signals) Regulations 1996
Management of Health and Safety at Work Regulations 1999
HSE: Young People & Work Experience
KAHSC General Safety Series G12 - Health and Safety Induction Training
KAHSC General Safety Series G29 – Safety Representatives and Safety Committees
KAHSC General Safety Series G43 - Young People at Work and on Work Experience

3.2 Monitoring, Review and Audit

On behalf of the Trust Board of Directors, Local Governing Bodies will fulfil their obligation to monitor the effectiveness of the implementation of the Health and Safety Policy by undertaking documented Health and Safety Monitoring throughout each academic year (packs available on the KAHSC Hub).

The Trust Personnel Committee and Local Governing Bodies with the support of the CEO and Headteacher will, at intervals that it determines appropriate, monitor and review the Health and Safety management system to ensure its continuing suitability. Relevant staff and other parties will be involved as appropriate. Reviews of specific risk areas may also be undertaken. Reviews shall be documented where appropriate. The review process aims to identify where changes to policy, objectives and other elements of the Health and Safety management system are required.

Typical information used in such a review may include the following items:

- accident statistics/trends
- results of internal and external Health and Safety management audits, updated legislative requirements and corrective actions implemented since the previous review
- the findings from premises inspections or other monitoring exercises
- reports of emergencies (actual or exercises)
- reports from individuals on the effectiveness of the system locally
- reports of hazard identification, risk assessment and risk control processes.

Typical actions following such a review may include the following items:

- minutes of discussions and detail of the review
- revisions to the Health and Safety Policy and objectives
- specific corrective or improvement actions with assigned responsibilities and target dates for completion and review
- areas of emphasis to be reflected in the planning of future internal occupational health and safety management system.

Those undertaking such reviews will report as required following its completion.

Health and Safety Objectives / Management Plan

The Trust directors and each school Local Governing Body will establish and maintain documented Health and Safety objectives that will be SMART *(specific, measurable, achievable, realistic and time bound)* and be consistent with the Health and Safety Policy including commitment to continual improvement. There will be a suitable 'programme' in place i.e., set objectives will be documented within an Action/Management Plan. Objectives will be quantified wherever practicable with timescales and costs. Senior management (or other suitable persons) will be allocated responsibilities regarding Health and Safety objectives which will be communicated to relevant personnel. The Management Plan/Objectives will be set and/or reviewed following the Management Review (as above) or at other times when necessary.

References

ISO 45001:2018 Occupational Health and Safety Management Standard
HSG 65 Successful Health and Safety Management
Compliance Monitoring in Council Buildings
KAHSC Model H&S Management Plan
KAHSC Termly Governor Monitoring Packs (Autumn Term, Spring Term & Summer Term)

3.3 Health and Safety Inspections of Premises and Activities

The Local Governing Body / Trust Personnel Committee (or Health and Safety Sub-committee / committee with Health and Safety responsibilities) in liaison with the Headteacher / CEO and/or Health and Safety Coordinator will undertake a Health and Safety inspection of the relevant premises on at least an annual basis. The findings of these inspections will be recorded. Any corrective actions required following these inspections will be reported and discussed with the Headteacher / CEO. Where possible, action will be taken immediately, or if planned actions are required these will be added to our Health and Safety Management Plan. Any Health and Safety Union Representative will be invited to attend these inspections.

Safety Inspection Regimes

More frequent safety inspections will be carried out by nominated staff to ensure:

- Cleanliness of all workplaces, good housekeeping, the removal of waste, suitable storage of materials, books and files, etc.
- Welfare and sanitary provisions (male/female, children's and disabled toilet facilities) are in good order
- Good condition of premises and equipment, including highlighting defects
- Recording of specific inspections is taking place, e.g., asbestos monitoring, pre-use visual checks of electrical and work equipment, visual inspection of play/gym equipment, vehicle checks
- Supervision of relevant activities is taking place
- Suitability of on-site vehicle movements (traffic management plans).

Defect Identification and Reporting

It is recognised that defective equipment or dangerous conditions can lead to personal injury or harm. No defective electrical appliance or lead, and no defective mechanical device or tool that might give rise to danger may be used.

All defects to equipment or furniture and minor defects to doors, floors, walls etc. are to be reported to a nominated person. Steps should be taken to isolate the equipment or work area in question, and to warn others of the hazard by posting warning notices. That person will ensure that the necessary action is taken to rectify each defect without delay. Where funds are not immediately available, the defective equipment or work area in question will be taken out of service and this will be added to the Annual Health and Safety Management for action when funds become available. This will also become an agenda item at the next relevant Sub Committee Meeting.

All staff are required to report accidents, incidents, near misses, defects and hazards. If, following their report, they are not satisfied with the actions taken to address their concerns, they may raise the issue

through their usual line management route. If the problem remains unresolved, then the issue may be referred to the Headteacher, Local Governing Body or the CEO and Board of Directors.

References

ISO 45001:2018 Occupational Health and Safety Management Standard
HSG 65 Successful Health and Safety Management
The Workplace (Health, Safety and Welfare) Regulations 1992 ACOP
Compliance Monitoring in Council Buildings
KAHSC Governor H&S Inspection Checklist
KAHSC Defect Report Sheet

3.4 External Health and Safety Management Audits

External audits are independent, unbiased reviews of the Health and Safety management system and can be a very useful exercise. KAHSC will, on request, carry out a Health and Safety management audit. These audits will be carried out by a qualified safety professional. Following this process, the setting will be supplied with a detailed report containing requirements and recommendations to improve existing arrangements. Any recommended actions arising from these audits will be addressed by the Headteacher / CEO, Local Governing Body or Trust as appropriate with the support of KAHSC where required.

References

ISO 45001:2018 Occupational Health and Safety Management Standard
HSG 65 Successful Health and Safety Management

3.5 Risk Management and Risk Assessments

The purpose of undertaking a risk assessment is to identify significant risks, to document what hazards exist and the measures necessary to control them. With risk assessments in place the principal requirement of the Management of Health and Safety at Work Regulations are met and safe ways to work and to protect staff, pupils and workers and any others who may be affected by activities across the Trust are established.

Generic School Risk Assessments for many day-to-day non-curricular and curricular activities are available to download from the KAHSC Hub https://kymallanhub.co.uk (Generic School Risk Assessments).

For Educational Visits and Outdoor Learning, each Trust school tailors model risk assessments supplied on the KAHSC website.

Where model/generic risk assessments are used, these are tailored to reflect the actual activities undertaken.

Although the Headteacher / Trust CEO remains responsible for ensuring development, all staff could be involved in the risk assessment process. When relevant, risk assessments will be developed and/or reviewed with the input of affected staff. Development will usually be led by an individual who has received specific training in the theory of risk assessment and a teacher/head of department/other who has the hands-on experience of tasks being assessed. Where significant risks are identified, appropriate measures and/or safe working practices are introduced to reduce/eliminate such hazards.

Risk assessments will be working documents, their effectiveness monitored and reviewed following any significant changes or when they are no longer valid e.g., following accidents or near misses, the introduction of new equipment or systems of working, legislative changes etc. Risk assessments do NOT need to be re-written each year but DO need to be monitored and checked to ensure they remain valid and revised if there have been any changes. Staff should ensure they are aware of any risk assessments relevant to their roles and completed risk assessments will always be available for staff to view.

Specific risk assessments relating to individuals, e.g., staff member or young person/pupil are held on the individual's personal file and will be undertaken by the relevant line manager.

New and Expectant Mothers - Risk Assessment

It is the responsibility of staff to inform their line manager of any medical condition or pregnancy which may impact upon their work. When a member of staff notifies their line manager of their pregnancy, relevant risk assessments will be considered and an additional individual assessment carried out to ensure that throughout pregnancy, while at work and on return to work, risks to their Health and Safety are adequately controlled.

Young Persons at Work - Risk Assessment

Each Trust setting is happy to provide a limited number of work experience placements for young people. The exact nature of the duties undertaken by the student will depend on several factors, including the age and experience of the work experience student and the requirements of the course being undertaken by the student.

A designated member of staff will supervise all work experience students. They will oversee the visit and provide general guidance and advice on routines, expected standards of behaviour, and duties etc.

The work experience student will become a member of the staff for the period of their visit. This fact will have considerable bearing on their expected behaviour. A formal Health and Safety Induction will be carried out on day one of the placement.

The risks associated with work experience pupils or trainees may differ slightly to the risks that have been identified for other workers due to their inexperience, possible immaturity and the unfamiliarity with the environment or work processes. Existing risk assessments must consider any young people working across the Trust (both pupils on work experience from other schools under the compulsory school leaving age and young employees under the age of 18) who may be put at increased risk due to their age and inexperience. There is however an extra requirement on the employer to provide the parents/carers of children at work with information on the key findings of the risk assessment and the control measures taken before the child starts work. Refer to HSE: Young People & Work Experience for more details along with KAHSC General Safety Series G27 - Young People at Work and on Work Experience and the KAHSC Work Experience Placement/Young Worker Generic Risk Assessment.

Initially the work experience will usually involve periods of observation. As the student becomes more familiar with the layout of the workplace and its operation the expectations of, and responsibilities given to the student will change. Duties and responsibilities may include assisting with the supervision of morning duties, assisting staff before or during activity sessions and with cleaning up.

To satisfy fire regulations, if work placement students wish to leave the site during break time or lunch breaks, it will be necessary to inform a member of the staff before they leave.

If staff at the placement setting are required to produce a report or record of the experience, this will need to be discussed with a supervising staff member at the start of the visit.

References

Health and Safety at Work etc. Act 1974
Management of Health and Safety at Work Regulations 1999
HSE Risk Assessment site
HSE: Young People & Work Experience
CLEAPSS Website
Association for PE (AfPE) Website
OEAP National Guidance
KAHSC General Safety Series G09 - Risk Assessment in Schools
KAHSC General Safety Series G27 - Young People at Work and on Work Experience
KAHSC Work Experience Induction Checklist
current Risk Assessments and Off-Site Visits Procedures

3.6 Accidents, Incidents, Ill Health and Dangerous Occurrences

Recording and Reporting

Accidents Involving Pupils

All incidents involving pupils will be recorded in the setting's pupil accident record (Scholar pack MIS).

Where the following criteria is fulfilled, an entry will ALSO be made on the KAHSC on-line Accident Recording System:

- all serious injuries involving pupils
- pupils removed from the scene and taken to hospital for treatment
- serious head injuries i.e., where pupil is taken to hospital or medical advice is sought or advised
- where fault can be assigned i.e., lack of supervision, faulty equipment etc.
- any incidents of violence or aggression resulting in serious injury or where police involvement has been necessary.

The frequency and accuracy of reporting on the Recording System will be monitored by the central team. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place duties on employers to report serious incidents to the HSE. KAHSC will notify the HSE on behalf of any Trust setting any incidents that are RIDDOR reportable within 10 days. Data must therefore be entered on the KAHSC Hub within 7 days of the accident.

Parents will be informed about all injuries/accidents to children and of any first aid given. 'Bump Head' letters/text messages or emails are sent home with pupils following any accident involving head injuries.

EYFS ONLY – Reporting to Ofsted and Local Child Protection Agencies*:* Refer to relevant section below for details.

Accidents Involving Employees

The Official Social Security Accident Book (BI 510) will be completed for all incidents/accidents involving employees. The entry in the accident book can be made either by the injured person or by a nominated person. After each entry is made, the page will be torn out, a copy given to the injured person and the original filed in a secure and confidential location in line with the Data Protection Act (2018) and UK GDPR.

For all accidents/incidents involving employees, an entry will ALSO be made on the KAHSC on-line Accident Recording System by the Line Manager or nominated person.

Under RIDDOR, any accidents to staff which result in the following are reportable to the HSE. KAHSC will notify the HSE on behalf of the setting:

- Fatality
- Specified Injuries
- Over seven-day absence
- Reportable occupational diseases

KAHSC will notify the HSE of any incidents that are RIDDOR reportable within 10 days for most and 15 days for over 7 absences. Data must therefore be entered on the KAHSC Hub within 7 days of the accident (or 10 days for over 7-day absences).

Although Over 3 Day Injuries/Absence are no longer reportable to the HSE, a record of all-over three-day injuries must be kept - completion of the KAHSC Hub and the keeping of local records within on-site accident books will be sufficient.

Accidents Involving Contractors and the Self-Employed

The Official Social Security Accident Book must be completed just as it would be for Trust employees.

Accidents/incidents involving contractors working on Trust premises are normally reportable by their employers. It is important, however, that staff are made aware of any accident, incident or ill-health if the

resulting injury/ill-health or incident was because of something which the Trust is responsible for e.g., electric shock because of faulty mains wiring; exposure to asbestos where the staff failed to inform the contractors of its presence etc. Information provided to contractors regardless of whether they work on a permanent or temporary basis will include the need to report accidents or incidents to the designated person.

If a self-employed contractor is working and they suffer a specified injury or an over-seven-day injury, the information should be entered on the KAHSC Hub for onward reporting to the HSE (as for employees).

Accidents Involving Members of the Public (Other Than Pupils) Including Volunteers

The Official Social Security Accident Book must be completed, and an entry will be made on the KAHSC on-line Accident Recording System.

Injuries to members of the public or volunteers where they are taken from the scene of an accident to hospital for treatment and the accident arose in connection with 'work activities' are reportable to the HSE under RIDDOR. In these instances, a telephone report must be made immediately to KAHSC (or as soon as possible if outside of normal office hours). KAHSC will notify the HSE of any incidents that are RIDDOR reportable (as above).

Violent Incidents

Employees are reminded that all incidents of aggression, threat or actual violence that takes place either at work or as a direct result of their work, must be reported to their Line Manager. These matters are taken very seriously, and any evidence of problems will result in a review to seek better methods of elimination and control.

Violent incidents between pupils will be dealt with in accordance with the School Behaviour Policy and do not need to be reported to KAHSC unless serious in nature i.e., severity of injury, police involvement etc. although they can be recorded using the KAHSC Hub for statistical purposes and to analyse patterns or trends.

Violent incidents towards staff by other staff, pupils or members of the public will be dealt with in accordance with the School Behaviour Policy. Physical or verbal violence to staff will be reported to KAHSC in the following situations:

- absence from work because of emotional, psychological or physical injury
- any incident involving physical assault
- involvement of the police or other agencies
- incidents resulting in a review of the Trust or school's procedures
- any other violent incidents that any employee feels is unacceptable should be reported

Near Misses

Staff and students are encouraged to report near misses as such incidents could, in the future, result in a major injury if appropriate control measures are not introduced to prevent a more serious incident occurring. The Near Miss Report Form (available on the KAHSC Hub) should be used for this purpose. There is no requirement to report these incidents to KAHSC but the analysis of near misses at a local level will help to ensure that potential accidents are prevented in the future.

Dangerous Occurrences

There are incidents with the potential to cause injury to a person and/or damage to equipment, property and premises which must be reported to the HSE. These include situations such as the accidental release of substances which may damage the health of any person (e.g., asbestos) and electrical short circuits or overload causing fire or explosion. Details can be found at: RIDDOR: Schedule 2. For any dangerous occurrences an entry will be made on the KAHSC Hub within 7 days of the incident. KAHSC will notify the HSE of these incidents within 10 days.

Occupational Ill-Health and Notifiable Diseases

Where an employee considers the ill-health to be work related, or if this is confirmed by an Occupational Health Specialist or other professional medical practitioner, this must be reported without delay using the KAHSC Hub.

Where the work-related ill health results in a Notifiable Occupational Disease, these incidents will be reportable to the HSE by KAHSC.

Reporting to Ofsted and Local Child Protection Agencies

Option 1:

Our Early Years Provision is not registered with Ofsted separately from the school so is not on the Early Years Register and therefore there is no legal requirement for us to notify Ofsted of any serious accidents, injuries or deaths which occur in relation to the childcare we provide.

However, in line with the Statutory Framework for EYFS we will notify or our local Child Protection Agency of any serious accidents, injuries or deaths which occur in relation to the childcare we provide to EYFS children.

Option 2:

As our Early Years Provision is registered with Ofsted **separately** from the school so is on the Early Years Register, we will notify Ofsted of any serious accidents, injuries or deaths which occur in relation to the childcare we provide. Notification will be made as soon as we reasonably can, and in all cases, within 14 days of the incident. The quickest and easiest way to notify Ofsted is to telephone them on 0300 123 1231. In line with the Statutory Framework for EYFS we will notify or our local Child Protection Agency of any serious accidents, injuries or deaths which occur in relation to the childcare we provide.

Accident Investigation

- Investigations of all accidents will be undertaken so that control measures can be introduced to prevent recurrence. Most accidents will be low level requiring minimal investigation with the outcomes only needing to be noted on the KAHSC Hub, the accident book and if relevant and in the Pupil Accident Book.
- More detailed investigations may be needed for more serious incidents, and these will be conducted by a member of senior management. Any staff member involved in investigating accidents must understand what this entails – guidance on Accidents and Accident Investigations and appropriate forms can be found in General Safety Series G03 along with the Accident Investigation Guidance & Form.
- Where appropriate, risk assessments will be formally reviewed following accidents/near misses.

Accident Data Analysis

Accident/incident statistics are reported to the Local Governing Body / Trust People Committee on at least an annual basis to enable any patterns to be identified and to determine, where necessary, measures to prevent recurrence. A template Accident/Incident Analysis form can be found on the KAHSC Hub which can be populated with local data which can be presented to Local Governing Bodies / Trust People Committee as a termly or annual report. Data can then be used to benchmark performance over time, within each Trust setting. This data will then be sent to the CEO and Board of Directors on an annual basis for collation and overview.

Retention of Documents

Staff, Volunteers, Visitors, Members of the Public, Contractors, Self-Employed	Records relating to accident/injury at work - Date of incident + 12 years. In the case of serious accidents, a further retention period will need to be applied.

	The official accident book pages – Date of Incident + 6 years.
Pupils	Accident records (in any format) - Date of birth of the child + 25 years.
All	All records will be clearly marked and stored in such a way to prevent accidental use or loss. After the minimum record retention period has passed, records concerned will be destroyed / deleted in line with the Trust's Retention Policy.

References

HSE: RIDDOR
DfE Statutory Framework for EYFS
The Childcare Register (General Childcare Register) Regulations 2008
IRMS Records Management Toolkit for Academies & Academy Trusts
KAHSC General Safety Series G03 - Accident/Incident Reporting and Investigation
KAHSC Accident/Incident Investigation Guidance & Recording Form
KAHSC Pupil/Young Person Accident Book sheet
KAHSC Near Miss Report Form
KAHSC Head Bump Note
KAHSC On-line Accident Recording/Reporting System
Document Retention Policy

3.6a Process for Reporting Accidents in Schools

1. Immediate Response

- **Assess the Situation:** Ensure the safety of the injured person and others around.
- **Provide First Aid:** If necessary, administer basic first aid or call for the school nurse.
- **Call Emergency Services (if needed):** If the injury is severe, call 911 or relevant emergency services.

2. Inform Relevant Personnel

- **Notify a Teacher or Staff Member:** The nearest responsible adult should be informed immediately.
- **Report to the School Office:** The school administrator, principal, or designated safety officer should be informed.
- **Contact Parents/Guardians:** If the injury is significant, the school should promptly inform the student's parents or guardians.

3. Document the Accident

- **Complete an Accident Report Form:** Include details such as:
    - Date, time, and location of the incident
    - Names of the injured person(s) and any witnesses
    - Description of what happened and how the accident occurred
    - Injuries sustained (if any)
    - Actions taken (first aid given, emergency services called, etc.)
    - Name of the person completing the report

- **Gather Witness Statements:** If applicable, statements from students or staff who saw the incident should be collected.
- **Attach Any Supporting Evidence:** Photos of the area, objects involved, or medical assessments may be included.

4. Follow-Up Actions

- **Investigate the Cause:** The school administration should review the incident to identify any hazards or policy violations.
- **Implement Preventative Measures:** If necessary, take corrective actions such as repairing equipment, revising safety procedures, or offering additional training.
- **Monitor the Injured Person:** Ensure that they receive proper medical care and support for recovery.

5. Reporting to Authorities (if required)

- **Health & Safety Compliance:** If the accident is serious, it may need to be reported to local education or workplace health and safety authorities.
- **Legal or Insurance Reporting:** If required, provide documentation to relevant insurance providers or legal entities.

All accidents that result in injury, potential harm, or property damage should be documented and reported. These include:

1. Injuries to Students, Staff, or Visitors

- **Minor Injuries:** Cuts, bruises, sprains, or minor burns that require first aid.
- **Serious Injuries:** Broken bones, head injuries, deep wounds, or any injury requiring medical attention.
- **Medical Emergencies:** Seizures, severe allergic reactions, asthma attacks, or sudden illnesses.

2. Accidents in High-Risk Areas

- **Playground Accidents:** Falls from equipment, collisions, or injuries from defective playground structures.
- **Sports and Physical Education Injuries:** Muscle strains, fractures, concussions, or accidents involving sports equipment.
- **Laboratory and Workshop Accidents:** Chemical spills, burns, equipment malfunctions, or electrical injuries.
- **Cafeteria and Kitchen Incidents:** Food allergies, burns, cuts, or slips on wet floors.

3. Slips, Trips, and Falls

- **Hallways and Staircases:** Falls due to wet floors, loose carpets, or broken steps.
- **Classrooms and Common Areas:** Accidents caused by clutter, unstable furniture, or electrical cords.

4. Violence or Behavioural Incidents

- **Fights or Physical Altercations:** Any injury resulting from student fights or aggressive behaviour.
- **Bullying-Related Incidents:** Physical harm due to bullying or harassment.

5. Equipment and Structural Failures

- **Faulty or Broken Equipment:** Injuries caused by malfunctioning chairs, desks, gym equipment, or science lab apparatus.

- **Building or Infrastructure Issues:** Collapsing ceilings, broken windows, or unsafe staircases causing injury.

6. Transportation and Car Park Accidents

- **School Bus Incidents:** Accidents involving school buses, injuries while boarding or disembarking.
- **Pedestrian Accidents:** Students or staff hit by vehicles in school zones or parking lots.

7. Exposure to Harmful Substances

- **Chemical Spills:** In science labs, janitorial storage areas, or maintenance rooms.
- **Food Poisoning or Contaminated Water:** Cases of foodborne illnesses affecting multiple individuals.

- **Airborne Hazards:** Gas leaks, Mold exposure, or Inhalation of hazardous fumes.

8. Near-Miss Incidents

- **Situations That Could Have Led to an Injury:** Even if no one was hurt, incidents that exposed people to potential danger (e.g., a collapsing bookshelf narrowly missing a student) should be documented.

Categorising School Accidents for Reporting

To ensure clarity and proper follow-up, school accidents can be categorized into different levels based on severity, location, and cause.

1. Severity-Based Categorization

- **Minor Incidents (Low-Risk)**
    - Small cuts, bruises, or minor sprains requiring only basic first aid.
    - Low-impact slips, trips, or falls with no serious injury.
    - Minor playground incidents like scraped knees or bumped heads.
    - Near-miss incidents where no injury occurred but potential risk was identified.
- **Moderate Incidents (Medium-Risk)**
    - Injuries requiring medical attention beyond first aid (e.g., deep cuts, dislocations, fractures).
    - Head injuries, even if mild, as they may require medical observation.
    - Behavioural incidents leading to minor injuries (e.g., shoving, minor fights).
    - Equipment-related injuries (e.g., minor burns in science labs or kitchen areas).
- **Serious Incidents (High-Risk)**
    - Major injuries like broken bones, concussions, or significant bleeding.
    - Any injury requiring emergency medical intervention or hospitalization.
    - Severe allergic reactions, seizures, or loss of consciousness.
    - Physical altercations resulting in serious harm.
    - Accidents involving hazardous substances (e.g., chemical burns, gas leaks).
    - Transportation-related accidents (e.g., school bus incidents, pedestrian injuries).

2. Location-Based Categorisation

- **Classroom Incidents** (furniture-related injuries, trip hazards, falling objects).
- **Playground Accidents** (falls, collisions, equipment malfunctions).
- **Gym/Sports Injuries** (sprains, fractures, concussions).
- **Laboratory/Workshop Incidents** (burns, cuts, chemical exposure).
- **Cafeteria and Kitchen Accidents** (burns, food poisoning, slip hazards).
- **Hallways and Staircases** (falls, tripping hazards, overcrowding incidents).
- **Car Park and School Transportation Accidents** (bus-related injuries, vehicle accidents).

3. Cause-Based Categorisation

- **Slip, Trip, and Fall Accidents** (wet floors, uneven surfaces, loose cables).
- **Equipment or Structural Failures** (broken chairs, malfunctioning lab equipment).
- **Medical Emergencies** (seizures, allergic reactions, asthma attacks).
- **Violence-Related Incidents** (student fights, bullying, physical altercations).
- **Environmental and Chemical Hazards** (toxic fumes, fire, extreme weather).
- **Food-Related Incidents** (allergic reactions, food poisoning, choking hazards).

ACCIDENT/INCIDENT ANALYSIS FORM

XXXX SCHOOL / SETTING

AUTUMN / SPRING / SUMMER TERM *(Circle)* 20XX

*This template has been developed to assist schools when reporting accident data to Governors. It can be completed as an annual or termly report (termly will use data from the previous term) *This report can be tailored to suit your own reporting requirements e.g. injury type/ cause/ location.*

ACCIDENTS INVOLVING PUPILS:			
Total Number of Pupil Injuries reported:		No of Accident/Incident forms (Pupils) sent to KAHSC or entered on the KAHSC website:	

BY INJURY: *These are typical examples but can be altered accordingly*

Head Injuries		Fracture/ Bone Chip		Abrasion/scrape/ scratch/laceration		Nosebleed		Sprains/ Strains		Bite		Inflammation		Bruising	
Burns/scalds		Eye injuries		Anaphylactic Shock		Amputation		Dislocation		Electric Shock		Tooth Loss		Pain/ Discomfort	

BY CAUSE: *These are typical examples but can be altered accordingly*

Fall from height:		P.E/ Play. equipment:		Classroom equipment:		Sudden onset of illness:	
Slip or trip or fall:		Trapping (e.g. door):		Violence/Aggression:		Contact with sharp object:	
Collision with another person:		Collision with static object:		Contact with harmful/hot/ cold substance/material:		Struck by moving/falling object (inc. vehicle):	

BY LOCATION: *These are typical examples but can be altered accordingly*

Playground:		Garden/Pond:		Car Park:	
Dining Room/ Kitchen:		Playing field:		Corridor / cloakroom:	
Classroom:		Hall:		Off Site e.g. Visit:	

ACCIDENTS INVOLVING ADULTS (employees and other adults i.e. volunteers, visitors, contractors etc.):			
Total Number of Adult Injuries reported:		No of Accident/Incident forms (Adults) sent to KAHSC or entered on the KAHSC website:	

TOTAL NUMBER OF INCIDENTS REPORTED TO HSE ON OUR BEHALF BY KAHSC (UNDER RIDDOR REGULATIONS)

Over 7 day injury to a person AT work (employee)		Specified injury to a person AT work (employee)		Hospitalisation of a person NOT AT work (e.g. Pupil or other)		RIDDOR specified Dangerous Occurrence		RIDDOR specified Disease		Fatality	

3.7 Liability Claims

In the event of a personal injury where a letter of claim or a claim notification form (CNF) is received, the following process will be implemented:

- The letter of claim or claim notification form (CNF) will immediately be forwarded to the RPA (Academies Risk Protection Arrangement), in order that they can acknowledge receipt of the letter of claim or CNF within **one business day**
- information requested by the Insurers, who are required to investigate employee injury claims within 30 business days, will be provided promptly
- information requested by the RPA, who are required to investigate all other public liability claims (i.e., non-employees) within 40 business days, will be provided promptly.

3.8 First Aid and Supporting Pupils with Medical Conditions

Specific details of first aid arrangements including managing head injuries, dental emergencies and transporting injured pupils can be found in each setting's First Aid Policy and procedures held separately.

Supporting Pupils with Medical Conditions

Specific details of arrangements for supporting pupils with medical conditions can be found in the Supporting Pupils with Medical Conditions Policy & procedures Part 4

References

DfE Supporting Pupils with Medical Conditions
Special Educational Needs and Disability: Code of Practice 0-25 Years
DfE Statutory Framework for EYFS
Misuse of Drugs Act 1971
Human Medicines (Amendment) Regulations 2017
UK Health Security Agency (UKHSA)
UKHSA Health protection in children & young people settings, including education
NHS Choices Website
NHS Herbal- Medicines
HSE - Blood Borne Viruses
KAHSC Medical Safety Series M06 – Preventing BBVs
KAHSC Supporting Pupils with Medical Conditions Policy & procedures
KAHSC Administration of Medicines Procedures
KAHSC Asthma Management Procedures
KAHSC Anaphylaxis Management Procedures
School Supporting Pupils with Medical Conditions Policy & procedures
School Administration of Medicines Procedures
School Asthma Management Procedures
School Anaphylaxis Management Procedures

3.9 Disease/Infection Control

Each school across the Trust has an Infection Control Risk Assessment in place to help manage the risks of infectious diseases in school.

If a child is absent from statutory schooling through illness, it is the responsibility of the parents to inform the setting of the reasons for absence. Details of First Day Calling and other absence procedures are detailed in the Attendance policy and should be followed by parents and staff in Trust schools. It is important to know why children are absent in case it involves an infection that can be spread so that the setting can take appropriate action to best protect staff, other children who attend, and their families.

Parents of children who have an infectious disease should seek medical advice regarding treatment and when their child can return to their school or childcare provider without fear of infecting other children by looking it up at Health A to Z - NHS (www.nhs.uk), referring to the UKHSA guidance Health protection in children & young people settings, including education, contacting 111, or asking the medical practice they are registered with for advice.

If there are concerns about a child's health during school or childcare activities which do not require immediate professional medical attention, including outside of normal hours and off-site, parents will be contacted and advised to take their child home as soon as possible and that they may wish to seek medical advice. There is a system in place where a parent is routinely asked what was wrong with the child who was sent home so that they can be excluded for the correct period if infectious and any other measures to prevent the spread taken.

Should there be difficulty in obtaining parental contact and a condition is considered serious, consent should already have been provided from parents for hospital treatment to be obtained.

Prompt exclusion on medical grounds when children are suffering from infectious diseases is essential to preventing the spread of infection in education and childcare settings.

There is a local policy for the exclusion of staff and children while they are infectious in accordance with the Health protection in children & young people settings, including education: Exclusion Table, and a procedure for contacting parents or carers when children become ill at the setting.

Formal exclusion of pupils from a school on medical grounds is enforceable by the Headteacher only, acting on behalf of the Trust Directors and the Local Governing Body.

In exceptional circumstances, when parents insist on the return of their child to school when the child still poses a risk to others, the setting's Headteacher may seek a Legal notice for school exclusion on the grounds of public health through the appropriate Local Authority. Only the Local Authority holds this legal power, through The Health Protection (Local Authority Powers) Regulations 2010 (legislation.gov.uk) - Section 2. By serving notice on the child's parents or carers, they are required to keep the child away from school until they no longer pose a risk to others.

Exposure to infectious disease is not normally a reason for medical exclusion unless the person exposed becomes ill and starts to show symptoms themselves. However, during a pandemic or similar public health emergency, specific advice might be given about specific infectious diseases by UKHSA applicable in England or by a local HPT applicable in the local region which must be followed.

UKHSA guidance Health protection in children & young people settings, including education is followed across the Trust. All staff should take precautions to avoid infection and must follow the 'prevention and control' guidance published by UKHSA.

Significant public health incidents

A single suspected outbreak or incident of infectious disease will not normally constitute an emergency. Most infectious diseases in education, childcare, and children's social care settings can be managed by following the UK Health Security Agency's (UKHSA) Health protection in children & young people settings, including education including guidance on Cleaning.

This includes a range of steps that might be taken in the event of a significant public health incident. It also includes when specialist advice might be sought from the UKHSA health protection team in line with the UKHSA guidance on Managing outbreaks and incidentshttps://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-4-action-in-the-event-of-an-outbreak-or-incident.

Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local UKHSA health protection team of suspected cases of certain (notifiable) infectious diseases. If there are actions required as part of public health management the relevant Trust setting(s) will be contacted.

In large-scale public health incidents where decisions about actions to take in education, childcare and social care settings are made at a national level, the DfE will work with the Department of Health and Social Care (DHSC), UKHSA, the Chief Medical Officer, and other government departments, as well as relevant local authorities and directors of public health.

Each Trust setting's Emergency Plan has been updated to include significant public health incidents in line with the DfE non-statutory guidance DfE: Emergency planning and response for education, childcare, and children's social care settings.

References

UK Health Security Agency (UKHSA)
UKHSA Health protection in children & young people settings, including education
DfE: Emergency planning and response for education, childcare, and children's social care settings
NHS Choices Website
HSE - Blood Borne Viruses
CLEAPSS Website
KAHSC Medical Safety Series M06 – Preventing BBVs
KAHSC Infection Control Risk Assessment
School Emergency Plan and Infection Control Risk Assessment

3.10 Document Management / Retention of Documents

All documents which form part of the health and safety management system will include suitable document control, so it is clear which version of each document is the most current and to avoid using obsolete documents. This will appear in the footer of each document and include the version number and the last review date.

Any previous versions of documents will either be suitably marked to show they have been superseded and should not be used, then properly archived. Archived documents (or document boxes) will be clearly marked as 'Archive' with the date(s) they cover and the date that they can be destroyed. Archiving/retention of documents and records will be done in line with the Trust's Document Retention Policy.

Electronic archiving is acceptable as we have a sound electronic back-up off site.

References

IRMS Records Management Toolkit for Academies & Academy Trusts
Document Retention Policy

3.11 Control of Hazardous and Dangerous Substances

(COSHH and DSEAR)

Hazardous Substances

Hazardous substances are those that can cause adverse health effects e.g., toxic, irritant, corrosive, oxidising etc. and can include cleaning chemicals, adhesives, paints, pesticides, dusts, substances used for science or design technology teaching, and biological agents.

CLEAPSS (Consortium of Local Education Authorities for the Provision of Science Services) specialist advice and support in science and technology is used across the Trust. CLEAPSS provide COSHH information for the curriculum-based chemicals.

To ensure compliance with COSHH settings across the Trust will:

- identify all hazardous substances and work involving potential exposure to hazardous substances
- prevent work with hazardous substances, and/or substitute hazardous substances for less hazardous ones where possible
- where substitution is not possible, obtain the Manufacturer's Safety Data Sheet for the product and complete a COSHH Assessment for all work involving exposure to hazardous substances
- ensure hazardous substances are stored securely using appropriate signage

- ensure chemicals are stored in suitable containers with contents and hazards clearly labelled and that products are never decanted from their trade containers into unlabelled or hand labelled bottles
- segregate incompatible chemicals (e.g., oxidising agents and solvents)
- ensure hazardous liquids in significant quantities are stored in suitable secondary containment to safely contain any leakage
- ensure that suitable Personal Protective Equipment (PPE) is provided where necessary

Dangerous Substances

Dangerous substances are those that are flammable, highly flammable, extremely flammable and explosive under the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002.

To ensure compliance with DSEAR settings will:

- find out what dangerous substances are in the workplace and what the risks are
- put control measures in place to either remove those risks or, where this is not possible, control them
- put controls in place to reduce the effects of any incidents involving dangerous substances
- prepare plans and procedures to deal with accidents, incidents and emergencies involving dangerous substances
- make sure employees are properly informed about and trained to control or deal with the risks from the dangerous substances
- identify and classify areas of the workplace where explosive atmospheres may occur and avoid ignition sources (from unprotected equipment, for example) in those areas.

Separate DSEAR Risk Assessments are **NOT** required for dangerous substances where the **risk is low or trivial** and risks have been adequately assessed as part of other general or Fire risk assessments.

References

Control of Substances Hazardous to Health Regulations 2002 (as amended)
Dangerous Substances & Dangerous Atmospheres Regulations 2002
HSE: COSHH
HSE: DSEAR
CLEAPSS Website
CLEAPSS Primary School Website
Association for Science Education (ASE)
Design & Technology Association (DATA)
National Society for Education in Art & Design (NSEAD)
KAHSC General Safety Series G38a - COSHH
KAHSC General Safety Series G38b - DSEAR
KAHSC Codes of Practice for Caretakers, Cleaning and Catering

3.12 Asbestos Management

A variety of Management and Demolition/Refurbishment Asbestos Surveys have been undertaken in Trust member schools, copies of which are always available. The Trust Directors delegate responsibility to the Local Governing Body and Headteacher for the safety of contractors and for the safety of those employed and/or are working within the individual Trust premises. Contractors, maintenance teams and all staff will be briefed on the location and condition of any ACMs in the areas where they are to be working, provided with a copy of the Asbestos Register (and any associated building plans) and briefed on the control measures to be implemented.

Each premises will have an Asbestos Management Plan which includes details on how to manage asbestos including procedures for dealing with planned and emergency work involving asbestos containing materials. This Management Plan is always in place and implemented and each premises implements a system locally for regularly checking the condition of any remaining presumed or identified ACMs on site, to monitor its condition and look for any signs of deterioration, acting where necessary. This will be done formally on at least a termly basis by a designated person although staff are encouraged to report any obvious signs of damage as soon as they are identified so that remedial action can be taken as a matter of urgency. The

Asbestos Register will be updated whenever additional asbestos surveys are undertaken or any asbestos removal, repair or encapsulation work takes place.

All relevant staff will receive appropriate Asbestos Awareness training.

Current guidance requires removal of all ACMs likely to be affected by demolition or major structural alteration. Where any work will involve demolition or major structural alterations a Refurbishment/Demolition survey will be arranged at the planning stage of the job so any ACMs can either be removed prior to work starting OR the work designed to avoid disturbing ACMs.

Where ACMs are removed or repaired, competent contractors will be used to remove/treat the asbestos. The contractor will be required to provide evidence that they have notified the HSE providing the correct information on form FOD ASB5 for notifiable work. A four-stage clearance certificate should be provided following the completion of asbestos removal work which required an enclosure and following asbestos removal work Waste Consignment notes should be provided to show that removed Asbestos was treated as hazardous waste and disposed of accordingly.

Where appropriate, ACMs will be suitably labelled in line with KAHSC General Safety Series G07.

Following any works that may affect the asbestos register, evidence/certificates will be sent to KAHSC. The presence of ACMs on site will be communicated to the Fire and Rescue Service i.e., they will be provided with a copy of the Asbestos Register for the building(s) if called to site to fight a fire or investigate an incident.

References

HSE Asbestos
DfE Asbestos Management in Schools
KAHSC General Safety Series G07 – Managing Asbestos in Schools

Asbestos Surveys and Management Plan for the setting and premises

3.13 Water Systems Management

Control of Legionella

The Headteacher (or nominated deputy) acts as the Responsible Person under the Approved Code of Practice on Legionella control. Support from KAHSC is available where required.

A water hygiene risk assessment will be undertaken, and this will be reviewed at least every two years by a contractor who is registered with the Legionella Control Association for this purpose (or more frequently if there are any significant changes to water systems).

Water hygiene monitoring will be carried out in accordance with the findings of the risk assessment. Where this is undertaken by a contractor, the contractor will be registered with the Legionella Control Association for the category of work they undertake. Any remedial work will be carried out by a competent person.

The Responsible Person reviews recommendations made in risk assessments and monitoring visit reports to identify and authorise required works.

Each school has a Written Scheme of Control setting out how the risk from Legionella will be controlled, it describes:

- Each school's system (an up-to-date plan or schematic diagram)
- Who is responsible for carrying out the assessment and managing its implementation
- The safe and correct operation of our system
- What control methods and other precautions will be used; and
- The checks that will be carried out on the control scheme and how often these checks will be carried out

The identified person responsible for the control of legionella in school along with other relevant operational staff receive suitable training in relation to legionella control.

Any infrequently used outlets, e.g., showers, spray taps etc., will be flushed through (hottest temperature possible) every week in which they have not been in use. Shower/spray tap heads will be removed and de-scaled each term. Written records of these checks will be held.

Where outlets are no longer in use, arrangements will be made to remove them and the pipework leading to them.

Water temperatures of nominated outlets/taps (sentinel outlets) are monitored monthly. Records of these checks are kept.

Records will be retained throughout the period they are current and for at least two years afterwards. This includes records of any monitoring inspection, test or check carried out, and the dates, for at least five years.

Preventing Scalds and Burns

Each Trust setting will ensure measures are in place to prevent scalds and burns to vulnerable adults and young children from hot water and surfaces/pipes. This includes solutions such as thermostatic mixing valves to hot water outlets used by them (which will be adequately maintained), using low surface temperature radiators, locating sources of heat out of reach, e.g., at high-level or guarding the heated areas, providing radiator covers, covering exposed pipework.

References

Legionnaires' disease. The control of legionella bacteria in water systems ACOP
Control of Substances Hazardous to Health Regulations 2002 (as amended)
HSE: Legionella - A Brief Guide for Duty Holders
HSE: Scalding & Burning
School Premises Regulations 2012
Compliance Monitoring in Council Buildings
Building Bulletin 87
Workplace (Health, Safety and Welfare Regulations) 1992
KAHSC General Safety Series G15 – Legionella Protection
Setting's Legionella Risk Assessment and maintenance/monitoring records

3.14 Radon

Employers have a legal duty to assess and control significant risks of harm that can arise from activities or dangers in a workplace.

Radon is a radioactive gas with no smell, taste, or colour which comes from natural uranium present in the ground and in materials such as the bricks and concrete used in many workplaces; it can present a danger from inhaling the gas which can lead to lung cancer.

Employers therefore need to undertake the following risk management process:

1. **check** whether there is a risk that people could breathe in radon gas while on the premises whether working, learning, or just using the facilities
2. **measure** radon gas to find out if action is necessary to prevent exposure to it;
3. **act** on the results; and
4. **review** the risks periodically.

The person within our school to oversee the management of radon in the workplace, regardless of the risk level is: Insert Name of Person.

[Choose ONLY One of the following statements]

[Option 1]: According to the UK Health Security Agency (UKHSA) Radon Map, our school is in the lowest band of radon potential (less than 1%). This means that as our school does not have an open watercourse underneath a building or have rooms underground or partially built into a hillside in which people work for more than 50 hours per year, the risk to people from exposure to radon gas is not significant, and our employer does not need to measure or act and can skip to stage 4 of the above process.

However, the UKHSA expects employers who have found they do **not** need to act to confirm that this is still the case after 10 years, or sooner if major changes are made to the building, such as new windows, heating systems or extensions.

[Option 2]: According to the UK Health Security Agency (UKHSA) Radon Map, our school is in the lowest band of radon potential (less than 1%). However, as our School has an open watercourse or occupied rooms underground, the risk may not be insignificant so our employer must move to stage 2 of the above process and measure the risk to people in the affected spaces to find out if action must be taken, following the advice at: UKradon - Order a Workplace Measurement Pack (ukhsa-protectionservices.org.uk).

If, after measuring, the survey indicates remedial work is necessary, we will find an appropriate radon mitigation specialist contractor to carry it out.

Whether remedial work is necessary or not, there will then need to be a periodic review of the risk of radon gas and the measures necessary to control exposure. The UKHSA expects even employers who have measured and found they do **not** need to act to confirm that this is still the case after 10 years, or sooner if major changes are made to the building, such as new windows, heating systems or extensions.

[Option 3]: According to the UK Health Security Agency (UKHSA) Radon Map, our school is in one of the highest bands of radon potential (1-3% / 3 – 5% / 5-10% / 10-30% / >30%) [delete those that do not apply]. This means that there is a potentially significant risk to people from exposure to radon gas in the workplace, so our employer must measure to be sure they are taking the right action and are reviewing controls often enough, following the advice at: UKradon - Order a Workplace Measurement Pack (ukhsa-protectionservices.org.uk) on carrying out a 3 month radon survey.

If, after measuring, the survey indicates remedial work is necessary, we will find an appropriate radon mitigation specialist contractor to carry it out.

Whether remedial work is necessary or not, there will then need to be a periodic review of the risk of radon gas and the measures necessary to control exposure. The UKHSA expects even employers who have measured and found they do **not** need to act to confirm that this is still the case after 10 years, or sooner if major changes are made to the building, such as new windows, heating systems or extensions.

References

Ionising Radiation Regulations 2017
Control of Substances Hazardous to Health Regulations 2002 (as amended)
Management of Health and Safety at Work Regulations 1999
CLEAPSS Guide GL406 - Radon in School Buildings: Advice for Employers
UKHSA Radon in Schools
HSE: Radon in the Workplace
Compliance Monitoring in Council Buildings

3.15 Equipment and Maintenance

- All employees are required to visually inspect their work equipment, to report any faults before use and not to use the piece of equipment if it is deemed unsafe, i.e., checking for cable damage etc.
- All employees are reminded of their obligation to participate in the training when provided to ensure that they understand how to work safely with all equipment that they use, and to work to the guidelines provided in the training and subsequently by their manager
- Any faulty piece of equipment is to be taken out of service, labelled as out of service, and moved to an area where it cannot be used. It must not be returned to normal use unless it has been checked by a competent person and repaired if necessary
- No private equipment is to be used unless it has been deemed safe by a competent person
- All systems, plant and equipment will be maintained in line with manufacturer's instructions and industry guidance (refer to KAHSC H&S Inspection, Testing & Servicing Requirements for further details). All servicing and maintenance will be carried out by competent persons (in-house or other). Records of servicing and maintenance will be held within the Buildings Register.

References

HSE: Using Work Equipment Safely
HSE L22 - Provision and Use of Work Equipment Regulations 1998. ACOP and guidance
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G25 - Provision & Use of Work Equipment
Equipment Maintenance Schedule and records/Buildings Register for the setting
Health and Safety Management Plan

3.16 Slip, Trip and Fall Avoidance

Slips, trips and falls on the same level are one of the most common accidents across all workplaces. Slips, trips and falls can represent a significant hazard not only to staff but also to those using or visiting sites across the Trust, especially those who are very young, elderly and/or have impaired vision or mobility. A suitable Risk Assessment is in place to help prevent slips, trips and falls.

Hazard Identification

The following are examples of hazards that could be found in sites across the Trust:

Slip Hazards	Trip Hazards	Fall Hazards
• slippery floors • wet floors, e.g. after someone has taken a bath / shower. • spillage's which are not cleaned up immediately • loose rugs and mats on shiny /slippery floor surfaces • worn or unsuitable footwear • dropped soap bars • icy external paths	• trailing wires • worn areas or raised edges of carpets • items and objects left on the floor • loose footwear, untied shoelaces and/or long-length clothing • low level open drawers or doors • variable floor levels, especially if they are not well marked	• stairs, steps and other variations in floor or ground height • uneven floor or ground surfaces • instability or impaired balance or mobility e.g. pregnant women, those with disabilities, young children etc. • protruding or obstructing furniture, especially at low level

Control Measures

The following are examples of measures that can be taken to reduce the risks associated with slips, trips and falls:

Controls for Slip Hazards

These will include:

- Use of slip resistant floor surfaces
- Avoid the use of loose rugs and mats where not appropriate (a fixed covering should be used in entrances)
- Restrict/authorise access to areas where floors are wet after cleaning or where spillage's have occurred
- Use appropriate warning signs
- Instil in all staff and volunteers the need to clear up any spillages immediately and provide them with the means to do this
- Have procedures/guidance for ensuring clothing and footwear of staff and pupils is appropriate
- Have procedures for de-icing/gritting external footpaths
- Provide suitable footwear if working environment requires it

Controls for Trip Hazards

These will include:

- Designing workplaces to ensure no trailing wires, clear corridors etc.
- Plan activities involving electrical equipment to minimise trailing wires, i.e., always use the nearest socket available, and consider times the activities take place etc.,
- Ensure adequate availability of sockets
- Ensure there are planned preventative maintenance programmes to ensure worn or frayed carpets and raised carpet edges are repaired/replaced
- Report any damage to carpets/floor surfaces immediately and alert staff
- Implement good housekeeping to minimise objects being left on the floor, especially in busy communal areas and fire escape routes (including not leaving filing cabinets/drawers on furniture open unattended etc.)
- Avoid using loose mats or rugs
- Supervise dependent pupils as appropriate, e.g., to ensure shoelaces are securely tied and that shoes are not loose fitting and likely to fall off
- Where possible/appropriate, clearly mark the edges of variations in floor heights, stair and step edges etc.

Controls for Fall Hazards

These will include:

- Design work environments to eliminate/reduce risks
- Instil in staff, volunteers and pupils the need to look where they are going, especially on stairs and around corners, and never to read/text etc. whilst they are walking
- Provide secure and obvious handrails for all steps and stairs – on both sides if appropriate/necessary for stability
- Clearly mark step and stair edges
- Carry out planned preventative maintenance programmes to ensure all floor and other entry and exit routes have flat, even surfaces
- Ensure good levels of lighting in high-risk areas, such as stairways and external routes
- Remove or move protruding or obstructing items of furniture or equipment, especially at low level
- Instil in staff, volunteers and pupils the need to open doors carefully, especially if there is no vision panel

References and Useful Links

HSE: Slips & trips

3.17 Workstations / Display Screen Equipment (DSE)

Line managers ensure that all staff classed as ‘users’ of DSE equipment:

- Have access to a safe workstation that meets the minimum requirements of the Health and Safety (Display Screen) Regulations
- Undertake an annual DSE self-assessment which is be reviewed where there are significant changes including change of workstation, reports of physiological problems, following the introduction of control measures etc.
- Can request a paid eyesight test and payment for the cost of single vision spectacles if these are required for DSE work.
- If the employee requires corrective spectacles specifically for DSE use, they can also receive a contribution towards the cost of basic spectacles. If the corrective spectacles are needed for other purposes – for example, the employee needs them for both driving and DSE use, the employee is not entitled to a contribution towards the costs.

- Proof that the corrective spectacles are needed for DSE use specifically is required along with a receipt and completion of expenses form which should be provided to payroll. Proof can be a form provided by the Optician.
- Where the employee chooses to have anything other than the basic frames and lenses, they must pay the difference themselves.

Due to their compact nature, laptops are not designed to be used for extended periods of time. When they are used for longer periods, they will be used with a laptop raiser and a separate keyboard. Where laptops are supplied to staff or pupils to use at home, users are provided with information on the safe and proper use of laptop computers e.g., ACAS Home Working Guide, ACAS Example checklist for setting up homeworking and HSE: Home Working.

Interactive white boards and other interactive screens will be used in accordance with the manufacturer's instructions. Staff should ensure that they familiarise themselves with the relevant user guidance. All display screens and interactive whiteboards must be shut down when not in use, rather than being left on standby, both to save energy and reduce the risk of fire or misuse.

References

Work with display screen equipment: Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 - Guidance on the Regulations
HSE Website - DSE
HSE: Working with Display Screen Equipment (DSE) - HSE Guide INDG36
KAHSC General Safety Series G08 – ICT in Schools
KAHSC General Safety Series G13 – Display Screen Equipment (inc. Laptops)

3.18 Information Technology (IT), Online Safety and Remote Education

- The layout of equipment will be appropriate with sufficient room for each student and employee.
- Seating will be suitable i.e., ideally height and comfort adjustable for individual users.
- Lighting, heating and ventilation levels will be adequate for the types of activities undertaken.
- Combustible items in the IT workroom will be stored appropriately.
- Electrical sockets and electrical extension leads will be used responsibly e.g., not overloaded, surge protection in place etc.
- The server unit is housed appropriately e.g., where it cannot overheat, away from combustible materials, wires kept tidy etc.
- The fabric of the room and equipment is in a generally good condition, and the room is kept tidy.
- It is recognised that the use of new technologies presents challenges and risks to children both inside and outside of school. We will ensure a comprehensive curriculum response to enable all pupils to learn about and manage the associated risks effectively and will support parents and the school community (including all members of staff) to become aware and alert to the needs of keeping children safe online.
- A suitable Online Safety Policy is in place which includes acceptable use agreements for staff, Local Governing Body Members and pupils, reinforces the need for parents to act responsibly when using Facebook or other social networking sites and includes references to extremism, radicalisation and child sexual exploitation.
- There are robust measures in place to protect potentially sensitive documents being accessed without authorisation and the use of pen drives is banned. Aarrangements for security, home working and remote education are fully discussed in the Online Safety Policy held separately.

Remote Education

- The priority will always be to deliver high-quality face-to-face education to all pupils. Remote education will only ever be considered as a short-term measure and as a last resort where in-person attendance is not possible in line with DfE: Providing remote education - guidance for schools.
- Attendance is mandatory for all pupils of compulsory school age. Providing remote education to pupils will be considered in circumstances when in-person attendance is either not possible or contrary to government guidance. This might include:

- occasions when leaders decide that it is not possible for their setting to open safely, or that opening would contradict guidance from local or central government
- occasions when individual pupils, for a limited duration, are unable to physically attend their school but can continue learning, e.g., pupils with an infectious illness.

- In these circumstances pupils will have access to remote education as soon as reasonably practicable, though in proportion to the length of absence and disruption to their learning.
- Where needed, providing remote education equivalent in length to the core teaching pupils would receive in school and including recorded or live direct teaching time, as well as time for pupils to complete tasks and assignments independently will be considered.
- To provide clarity and transparency to pupils and parents or carers about what to expect from remote education if it is required, information about remote education provision will continue to be published on each school's website

References

DfE: Providing remote education - guidance for schools
SWGfL: Safe Remote Learning knowledge base
SWGfL: live remote lessons - questions answered
National Security Council: Video conferencing services - security guidance for organisations
Keeping children safe in education
Children's Commissioner *Guide for parents and carers on online sexual harassment and how they can support children to stay safe online*
KAHSC General Safety Series G08 – ICT in Schools
Online Safety, Child Protection, Data Protection & Behaviour Policies, Code of Conduct for Staff & Other Adults, Home School Agreement

3.19 Policy on the Use of Mobile Phones and smart Devices

Pupils

Pupils are discouraged from bringing mobile phones and other smart devices to school on the grounds that they are valuable and may be lost or stolen, this message is reinforced with parents. Where a pupil does bring a mobile phone or other device to school, it must remain switched off during the school day and may not be used, for any purpose on school premises, grounds or during off-site school activities (such as school swimming or sports activities). The only exception to this would be in an emergency or with the express approval of a member of staff. The Headteacher may, at their discretion, allow any member of staff to approve such requests or may nominate a specific person to consider such requests.

Where a pupil is found by a member of staff to be using a phone or other device, as above, for any purpose, it can be confiscated in line with the School Behaviour Policy.

Employees

The Online Safety Policy and Staff Code of Conduct clearly state that mobile phones or electronic communications with a student is not acceptable other than for approved business e.g., coursework, mentoring. Where it is suspected that a child is at risk from internet abuse or cyber bullying, concerns will be reported to the appropriate agency.

Staff should be particularly aware of the professional risks associated with the use of electronic communication (e-mail; mobile phones; texting; social network sites) and should familiarise themselves with advice and professional expectations outlined in Guidance for Safer Working Practice for Adults who Work with Children and Young People, the Online Safety Policy and local SCP guidance on Online Communication and Texting.

Images of children should only be taken on Trust equipment i.e., digital camera or mobile phone; if staff use personal equipment, the individual should inform another member of staff, show them the images and ensure that the downloading and subsequent deletion of the images from the personal device is witnessed (if possible, by the same member of staff who witnessed the original image taking).

References

KAHSC General Safety Series G21 – Use of Images when Working with Children/Young People
Child Protection, Online Safety, Data Protection & Behaviour Policies, Code of Conduct for Staff & Other Adults & Home School Agreement

3.20 Child Protection

The Good Shepherd Trust has established a separate Child Protection Policy and supporting procedures in line with the procedures and practice of the Local Authority as part of the inter-agency safeguarding procedures set up by the Local Safeguarding Children Partnership (SCP).

Cumbria SCP: https://www.cumbriasafeguardingchildren.co.uk/
Northumberland CASP: http://www.northumberland.gov.uk/Children/Safeguarding.aspx.

3.21 Use of Pupils Images

Duties under the Data Protection Act 2018/ UK General Data Protection Regulations are recognised by all staff. Due care will be taken with records management and in the use of any media which clearly identify pupils.

Where local newspaper photographers are granted access, they are not subject to the DPA unless they provide the personal details of the pupils in the photographs. If the names of those in the photograph were collected directly from the participants (subject to the wishes of parents and guardians of pupils) this would not be releasing personal data subject to the Act at all. Alternatively, if the wishes of parents and guardians have been canvassed by the setting and agreed to the release then there would be no question of the DPA preventing disclosure.

For most purposes consent obtained from parents in advance will normally be sufficient. However, particular care is necessary when images are taken during activities such as swimming or PE. It is recommended that parental consent be obtained for the use of the final images, although this may not be possible for news media coverage.

Parental consent will be sought for use of data and images related to a child when a child first starts school - **consent does not need to be gained annually** – the onus will be placed on parents/carers to notify their child's school if they wish to withdraw consent. A model Consent Form can be found on the KAHub. Whilst this may be useful in alerting the setting to children whose parents object, it needs to be used carefully and with safeguards.

During the year there may be opportunities to publicise some of the activities that children are involved with, this may involve filming or photographing children for use in local/social media.

Photography or filming will only occur with the permission of the Headteacher and under the strict supervision of a teacher. Where filming or photography is carried out by the news media, children will only be named when there is good reason i.e., prize winning. Home addresses will never be disclosed.

References

KAHSC General Safety Series G21 – Use of Images when Working with Children/Young People
KAHSC General Safety Series G27
School's Data Protection, Child Protection & Online Safety Policies
Data Protection Act 2018 & UK GDPR ICO: Guide to UK GDPR

3.22 Manual Handling

Manual handling is the transporting or supporting of loads (inanimate- objects; animate – people) by hand or bodily force, which includes, carrying, lifting, pushing and pulling. Manual handling may result in adverse health that is caused by a single accident (e.g., strained/torn muscles, dropped loads, cuts/abrasions etc.) or sustained over a longer period (bad back, worn joints etc.).

The Manual Handling Operations Regulations 1992 require the following measures to be considered in hierarchical order:

- avoid hazardous manual handling operations so far as is reasonably practicable
- assess any hazardous manual handling operations that cannot be avoided
- reduce the risk of injury so far as is reasonably practicable.

Risk Assessment

Manual handling risk assessments for all unavoidable hazardous manual handling activities will be undertaken. This includes the handling of people as well as objects. To ensure control measures remain effective, all assessments will be reviewed regularly or when there have been significant changes:

- to the work practice or workplace/environment
- to safety equipment provided
- to the nature of the load
- a substantial increase in the amount of time performing manual handling operations
- a substantial change in other task requirements, e.g., more speed or accuracy.

Model Manual Handling Risk Assessment forms can be found at: Handling Loads Generic Risk Assessment and Handling Loads Risk Assessment Form - new tasks *(this will be used to assess the risks of new tasks)* and Handling People Risk Assessment & Safer Handling Plan Template.

Training

Induction*:* All employees should be inducted into good manual handling techniques and provided with information and instruction before being exposed to manual handling risks. This should form part of all new starter Induction training.

Manual Handling Practical: Where moving and handling objects or people forms a significant part of an employee's role, they should undertake specific training before engaging in the activity.

Assessors*: S*hould receive training to enable them to: identify hazards (including less obvious ones) and assess risks from the type of manual handling being done; use additional sources of information on risks as appropriate; draw valid and reliable conclusions from assessments and identify steps to reduce risks; make a clear record of the assessment and communicate findings to handlers and others who need to take action and to recognise their own limitations so that further expertise can be called on if necessary.

Pupils: Pupils are supervised when moving and handling equipment such as PE mats or furniture for example and are shown how to do so safely before an activity takes place.

Health

New employees should complete a pre-employment health enquiry form before appointment. The Headteacher/Manager should ensure the employee is aware of the moving and handling requirements of the job. If the employee is referred to an Occupational Health adviser for assessment, they will advise whether the employee is fit to undertake the role, or whether adjustments are recommended. It is the Headteacher/Manager's responsibility to decide whether any adjustments recommended can reasonably be put in place.

Where an existing employee's health condition is being affected by the manual handling activity, or where the manual handling activity causes a health condition, the Headteacher/manager can refer them to an occupational health adviser. In extreme cases it may be necessary for a particular member of staff to be taken off duties that involve manual handling.

Where an employee has advised their Headteacher/manager they are pregnant, the Headteacher/manager should complete a New and Expectant Mother Risk Assessment with the employee (refer to General Safety Series G24 on the KAHSC Hub for further guidance). Advice and support can be obtained from Kym Allan Health and Safety Consultants.

Reporting injury and ill health

Any manual handling incident, including ill health that is suspected of being caused or aggravated by manual handling activities, should be reported and investigated in line with Accident Reporting Procedures. It may also be appropriate to refer the employee to an Occupational Health Adviser, where the injury affects their work or work continues to affect their injury.

References

Manual Handling Operations Regulations 1992 (as amended)
HSE: Manual Handling
KAHSC General Safety Series G23 - Manual Handling of Objects
KAHSC General Safety Series G24 - New & Expectant Mothers
Manual Handling of Objects Training - available from KAHSC, Tel: 01228 210152.

3.23 Working at Heights

Ladders and Step Ladders

- If it is necessary to gain access to heights which cannot be reached from the ground, proper access equipment, e.g., kick stools, step ladders, ladders and tower scaffolds, must be used. It is NOT acceptable to use chairs as a means of access. Wherever possible, work at height will be avoided. Where it cannot be avoided, suitable equipment and procedures will be put in place to minimise risk and a Work at Height Risk Assessment will be undertaken prior to use along with the Work at Height Risk Assessment Checklist if necessary.
- Ladders and stepladders will only be used for jobs of short duration where there is no suitable alternative access.
- Staff using ladders and stepladders will receive training and instruction in their safe use. Ladders and stepladders will not be used by pupils.
- The only ladders and stepladders approved for use will be those constructed and marked to EN131, or to BS 1129:1990 Class 1 or BS 2037:1994 Class1.
- Each time a ladder is used, the user should check for visual signs of instability or deterioration.
- Ladders and stepladders will be subject to formal routine in-house checks to ensure they remain in a safe condition. Defective ladders will be taken out of service immediately and labelled appropriately until repaired or disposed of.
- Ladders and stepladder will be stored where they are protected from continual exposure to bad weather in well-ventilated areas. Timber ladders and stepladders will not be stored in boiler rooms or adjacent to radiators, steam pipes or other sources of heat, to avoid deformation.
- Ladders will be well supported throughout their length to prevent weakening of the joints. They will not be hung so that the weight is carried by the rungs but will be stored on edge clear of the ground in racks or wall brackets (horizontally). Stepladders may be stored vertically.
- Ladders and steps will be secured to avoid use by inappropriate persons i.e., trespassers for example.

Mobile Access Tower Scaffolds DELETE IF NOT RELEVANT

- Access towers or platforms will only be used in accordance with manufacturer's instructions.
- Guard rails must be in position around the platform when the platform is occupied
- Access to a platform must be by ladder secured to the narrowest side of the tower at the top and bottom unless a built-in internal ladder is provided and not by climbing up the outside of the tower frame.
- If any of the components or any joints of the tower unit are missing or damaged the unit should be taken out of use and labelled 'Warning – this scaffold is unsafe and must not be used'.
- Mobile scaffolding must never be mounted without first locking the wheels

- Never attempt to use a ladder on an access tower to increase reach.
- Mobile scaffolding must never be moved with a person on it, neither should any equipment be left on the platform whilst it is in motion
- Whenever tower scaffolds are in use provision must be made to prevent unauthorised access by providing barriers or tapes around the base.
- Persons who erect, alter, dismantle or inspect any type of tower scaffold must be competent to do so, or be supervised by a competent person. Competent persons should have attended a formal training course, e.g., Prefabricated Access Suppliers and Manufacturers Association (PASMA) certificate or equivalent.
- To maintain mobile access towers or platforms in a satisfactory and safe condition it is necessary to carry out regular inspection and maintenance.
- Formal annual inspections of mobile access towers will be carried out and recorded.
- Repairs should only be carried out by personnel approved by the manufacturer or supplier.
- Access towers will be formally inspected:
    - after they have been erected;
    - after they have had substantial addition, dismantling or other alteration;
    - after any event likely to have affected their strength or stability; and
    - when they have been erected **for more than 7 days** and then **at least every week after that**. These weekly examinations are not necessary if an erected tower is not to be used for some appreciable time, but the tower must be inspected by a competent person within the 7 days immediately before being put back into service. Results of the inspections should be recorded.
- A suitable Mobile Access Tower Risk Assessment will be in place.

Mobile Elevated Working Platforms DELETE IF NOT RELEVANT

- All persons who use MEWPs will be competent to do so. Competent persons will have attended a formal training course, e.g. IPAF training or equivalent which lasts 5 years.
- A MEWP Risk Assessment will be in place along with suitable emergency rescue plan.
- The MEWP will receive a Thorough Examination and Test every 6 months to fulfil LOLER (Lifting Operations and Lifting Equipment Regulations) requirements by a competent person. This is in addition to planned preventative maintenance (servicing).
- The MEWP will also undergo planned preventative maintenance (servicing) in line with manufacturer's recommendations.

Trestles DELETE IF NOT RELEVANT

- Lightweight staging or mobile access scaffold should be used in preference to trestles wherever possible.
- Toe boards and guardrails must be incorporated into platforms above 2m and a means of fall prevention is required.
- Trestles should not be used for access above 4.5m and should only be used for light work or relatively short duration.
- Lightweight staging should be used in preference to boards.
- All equipment must be checked to ensure it is in good condition before use to ensure there are no loose or damaged cross bearers, the hinges are in good order and that there are no defective stiles.
- The moving and erection of trestles must only be undertaken by persons that are competent to do so and those using trestles must not over-reach.

References

The Work at Height Regulations 2005
HSE: Using Work Equipment Safely
HSE L22 - Provision and Use of Work Equipment Regulations 1998. ACOP and guidance
HSE: Working at Height - A Brief Guide
HSE Safe Use of Ladders & Stepladders: A brief guide
HSE Toolbox Talk on Safe Use of Ladders & Stepladders
HSG33 - Health and Safety in Roof Work
Compliance Monitoring in Council Buildings

3.24 Fire and Emergency Arrangements

Comprehensive arrangements are in place for fire safety and emergencies. Each Trust setting has a Fire Safety Management Policy which includes an Emergency Evacuation Plan, an Emergency Plan, a Fire Risk Assessment and a Premises Fire Logbook

Fire Risk Assessment

A documented fire risk assessment is in place, kept up to date and made available to all staff. A copy of this is also held off-site. The risk assessment will be reviewed annually or at such earlier time as there is reason to suspect it is no longer valid or there has been a significant change in the matters to which it relates.

Responsible Person

The Headteacher / CEO is the Responsible Person for Fire Safety and will be responsible not only for the safety of employees, but for that of any person lawfully on the premises, or in the immediate vicinity of the premises and at risk from a fire on the premises. They are responsible for implementing the Fire Safety Management Policy.

Fire Safety Manager(s)

The Fire Safety Manager is the person who will take overall control during the evacuation process. Their duties include:

- ensuring the fire and rescue service is called where required
- coordination of people at assembly points and ensuring the evacuation is conducted effectively
- delegating certain tasks to other suitable personnel
- liaison with the emergency services on arrival and provision of key information requested by the Fire and Rescue Service, e.g., results of roll call; location of fire (if known); type, locations and quantities of dangerous substances; the nearest water supply fire hydrant; provision of information on locations of asbestos; the gas and electricity main shut-off valve locations; the Fire Risk Assessment
- initiating disaster recovery procedures
- ensuring that no-one is permitted to re-enter the building until the Fire and Rescue Service have given the ‘all clear’.

The Headteacher or nominated person(s) will act as the Fire Safety Manager and, with the support of all staff, ensure all fire safety checks are carried out e.g., weekly manual call point testing, monthly emergency lighting testing, monthly inspections of firefighting equipment etc.

Fire Wardens

Suitable numbers of trained fire wardens will be in place. Their duties include:

- helping children and others (i.e., visitors) to leave the premises
- checking their area to ensure everyone has left – undertaking sweeps of classes, toilets, cloakrooms etc.
- using appropriate fire-fighting equipment if trained and safe to do so
- reporting to the Fire Safety Manager
- shutting down dangerous equipment and operating emergency shut-off switches
- taking the register/roll call for their class, and immediately reporting anyone who is known to be off-site or missing to the Headteacher and/or liaising with the Fire and Rescue Service.

Fire Drills

Fire evacuation exercises are held at the beginning of each new term and records are held in the fire logbook. Drills are conducted at varying times of day to ensure that ALL staff and pupils can participate in fire practices including for example, part time staff and pupils and out of hour’s premises users.

Training

All staff will receive basic fire safety induction training and attend refresher sessions at pre-determined intervals.

Pupils/students/children/young people will be supplied with some form of fire safety training so that they are aware of the actions to be taken in the event of a fire.

Responsible Person, Fire Safety Manager(s) and Fire Wardens will require more comprehensive training.

Evacuation Assistants (those who assist others with additional needs) will receive Instruction on the use of any relevant evacuation devices such as evac Chairs for example, awareness of the content of any Personal Emergency Evacuation Plans (PEEPs) or General Emergency Evacuation Plans (GEEPs) in place for areas they would be expected to cover with the evac chair; manual handling training; and training and instruction in the means of Assistance available for the building.

In the Event of Fire

Raising the alarm - any member of staff (or visitor) discovering a fire must raise the alarm using the fire alarm manual call points located around the premises (where present) and shouting “Fire”. If fire is detected by automatic detectors, this will trigger the fire alarm.

Fire Action Notices -detailing the action to take in the event of fire are displayed next to each fire alarm manual call point and final exit door. Plans detailing escape routes, location of fire extinguishers etc. are also clearly displayed around the building and within classrooms. These are intended to provide emergency information for those persons/visitors who are unfamiliar with the premises.

Staff, Pupils and Visitors - nominated persons are responsible for taking the visitors book, staff signing in/out book/board and class registers to the assembly point to ensure that all persons are accounted for by way of a roll call.

Assisting vulnerable people/people with disabilities - where pupils or staff have disabilities, e.g., mobility difficulties, visual or hearing impairment, or special needs, PEEPs will be developed outlining how they will be evacuated or assisted to evacuate the premises.

GEEP’s will be developed for members of the public and other non-regular visitors with additional needs. A sign will be displayed at reception highlighting that we operate a scheme of assisted evacuation where required.

Catering staff - must ensure that if the alarm is raised, they activate any safety cut-off valves where these are available, and any electrical or gas equipment that they might be using (if safe to do so) before evacuating the building by the nearest available exit.

Contractors/visitors - all contractors or visitors entering the premises will be familiarised with the fire safety arrangements on signing in. Any outside group hiring the facilities will be instructed in the fire procedures and expected fire safety standards prior to using the building.

Assembly points - children, visitors and staff will gather at their agreed assembly point(s) outlined on Fire Action Notices displayed on the premises. Class teachers and/or other nominated staff will act as Fire Wardens and ensure that roll call information is provided to the Fire Safety Manager.

Lunchtimes - where an evacuation occurs at lunchtimes, Midday Supervisors are responsible for co-ordinating an evacuation from dining areas, and registers will be taken to assembly points to enable a roll call to be taken.

Variations to the Plan

Variation to the usual plan may occur in specific instances including:

- **Performances/Events** - Evacuation Plans are completed before each performance/event involving a significant increase of people.
- **Failure of fire warning/detection systems** - If any safety systems were to fail, alternative arrangements are in place to raise the alarm throughout the premises to enable occupiers to evacuate quickly.
- **Lone Working** - people who might be lone working will be made aware of the emergency actions they must take in the event of a fire.

Escape Routes, Final Exits and Fire Doors

All escape routes will be kept clear of obstruction and are clearly marked with British Standard or European Standard Fire Exit signs and directional arrows where appropriate. All staff must be aware of the location of final exits and alternative escape routes.

All exits will always be readily openable from the inside without the use of a key (e.g., panic release devices or thumb turn locks) including outside normal hours, e.g., during evening performances or after school meetings.

Each premises operates a formal system for checking fire doors and fire exit doors to ensure they remain in safe condition, e.g., they close/meet properly, intumescent strips/smoke seals are in good condition, self-closing devices are operational, final exits can be easily opened without the use of a key etc. The Fire Safety Manager or nominated representative is responsible for checking and recording in the fire logbook the condition of fire doors and final exit doors and reporting any defects monthly.

Fire-fighting Equipment

This equipment is provided throughout the premises in suitable locations with the most appropriate appliance available for the risks in that area. Equipment must only be used by trained staff to tackle small fires if it is safe to do so and to assist escape from fire. Means of escape must not be compromised when tackling a fire.

Arson Prevention

Refer to the Fire Safety Management Policy held separately which includes an Arson Vulnerability Assessment and Arson Prevention Strategies.

Other Emergencies

In the event of a full evacuation, a Reception Centre is available.

An analogue landline telephone is available as back-up in the event of an emergency where the digital or mobile signal is lost.

Bomb Threats or Suspicious Packages:

Although very rare occurrences, the importance of ensuring that emergency plans and procedures are in place for dealing with potential or actual threats is recognised. Such plans will include measures if suspicions are raised by a verbal threat or unidentifiable package/article on the premises. Information set out in the Home Office document, *Protecting Against Terrorism* is followed.

Emergency and Planned Closures

The Headteacher/CEO will be responsible for taking the decision to close the setting in an emergency. The setting will follow the procedure outlined in the KAHSC School Closures Advice. All parents will be contacted by the quickest available means. Should there be no contact available; any affected children will remain at their setting. Headteachers must inform the Central Team in case of a school closure for whatever reason.

References

Regulatory Reform (Fire Safety) Order 2005
HM Government Fire Risk Assessment in Educational Premises
DfE: Emergency planning and response for education, childcare, and children's social care settings
Fire safety in new and existing school buildings

Protecting Against Terrorism
KAHSC General Safety Series G31 – Severe Weather Procedures
KAHSC General Safety Series G35a - Fire Safety Management
KAHSC General Safety Series G35b - Emergency Evacuation Arrangements for People with Disabilities
KAHSC General Safety Series G36b - Hot Works
KAHSC General Safety Series G41 - Managing Performances & Events
KAHSC General Safety Series G46 – Emergency Preparedness
KAHSC Closures Advice for Schools
Emergency Plan, Fire Safety Management Policy including the Emergency Evacuation Plan, Fire Risk Assessment and Fire Logbook

3.25 Use and Control of Contractors and Consultants

Contractor Competence and Compliance

The Local Governing Body and Headteacher / CEO will ensure all contractors and sub-contractors are properly selected and vetted regarding their health and safety competence. The selection of contractors will consider contractor competence, i.e., membership of and accreditation by recognised bodies, liability insurance and other related factors, to ensure health and safety compliance is met. Questionnaires are available to assist in the selection process.

Control of Contractors on School Sites

The Headteacher/CEO has a responsibility to ensure that effective liaison takes place between the setting and contractors and that both parties are clear about their responsibilities. Contractors on a site can pose additional risks which may affect security, access and egress, fire evacuation etc. which should be addressed by the Headteacher/CEO and contractor through the risk assessment process. Suitable method statements or equivalent will be made available for contracted work and suitably scrutinised. Contractors will be responsible for assessing risks in relation to their work. The Headteacher/CEO is responsible for the health, safety and welfare of the pupils/students, staff, other users of the premises and visitors on the site when contractors are working and during construction work. The Headteacher/CEO must ensure that risks to pupils/students, staff and visitors created by contractors and/or construction work are adequately assessed, and suitable control measures implemented to protect users. The Risk Assessment should be proportionate to the hazards and risks involved. For example, for construction projects that are separate from occupied buildings and grounds such as a new block being built remote from the existing buildings and playgrounds with its own vehicular access, the documented risk assessment will be reasonably brief possibly covering suitable site and vehicular separation. For larger, projects or construction work being done on or around occupied buildings and grounds, the risk assessment will inevitably be more comprehensive. Any risk assessment should be a working document which may evolve as work progresses or site hazards/risks change.

A Contractor Safety Information Sheet which includes basic rules and health and safety guidance will be issued to all visiting contractors. This should be read and completed by contractors with a copy of the completed form held on file. If a specific contractor is used on a regular basis there is no need to issue this sheet for every subsequent visit. A Code of Conduct for Adults Visiting or Working on School Sites Leaflet will also be issued (refer to 'Safeguarding' section below) etc. Contractors are referred to the Asbestos Register, which highlights the known and suspected areas that may contain asbestos before any intrusive works commence.

Where relevant, joint health and safety inspections or other monitoring arrangements of contracted activities will take place. Work will be inspected before the contractor leaves site and there is a designated person to monitor contractors on site premises. Contractors are informed of the designated person and advised to contact them prior to commencing work.

In the event of extensive work being undertaken on the premises, contractors will meet with the Headteacher/CEO, members of the Local Governing Body/Board of Directors and designers. Health and safety issues will be discussed at regular meetings between the contractor and the client with matters arising actioned within appropriate timescales or escalated.

If the work being carried out has a dangerous element, it must not be carried out at times when children are in the vicinity and could be affected. Children should be warned to keep away from any vehicle that may be in the playground. There is a designated person(s) who monitors the contractors throughout their time on the premises.

Safeguarding

A Code of Conduct Leaflet for Adults Visiting or Working in School will be:

- issued to contractors and others working temporarily in the school when quotations or tenders are invited
- stated as a condition of any order for maintenance work or building contract.

Additionally, where appropriate, the code should be:

- highlighted at any pre-start meeting
- posted on the building site
- included as part of the contractor's site safety briefings
- issued to contractors' staff in the form of a leaflet.

All contractors working on site who are not engaging in regulated activity, but whose work provides them with an opportunity for regular contact with children (regardless of whether the contractor works on a single site or across several sites) must:

- be segregated from pupils by physical means, time or a combination of both
  or
- always be supervised when children may be present (or children always supervised)
  or
- hold DBS certificates (without a children's barred list check) - a letter confirming that this is the case from the contractor's employer is sufficient providing the date of the Employers Letter is added to the Single Central Record (where applicable).

Risk Assessments will be conducted for the 'Use of Contractors - Child Protection'. Documented procedures should be in place for protecting children when contractors are working in school. Procedures for Protecting Children when Contractors are Working in Educational Settings

Permit to Work Systems

A permit-to-work system is a formal recorded process used to control work which is identified as potentially hazardous. It ensures a more formal means of communication between site supervisors and operators and those who carry out the hazardous work.

Essential features of permit-to-work systems are:

- the identification of the person who can authorise certain jobs, and any limitations to their authority
- the person responsible for specifying the necessary safety precautions
- training and instruction in the issue, use and closure of permits
- monitoring and auditing to ensure the system works as intended
- identification of the hazards involved in the work
- clear identification of tasks, risk assessments, permitted task duration, and supplemental or simultaneous activity and control measures.

Permits to Work will be considered for high-risk activities on the premises including:

- hot work - for work of any type where heat is used or generated (e.g., by welding, flame cutting, grinding) or which might generate sparks or other sources of ignition
- work in confined spaces
- work on electrical systems
- roof access and other work at height (including window cleaning) with significant risk;
- excavations
- Work on or near asbestos containing materials (ACMs)
- work with certain hazardous substances

- any other work specifically requiring a permit under a written safe working procedure or where potential risks warrant use of a permit.

References

HSE Using Contractors – A Brief Guide
HSE Managing Contractors – A Guide for Employers
KAHSC General Safety Series G07 - Managing Asbestos
KAHSC General Safety Series G18a - Managing Contractors on School Sites
KAHSC General Safety Series G18b - Guidance on the CDM Regulations
KAHSC General Safety Series G36a - Permit to Work Systems
KAHSC General Safety Series G36b - Hot Works

Asbestos Management Plan (including the Asbestos Register)
Child Protection Policy and procedures and Procedures for Protecting Children when Contractors are Working in Educational Settings and Contractor – Child Protection Risk Assessment

3.26 Construction Work (CDM)

Construction work can be defined as redecoration, roof work, rewiring, general refurbishment and the building of extensions etc. **ALL** construction work is covered by the Construction (Design and Management) Regulations 2015 regardless of the scale of the project or duration of the work. As a **client**, Trust setting's will:

- appoint the right people at the right time
- ensure there are arrangements in place for managing and organising the project
- allow adequate time
- provide information to designers and contractors
- communicate with designers and building contractors
- ensure adequate welfare facilities on site
- ensure a construction phase plan is in place
- protect members of the public, including employees
- notify relevant construction projects to the HSE
- keep the health and safety file.

ALL Construction projects must have:

- workers with the right skills, knowledge, training and experience
- contractors providing appropriate supervision, instruction and information
- a written construction Phase Plan (developed by the main contractor) – checked and retained by school.

Projects where more than one contractor is involved, the above points plus:

- a principal designer and principal contractor must be appointed in writing
- a post construction Health and Safety File.

If work is scheduled to last longer than 30 days **AND** have more than 20 workers working simultaneously at any point in the project **OR** exceeds 500 person days, both above sections, plus:

- the Client must notify the project to the HSE.

References

Construction (Design & Management) Regulations (CDM) 2015
HSE Managing Health and Safety in Construction – Guidance on the CDM Regulations
KAHSC General Safety Series G18a - Managing Contractors on School Sites
KAHSC General Safety Series G18b - Guidance on the CDM Regulations

3.27 Site / Building Security and Personal Safety / Lone Working

Through risk assessment each site has balanced the need to remain a welcoming environment to the community whilst ensuring the safety of all pupils and staff. An assessment of the number and type of security incidents (e.g., walkers straying on to premises and getting into the buildings; vandalism and break-ins, unhygienic detritus such as used syringes and condoms) will highlight how much of a risk a right of way / other security issues may present. Settings have created a record system of these incidents to show that the hazard is being taken seriously with constant monitoring of the situation. The security risk assessment will be reviewed annually by the Headteacher (or sooner should circumstances change significantly); the findings will also be used in the review of these Security Procedures. Each setting will take all reasonable efforts to restrict access to the building and grounds to prevent unauthorised access to children and ensure the personal safety of staff. Close links with local police and the Community Police Officer are made and fostered.

It is important that procedures and plans are in place to manage and respond to security-related incidents. This complements the Trust's safeguarding Policy, particularly where it puts in place measures to protect pupils; and addresses the threat of serious violence. It forms part of the Trust's suite of policies, procedures and risk assessment to ensure the health, safety and wellbeing of students and staff including in relation to the online environment. Staff and students will be made familiar with what is required by the security procedures and plan of their setting. Senior staff will have an awareness of relevant security networks and be able to evaluate and assess the impact of any new initiatives on their security procedures and day-to-day operation.

Reception (Main Entrance)

- Main buildings only have a single access entrance via a reception desk. Signage directs all visitors to this entrance. Every visitor is channelled through reception. Even when the receptionist or secretary is not on duty full time, reception remains the point to which all enquiries should be directed. Having one main entrance in use during the daytime makes monitoring of strangers much easier. Visitors – even parents bringing in forgotten lunches – should use that main door and be dealt with by a receptionist.
- In a multi-block setting the main building has a reception desk and access control. Signage directs all visitors to this entrance. It is impractical to have access control on all other blocks so pupils will be safeguarded in these other blocks by other methods such as supervision. At lesson changes the entrances to these blocks are supervised. Unauthorised visitors will be challenged by staff.
- Reception is a secure area and visitors cannot gain access to other parts of the premises without being challenged or at least seen by a member of staff.
- Main entrance doors are fitted with a remote access intercom and a camera so that visitors can be seen prior to being allowed entry. Only authorised visitors are allowed access.
- Designated entrances restricted for staff use have had security access control systems installed.

Signs

- Reception is clearly identified by signs so that visitors who are not familiar with the site are in no doubt of the visitor entrance. Parents are informed that they must use this entrance during the day rather than the morning/afternoon pupil entrances.
- Signs are easily seen from general car parking areas and all accessible boundary entrances.

Doors/Gates

- Doors are secured from the inside but the locking mechanisms to doors that may be used in the escape from fire are fitted with locks capable of being opened without a key by those escaping from the fire.
- Any door to which a lock or securing device, e.g., a push pad panic latch, night latch, etc. is fitted, is capable of being opened by any occupant of the building including children.
- Doors with latches or digital locks also have automatic door closers fitted. These can engage a latch effectively, but the last few inches of travel has been dampened to ensure that fingers are not caught in a rapidly closing door.
- The school gates, where appropriate, are closed before, during and after school hours.
- Keypads are placed on all main entrances and are in force when children are in the building.

- School gates are kept closed and are always bolted during the school day and are locked out of school hours to make it harder for intruders to get in.
- The building is checked by the last person leaving, ensuring all windows and outside doors are secure.
- Trust settings ensure that supervision rotas take account of monitoring the premises' access and egress points and pupil safety in non-lesson time and that visitor admittance procedures are maintained and staffed throughout break and lunchtimes.

Intruder alarm system

- Trust premises have an Intruder alarm installed which is set by the last person leaving at the end of every day/work period.
- This is maintained as per manufacturer's instructions and records are held.

Surveillance Cameras

Surveillance cameras are installed at our school. Reference should be made to separate Surveillance Cameras Procedures (and Data Protection Policy) developed in line with the Home Office 'Surveillance Camera Code of Practice' and ICO guidance. Signage informs people of where surveillance cameras are in operation.

Security Lighting

- Extensive floodlighting covers frequently used footpaths, entrances and exit doors adjacent to car parks.
- Security lighting has been installed externally – the aim of this is to act as a deterrent by assisting casual surveillance of the premises.
- External lighting, panic alarms and burglar alarms are regularly checked, and any faults reported in line with our Defect Reporting Procedures.

Communications

Where a setting is made up of separate buildings or remote rooms communication links are maintained by an extended telephone system / a cordless telephone to run in tandem with the existing phone / two-way radio systems which are charged each evening. One master two-way radio is always held in the main building when the separate buildings are occupied.

Anti-Climbing Measures

- Signs have been displayed warning that it is dangerous to climb onto roofs and where there are skylights (and other fragile roof structures) 'Fragile Roof Warning Signs' are prominently displayed
- We have protected vulnerable areas with anti-climbing measures such as rota spikes, cacti spikes or Expamet, or downpipes with a 'Crown of Thorns' device or similar devices
- a non-drying anti climb paint has been applied to downpipes and other parts of buildings where measures the above are not suitable
- Wheelie bins are not located close to low level roofs
- Tree branches close to low level roofs are maintained and trimmed back when necessary.

Security Fencing

Security fencing has been installed around our site to prevent access by unwanted persons. Perimeter fencing is maintained and repaired to maintain a clearly marked and sound physical barrier. Doors and entrances are maintained in sound physical condition.

Other Trespasser Deterrents

- There is a Mosquito Anti-Loitering Device installed to stem the problem of unwanted gatherings of youths and teenagers around the site out of hours. This is regularly maintained by a competent person and is only ever switched on out of hours.
- The device is protected by wire mesh and is sited so as not to cause a nuisance to neighbours and others who may be in the vicinity of the site legitimately.

Visitor/Guest/Contractor Signing-in procedures

- All visitors and contractors must be signed in and out of the premises and issued with visitor's badges. Care is taken to ensure that badges are recovered from visitors when they leave to prevent the system losing credibility. Visitors must always have their badge visible.
- Visitors will be accompanied by a member of staff to their destination and will be returned to Reception by a member off staff to "sign out" of the premises.
- Staff will not allow any adult to enter if the visitor's badge does not identify them.
- Pupils are encouraged to let staff know about people on the premises who are not wearing a badge. Where appropriate and safe, staff will challenge those individuals who do not appear to have followed the signing in and badge wearing procedures.
- A Contractor Safety Information Sheet and Code of Conduct for Adults Visiting or Working on School Site Leaflet have been prepared to share with contractors and visitors admitted to the site so that all are aware of the safety procedures in operation.
- All contractors working on site who are not engaging in regulated activity, but whose work provides them with an opportunity for regular contact with children (regardless of whether the contractor works on a single site or across several sites) must follow procedures outlined in section 3.23.3 as above
- Risk Assessments will be conducted for the 'Use of Contractors - Child Protection'. For further details, refer to Procedures for 'Protecting Children when Contractors are Working in Educational Settings' held separately.

Pupil and Staff Signing in Out Procedures

- A signing in /signing out system for all staff /pupils who are late / leaving early operates at each setting
- Pupils who wish to leave the site during the school day must have written permission, sighted by appropriate staff.

Fire and Arson Prevention

Further details can be found in the Fire Safety Management Policy held separately.

Cultivating a Positive Safety and Security Attitude

- All staff are made aware of the setting's security procedures, especially staff that have been given specific responsibility. This forms part of all new staff Induction Training and is reinforced with other staff at regular intervals.
- Every occupant of the building is encouraged to foster and maintain an inquisitive attitude towards strangers. Details of known local people who have no reason to be present have been noted.
- If suspicions are heightened, descriptions, both personal and of vehicles will be recorded, (the singular most important item of information in relation to a vehicle being its registration mark) in case they subsequently need to be passed to the police.
- Regular briefings of pupils and staff are carried out which encourage them to report anyone suspicious wandering around the site.
- Anyone not wearing a visitors badge or people who are found in the school or its environs with no reason to be there will be challenged by staff or reported to a member of staff by pupils. In certain circumstances, staff will be required to gauge whether it is appropriate to challenge individuals depending on the situation.
- Children are actively encouraged to tell staff about the presence of strangers or anyone acting suspiciously but under no circumstances should they approach them.

Cooperation with 3rd parties, extended services + groups

These arrangements will be communicated to all third parties that use the premises and grounds. All will be expected to comply with the security arrangements as a condition of sharing use of the building. Parents will be informed about the settings' security arrangements and any part they are expected to play e.g., when visiting or at handover times.

The security arrangements have considered any other third parties who use the building or grounds or central Trust offices. In most circumstances the arrangements in general will be equally applicable for the third parties involved. Although not extensive use, community groups may use facilities. When inside the

building access to the rest of that block is restricted. Risk assessments as part of induction arrangements are carried out. No hirer will be allowed to use the facilities unless they fully comply with the security risk assessment. Visitors in unauthorised locations will be professionally challenged by staff.

Supervision

The following areas of the setting are accessible by the public, but the risk is controlled with supervision arrangements and visitor procedures. The access arrangements for the grounds are:

- *School field* – access to school field for PE – always under control of staff. Staff would professionally challenge any person not wearing a photo ID or school visitor badge. As communication is not easily possible whilst on the fields, supervisors in this location will use a two-way radio, supplied by the school office.
- *Lunchtime* – children use school field that could be accessed by a person walking past the authorised entrance, always under control of staff. Staff would professionally challenge any person not wearing a photo ID or school visitor badge.
- *Playground* – our main access route to the reception is adjacent to / through the playground. This area is only used under staff supervision at break and lunch and staff would professionally challenge any person not wearing a photo ID or school visitor badge.
- *Auxiliary blocks* – these cannot be secured by electronic means. Supervision rota for breaks and lunchtime.
- *Lesson changes* – due to the multi-block nature of the site, access control is not possible for every individual building during lesson changes. At these times staff will be on duty rota.
- *Start of school day* – as the grounds have open access, duty teams are deployed in designated areas 10 minutes before the start of the school day.
- *End of the school day* - duty teams are deployed in designated areas.

Personal Safety / Lone Working/ Home Working

Lone workers are defined as people who work by themselves without close or direct supervision. Lone workers should not be at more risk than other employees. Precautions should take account of normal work and foreseeable emergencies. The Trust needs to identify situations where people work alone and undertake lone working risk assessments by asking the following questions:

- Is there risk of violence?
- Are women especially at risk if they work alone?
- Is the person medically fit and suitable to work alone?
- What happens if a person becomes ill, has an accident or there is an emergency?
- Are there any personal circumstances that may mean the individual lone worker needs extra support/ monitoring?
- What training is required to ensure competence in safety matters?
- The Trust must ensure employees are competent to deal with circumstances that are new and unusual e.g., when to stop work and seek advice, how to handle aggression etc.
- How will the person be supervised? The extent of supervision required then depends on the risks involved and the ability of the lone worker to identify and handle health & safety issues.

To help address any issues there needs to be regular contact between the line manager and the lone worker

To help address security risks for those staff working alone the following applies:

- Each premises is fitted with an alarm which is set by the last person leaving at the end of the day/work period.
- The building must be checked by the last person leaving, ensuring all windows and outside doors are secure.
- Staff working late, should ensure doors are locked, notify someone responsible (i.e., a family member or colleague) of their presence in Trust premises and give an indication of the time they will be leaving and the time they are expected home.
- External lighting, panic alarms and burglar alarms are checked regularly, and any faults reported in line with the Defect Reporting Procedures.

- Home visits are usually carried out at the start of each school year. Lone working is not permitted, and staff should attend home visits in pairs and have access to a mobile telephone. A list of the proposed visits is lodged in the school office, so school-based staff always know the location of peripatetic workers. Regular contact is maintained between school and staff conducting home visits.
- Lone working is not permitted when working at height, carrying out hot works, e.g., cutting and welding, working in confined spaces, or for the use of potentially dangerous substances or machinery, e.g., lathes, bench saws, chainsaws.

Homeworkers are defined as individuals whose place of work detailed on their contract of employment is their home address. Across the Trust there may be members of staff allowed to work from home occasionally, however, they are not classed as home workers.

Cash Handling, Storage and Carriage

- Electronic payments are encouraged to avoid the handling or storage of cash.
- Holding large amounts of cash will, where possible, be avoided.
- When it is necessary to hold large amounts of cash, the cash will always be kept in a safe suitable for holding that amount of cash.
- The following guidelines have been adopted in relation to keys for safes, strong rooms, security cabinets or any other keys, which give access to property of intrinsic value:
    - the number of staff having such keys is kept to a minimum
    - during the normal working day, if practicable, keys should always be kept on the person
    - if it is not possible for keys to be kept on the person, they will be kept in a locked key security cabinet and the key to the security cabinet
    - high security keys are not left on premises when they are closed for business, even in a locked security cabinet. Designated key holders will always keep them in their possession
    - If must not be possible to identify what the keys are for by looking at a label or tag attached to it. The keys will be numbered / otherwise marked so that only authorised users know or are able to establish what they are for.
    - The issuing of master keys to staff is strictly limited.
- Counting money will be done in a locked room away from public view.
- Cash held on premises which is used from time to time for payments etc. will be reconciled as frequently as circumstances dictate.
- The times when cash is carried off the premises and the route taken to destination will be varied
- Wherever possible, staff will travel to the bank or post office by car rather than on foot. A designated driver will be used to drop the cash handler off as close as possible to the bank or post office where parking is not available.
- The duty of banking is shared so no one person becomes associated with carrying cash.
- Cash is disguised in a carrier bag or other holdall and staff instructed to ensure it is hidden or covered in the car.
- For significant amounts of cash, consider using a secure cash collection service.
- Persons responsible for carrying cash on Trust business are provided with adequate induction, training and instruction and it is made clear that they are not expected to put themselves at risk by resisting any person who is attacking or threatening them. They should concentrate on observing the attacker to assist in the subsequent police investigation.

Medicines

Refer to the Supporting Pupils with Medical Conditions Policy and procedures held separately.

Security of Laptops and other Valuables

Lockers are made available to pupils for security of personal items, although parents and pupils are regularly advised not to bring or allow children to bring valuable belongings into school. Secure areas are available for staff possessions.

The following procedures are followed to help reduce the risk of opportune thieves taking laptops and other high value equipment:

- All staff and others in the school understand exactly what they need to do to keep ICT and other valuable equipment safe. Teachers and support staff then pass on the relevant information to their classes. Training reviews are given at least annually.
- Laptops are kept in rooms where there are blinds which can be closed when the room is not in use, evenings, weekends and during the school holidays.
- During long periods of closure, laptops and other high value equipment are locked in secure cupboards or storerooms.
- All rooms that contain equipment such as ICT facilities, computers and scientific items are kept locked when not in use. Locks are either push button combinations or swipe cards/fobs. In either case, only staff know the combinations or possess swipe cards/fobs.
- ICT assets are not directly advertised on websites, social networking sites or newsletters. The local press should not be informed when purchasing large quantities of new equipment.
- When new equipment is bought, its packaging should be flattened, turned inside out and crushed before putting it with the rubbish/recycling, to avoid notifying potential thieves to a delivery.
- All high value equipment has been marked with the postcode and the name of the school. The markings are visible and difficult to remove or disguise.
- external ICT technicians present ID before they are taken to service computers, and it is ensured that these people sign in and out.
- Visitors are accompanied when they walk around the building and must sign in and out.
- When out and about, staff are instructed to carry their laptops in an anonymous bag or case in order not to alert thieves to the contents.
- If any mobile IT is stolen, the police will be alerted as soon as possible.
- Where there are any concerns about the security of the setting and the equipment within it contact will be made with the local Crime Prevention Officer by dialling 101 and asking for the Crime Prevention Service.

References

DfE: Emergency planning and response for education, childcare, and children's social care settings
https://kymallanhub.co.uk/download/document/3339/DfE School and college security
Home Office: Surveillance Camera Code of Practice
ICO: Video Surveillance guidance
KAHSC General Safety Series G01 – Managing Violence in Schools
KAHSC General Safety Series G14 - Knives, Offensive Weapons & other inappropriate items
KAHSC General Safety Series G16 – Lone Working
KAHSC General Safety Series G42 – Personal Safety on Home Visits
Setting risk assessments, Surveillance Cameras Procedures (if relevant), Child Protection and Data Protection Policy and Emergency Plan

3.28 Workplace Environments

A safe and healthy workplace environment will be maintained in Trust premises in line with School Premises (England) Regulations 2012, the Education (Independent School Standards) (England) Regulations 2014 and the Workplace (Health, Safety and Workplace) Regulations 1992.

Heating

A comfortable working temperature will be maintained of at least 16°C unless much of the work involves severe physical effort in which case the temperature will be 13 ºC (or where it is impractical to maintain these temperatures i.e., where food must be kept cold). In the event of the need for portable heating or cooling, any equipment provided to achieve this will be suitable for use, free from defects, and safely sited so as not to create additional hazards.

Radiant heaters and naked flame appliance (e.g., LPG) will NEVER be used.

Welfare and Changing Facilities

Suitable welfare and changing facilities will be maintained in a safe and clean condition for all staff and pupils in line with the School Premises (England) Regulations 2012, the Education (Independent School Standards) (England) Regulations 2014 and the Workplace (Health, Safety and Workplace) Regulations 1992. Toilets and washing facilities for staff may also be used by visitors and are separate from those provided for pupils (except where they are designed for use by those who are disabled). Each toilet for disabled pupils contains one toilet and one washbasin and has a door opening directly onto a circulation space that is not a staircase, which can be secured from the inside. The number and location of accessible toilets are sufficient to ensure a reasonable travel distance for users that does not involve changing floor levels.

Medical Accommodation

Suitable accommodation is provided to cater for the medical and therapy needs of pupils, including accommodation for the medical examination and treatment of pupils and the short-term care of sick and injured pupils, which includes a washing facility and is near to a toilet facility. The accommodation provided may be used for other purposes (apart from teaching) however it is always readily available to be used for the purposes above.

Additional medical accommodation will also be made available where required which caters for pupils with complex needs.

Ventilation

An adequate supply of fresh air will be maintained. Where possible this will be from natural ventilation from windows.

Access and Egress

Inspection procedures, defect reporting and extra attention during inclement weather will be implemented. A winter gritting plan will be brought to the attention of staff, pupils and parents/guardians to ensure safe routes are followed during periods of snow and ice.

Acoustics

The acoustic conditions and sound insulation of each room is suitable, having regard to the nature of the activities which normally take place within each area. Checks will be made of any new builds by Building Control to ensure compliance.

Children will be kept at least two metres from the front of loudspeakers used for discos.

Lighting

- The premises will be lit by natural daylight wherever possible. Where artificial lighting is employed, this will be in good repair and suitable for the tasks being undertaken.
- The lighting in each room or other internal space is suitable, having regard to the nature of the activities which normally take place therein.
- External lighting has been provided to ensure that people can safely enter and leave the premises.
- Blinds / curtains are in place to block sunlight, to avoid glare, excessive internal illuminance and summertime overheating
- Emergency lighting has been installed in areas accessible after dark or where not already in place, the need to provide emergency lighting in areas accessible after dark has been added to the Annual Management Plan as a future, longer-term objective.

Lighting for pupils with special educational needs:

Pupils with special educational needs, including visual impairment and other disabilities, may have additional lighting requirements and specialist advice may be needed. Key points include:

- colour and contrast, which can help people locate doors and their handles, stairs and steps, switches and socket outlets, etc.

- glare should be avoided (including from high gloss finishes that can appear as glare sources when they reflect bright lights)
- use of light sources such as high frequency fluorescent luminaires to avoid subliminal flicker that can induce epileptic fits in susceptible pupils
- large areas of glazing should be clearly marked to avoid accidents
- additional local task lighting may be needed.

Water Supplies

- Suitable drinking water facilities are provided which are always readily accessible when the premises are in use and are in a separate area from the toilet facilities.
- Toilets and urinals have an adequate supply of cold water and washing facilities have an adequate supply of hot and cold water.
- Cold water supplies that are suitable for drinking have been clearly marked as such.
- The temperature of hot water at the point of use by pupils does not pose a scalding risk i.e., hot water is heated to temperatures of 60ºC, but the temperature at outlets used by pupils is controlled by thermostatic mixer valves to achieve temperatures at taps not exceeding 43 ºC (refer to Section on Legionella Control).

Outdoor Space

Suitable outdoor space is provided to enable physical education to be provided to pupils in accordance with the school curriculum and pupils to play outside.

There are two types of outdoor space used for physical education (PE); sports pitches and hard surfaced games courts. Sports pitches, grass and/or all-weather, are used for team games such as football, hockey and cricket, and for athletics. Games courts are for sports such as netball and tennis. Outdoor space is also available for informal play and socialising.

Outdoor Working

Refer to the Sun Protection arrangements within this Policy for further details.

Window Blind Cords and Chains

Risk Assessment has identified the presence of any looped cord or chained window or door blinds and the following measures to prevent strangulation have been implemented:

- Staff ensure that cords or chains are stowed out of reach so that children are not at risk of strangulation.
- Wherever possible, safety devices such as cord cleats, cord/chain tidies and chain break connectors are used. Where loops cannot be stowed away safely, they have been cut to ensure that the loop is removed.
- Staff are instructed to always reposition nearby furniture (e.g., chairs) to ensure they cannot be used to access looped cords, or where people can become accidently entangled.
- A regular checking regime for all blinds which have looped cords or chains is in place to ensure that they remain in a safe condition. Staff inspect these in their own classrooms/areas and report any faults in line with the Defect Reporting Procedures so that remedial action can be taken.
- Where new furniture is introduced, or decoration and room layouts have changed the risk assessment is reviewed and updated as appropriate.
- When new blinds are ordered, blinds which do not contain cords or have concealed cords will be selected where practicable.

Preventing Finger Trapping Incidents

The risk of finger trapping incidents at the setting has been assessed and the following measures are in place:

- The need for pupils to gather near doors has been reduced or removed
- Essential equipment is not positioned adjacent to or immediately behind doors e.g., A paper towel dispenser
- Potential risks are highlighted to staff and pupils

- Uncontrolled access to vulnerable doors is prevented where possible
- Where such measures are not practicable, finger guarding devices have been installed
- Wherever possible during replacement or refurbishment of doors the risk of finger trapping is designed out. Where this is not possible and there is a significant risk then finger guarding devices are fitted
- For both new and existing devices in the setting staff are responsible for regularly undertaking a brief, informal visual inspection to check the condition of any protective devices fitted. Any obvious defects should be reported in the usual manner so that repairs or replacement can be undertaken.

Glazing

- Every window or other transparent or translucent surface in a wall, partition, door or gate should, where necessary for reasons of health or safety, be of a safety material or be protected against breakage and be appropriately marked
- Glazing in critical locations is considered reasonably safe if its nature is such that, if breakage did occur, any particles would be relatively harmless (i.e., by installing toughened glass)
- The requirement may also be met if the glazing is sufficiently robust to ensure that the risk of breakage is low (i.e., laminated glass or covered with safety film), or if steps are taken to limit the risk of contact with the glazing (i.e., using barriers)
- Steps are taken to ensure that glazing will break safely should a child encounter it
- Wired glass inherent in fire doors has been replaced with Georgian wired safety glass
- Where there are large uninterrupted areas of transparent glazing, steps have been taken to identify its presence e.g., by marking or etching the glass to make it visible
- Windows and doors are adequately maintained to ensure that they open easily and without effort
- Those individuals opening windows are not put at risk of falling either through the glass or the subsequent opening
- Window restrictors have been fitted where the risk of falling from a window opening is apparent. Windows do not open directly onto traffic routes in such a manner that individuals are liable to collide with them
- Artwork or other material never obscures viewing panels in doors
- Records are kept on the premises giving details of the areas of safety glazing - this ensures that when a piece of glass needs to be replaced in the future, it is replaced with that of a similar nature
- The Risk Assessment is reviewed at least annually (or sooner if circumstances change significantly) to ensure that it remains valid. The risk assessment may be reviewed if areas of the building begin to be used for other purposes where the activity is more likely to pose an impact risk; changes in pupil behaviour i.e., the area is used by pupils with unpredictable behaviour, etc.
- Where glazing is replaced, for whatever reason, a full risk assessment will be prepared which will determine the type of glass to be used and the method by which it will be replaced. This is particularly relevant with respect to fire doors, escape routes, kitchens, etc. Similarly, when embarking on any building or alteration works (particularly change of use), risk assessments will be prepared.

Dog Fouling

- Notices have been displayed around the site in prominent positions indicating that school fields are private property
- A police officer or any person authorised by Local Governing Body Members can remove trespassers, provided there is reasonable cause to suspect that the person in question is committing or has committed an offence under the Section. Wherever possible, the authorised person should take details of the offender's name and address
- Parents are regularly reminded by letter not to bring their dogs onto school grounds, even when dropping off or collecting their children from school
- To report a stray dog, contact the Dog Warden at the local authority. Enforcement officers enforce the law relating to stray dogs and operate a service for the seizure of stray dogs
- Out of hours, site gates are kept locked to help keep unwanted persons (and dogs) off school premises
- Where instances of dog fouling occur, the offending material will be removed as soon as possible. The person who completes the task should avoid direct skin contact with the faeces and they must wear gloves. They will remove the faeces with a shovel and dispose of them by double-wrapping/bagging them and placing them in the general refuse.

Building Work

All building work undertaken including new builds, alterations of and improvements to existing buildings will conform to the Building Regulations 2010.

References

The Workplace (Health, Safety and Welfare) Regulations 1992 ACOP
The Education Act 1996
School Premises (England) Regulations 2012
Education (Independent School Standards) (England) Regulations 2014
DfE Statutory Framework for EYFS
National Minimum Standards for Boarding Schools
Glass & Glazing Federation
The Local Government (Miscellaneous Provisions) Act 1982
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G44 – Preventing Finger Trapping in Doors

3.29 Wellbeing

Refer to the Absence and Wellbeing Policy held separately.

3.30 Off-Site Visits and Activities

Refer to the Offsite Visits Procedures held separately.

References

OEAP National Guidance + *KAHub*

Offsite Visits Procedures

3.31 Food Safety Arrangements

General Food Safety Standards

- The highest standard of food safety and hygiene is the aim. Food and drink prepared and sold at the premises will be both safe and wholesome. All legal requirements relating to food safety and hygiene will be complied with fully.
- Hygienic premises and equipment is provided for the safe preparation of food.
- Documented food safety management procedures based on the principles of HACCP (Hazard Analysis and Critical Control Point) will be implemented and will follow rules laid out in the Food Information Regulations 2014 about allergens.
- Any employee involved with the handling and preparation of food will hold suitable food hygiene qualifications which are renewed at intervals not exceeding 3 years:
    - CIEH **Level 1** Food Safety Award (or equivalent) is designed for staff handling very low risk foods such as wrapped foods, fresh fruit etc. and for 'waiting on' staff. This MAY include nursery staff if only preparing sliced fruit for pupils or breakfast club staff only preparing toast and cereal for example.
    - CIEH **Level 2** Food Safety Award (or equivalent) is designed for everything else including commercial catering.
- ALL staff activities (commercial kitchens, food technology, cookery clubs, wrap around care) will be aware of the 14 Major Allergens and the consequences of them being eaten by anyone with a food allergy. Basic allergen training will be given to all staff on their first day of employment and before food

handling duties commence with records of training kept. All staff will be trained in avoiding cross-contamination of foods by the major food allergens.

- All relevant staff involved in food preparation will need to be aware of the contents of Individual Healthcare Plans for pupils with allergies.
- Allergen information of the foods served in school (kitchens, food technology, wrap around care) will be recorded and kept up to date and made available. e.g., if foods purchased are changed or products substituted.
- **Natasha's Law:** From October 2021, prepacked for direct sale (PPDS) food will be labelled with the name of the food and a full ingredients list. Allergenic ingredients will be emphasised within this list. This can include food that pupils/staff select themselves, e.g., from a display unit, as well as products kept behind a counter. PPDS food is food that is packaged at the same place it is offered or sold to consumers. It is a single item, consisting of the food and its packaging, that is ready for presentation to the consumer before it is ordered or selected. For food provided within a school setting, this may mean changes to labelling for foods such as pizza or sandwiches which are packaged on the premises before the consumer orders them.
- This may also affect school supplied packed lunches, e.g.:
    - If packed lunches are made on school premises in anticipation of an event, such as a school trip, the allergen information requirements may vary. If the lunches are made and packed to order, these are not prepacked, and are therefore not PPDS.
    - If, however, the school lunches are made and packed without specific orders from individual children, then these would need to comply with the new PPDS labelling requirements.
    - If there are multiple items in a packed lunch, allergen information must be provided for each item. Each PPDS item must be labelled individually.
    - Any prepacked items bought from elsewhere (that is food packed at a different location by another business) should already have full ingredients labelling.

Free School Meals during Emergencies

Schools:

- The catering team or provider will be consulted about the best arrangements for providing school meals for pupils in an emergency. They will provide meal options for all pupils who are in school, and meals will be available free of charge to all infant pupils and pupils who meet the benefits-related free school meals eligibility criteria.
- Where pupils eligible for benefits-related free school meals are receiving remote education, the school catering team or food provider will be consulted about the best arrangements to provide good quality lunch parcels. This will ensure that eligible pupils continue to be supported for the short period where they are unable to attend school.
- Pupils with any medical conditions will be identified, including allergies, to ensure that all pupils are able to eat a school lunch safely. This is particularly important in circumstances where caterers are not serving meals to pupils directly but where for example, pupils are being served food in the classroom.

Food in the Curriculum

- Appropriate risk assessments must be in place for food technology activities, the working environment and machinery/equipment.
- Gas appliances in food technology should be serviced every year by a Gas Safe Registered engineer, and current records/certificates must be held on site. Similarly, any electrical appliances used will either need to be included in the portable electrical appliance inspection and testing programme, or if not portable equipment, should undergo routine planned, preventative maintenance in line with manufacturer's instructions.
- All emergency gas and power cut-off switches must be easily identified and accessible and staff must be aware of the location and operation of the mains services
- Portable/transportable ovens must be sited appropriately i.e., not underneath overhanging cupboards, away from combustible materials/displays especially those that are loose, away from water supplies etc. and must never be moved when hot/warm.

- It is essential to ensure the number of pupils using pieces of equipment is controlled so that crowding/accidental pushing, etc. does not take place or pupil numbers reduced to prevent this.
- Clear working procedures should be written down and brought to the attention of anyone who may be required to use equipment.
- Oven gloves/cloths and where appropriate, cooker guards and hob covers must be available and used appropriately.
- Ovens are only to be used by adults, pupils using the oven are supervised appropriate to their age range and abilities.
- Equipment must be sited so that draughts from windows and doors do not interfere with the safe working of a particular piece of equipment.
- Equipment, materials and tools must be regularly inspected and appropriately maintained.
- If fridges/freezers are used to store food stuffs/ingredients for food technology activities, the temperature of equipment must be checked and recorded daily (Fridges between 2-5ºC; Freezers -18 ºC or below).
- Food stuffs must be stored appropriately i.e., perishable items stored off the floor and food/ equipment shelving sealed, clean and wipeable.
- Appropriate fire-fighting equipment must be in the workroom (appropriate fire extinguisher(s) and fire blanket) and fire exits must be unobstructed.
- Heat generating equipment MUST be switched off after use and at the end of each day.

Wrap-Around Care (Breakfast and After-School Clubs)

- Allergen information of foods served at club(s) will be recorded and available - this will include bread(s), cereals, crumpets etc. along with any spreads. Staff must ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.
- See also PPDS foods above
- Food stuffs will be stored appropriately, off the floor, in sealed and where necessary, labelled containers where appropriate.
- There is a system in place for accidents occurring during Breakfast Club to be communicated to the school at the end of each session.
- There is also a system in place for accidents occurring during school time to be communicated to After-School Club at the end of the school day.
- Accidents which occur during Breakfast or After-School Club are recorded in the relevant school accident book i.e., neither has their own accident book – refer to Accident Reporting Procedures held separately for details.
- Breakfast and After School Clubs have their own First Aid kits which are maintained in line with our First Aid Procedures held separately or they will utilise the school First Aid kits which are maintained in line with our First Aid Procedures.

References

Food Safety Act 1990
Food Safety (General Food Hygiene) Regulations 1995
The Food Hygiene (England) Regulations 2006
Food Safety & Hygiene (England) Regulations 2013
Food Information Regulations 2014
UK Food Information Amendment (Natasha's Law)
Food Standards Agency - Prepacked for direct sale (PPDS) allergen labelling changes for schools, colleges and nurseries
Food Standards Agency – Safer Food Better Business Manual
Food Standards Agency – Allergen Resources
The Requirements for School Food Regulations 2014
Standards for school food in England
School food: guidance for governors
School meals: healthy eating standards
CLEAPSS Website
Design & Technology Association (DATA)

3.32 Cleaning Staff [Delete if you do not employ your own cleaning staff]

- Appropriate risk assessments are undertaken for cleaning activities, the working environment and machinery and all cleaning staff are made aware of the hazards and risks associated with their work and what they should do to prevent accidents to themselves and other (control measures).
- Portable electrical appliances are included in the electrical inspection and testing programme.
- All cleaning staff receive training/instruction in Health and Safety Induction, Use of Machinery/Equipment, Control of Substances Hazardous to Health and Manual Handling.
- All accidents and incidents involving cleaning staff will be recorded in the school accident book and will be reported in line with our Accident Reporting Procedures.
- There will be an appropriate defect reporting procedure in place. Cleaning staff should report any identified defects or hazards to their equipment or the environment in line with our Defect Reporting Procedures.
- Equipment, materials and tools will be regularly inspected and appropriately maintained.
- Staff will be made aware of the location of the mains services i.e., Water, Electricity, Gas, Oil, Biomass & LPG as relevant to the site.
- All cleaning staff are instructed to ensure that they never obstruct fire exits or escape routes.
- Cleaning staff will be made aware of what to do in the event of fire i.e., how to raise the alarm, evacuation procedures and carry school cordless telephone for use in an emergency.
- Fire drills are on occasion, undertaken while cleaning staff are present so that they become familiar with the fire evacuation routine.
- Cleaning staff are made aware that all equipment MUST be switched off after use and returned to the locked store.
- The use and storage of cleaning chemicals will be subject to a COSHH Risk Assessment which is reviewed regularly by the Coordinator of Risk and COSHH Assessments and disseminated to relevant staff.
- Cleaning products are only ever decanted into properly labelled spray bottles – never unlabelled bottles.
- Sufficient colour coded equipment is supplied to cleaning staff so that they clean specific areas safely, keeping equipment separate from one another.
- Cleaning materials and equipment are kept securely stored when not in use and cleaning staff instructed not to leave cleaning products unattended at any time.
- Warning signs will be displayed when wet mopping for example to warn others that floor may be slippery.
- Cleaning staff are made aware of the location of any asbestos containing materials in the building so that they do not accidentally damage them during their work.
- Cleaning staff are instructed NOT to work at height when there is no-one else in the vicinity – refer to our Work at Height Procedures for further details.
- Cleaning staff are provided with a Cleaning Code of Practice as part of their Induction which includes a Staff Handbook and a Health and Safety Manual.
- Providing there are proper cleaning schedules in place, additional routine cleaning is not generally required during outbreaks of communicable diseases/illnesses. If the Environmental Health Department or UKHSA consider there is a need for extra cleaning this will be arranged with our cleaners. This might particularly be the case if children or staff have had vomiting or diarrhoea on the premises when toilet areas and door handles etc. may receive extra attention.

References

Control of Substances Hazardous to Health Regulations 2002 (as amended)
Dangerous Substances & Dangerous Atmospheres Regulations 2002
HSE: COSHH
HSE: DSEAR
Workplace (Health, Safety and Welfare) Regulations 1992
UKHSA guidance Health protection in schools and other childcare facilities
KAHSC General Safety Series G38a - COSHH

3.33 Electrical Safety

All staff, and where appropriate, pupils, will be shown how to use equipment, and to switch it off when not in use and at the end of each day.

Acquiring Electrical Equipment

- All new items purchased will comply with the appropriate British Standard or European equivalent.
- Second-hand acquisitions or electrical equipment lent to or borrowed will be checked for electrical safety before use. Any mains operated equipment belonging to staff will also be checked in this way. However, if there is any doubt whether the equipment is safe then it should be labelled 'out of use' and withdrawn until it has been tested and declared fit for use by a competent person.
- Second-hand, borrowed and staff equipment will be recorded as being used and will be included for testing during the regular testing programme (see below).

User Visual Checks

Any item with a plug will be given an informal visual check every time it is used – all staff have been instructed to do this. If a fault is detected, staff will remove the plug to decommission the appliance, if possible. If not, defective appliances will be labelled with a warning, instructing others not to use it. Staff must then report the fault in line with Defect Reporting procedures.

Formal Visual Inspections

Formal Visual Inspections of electrical appliances will be undertaken at suitable intervals appropriate to the appliance and the environmental conditions in line with HSE Guidance and General Safety Series G17.

Combined Inspection and Testing

Combined Inspection and Testing (PAT) will be undertaken at suitable intervals appropriate to the appliance and the environmental conditions in line with HSE Guidance. A competent person undertakes Combined Inspection and Testing, and formal records are held.

Record of Equipment

A record will be kept of all portable items of electrical equipment. When any piece of portable electrical equipment is acquired or removed from the site the record will be updated accordingly.

Residual Current Devices (Circuit Breakers)

These provide an additional level of protection and will always be used:

- when a Premises Licence has been obtained for a public performance
- when non-school equipment is used
- whenever any piece of electrical equipment is used outdoors
- where fish tanks use mains voltage equipment (e.g., pumps heaters and lighting).

Extension Leads

- When in use extension leads will be checked to ensure they do not present a trip hazard, they are not overloaded, the lead is not twisted and there is no strain on the cable. Leads will always be fully unwound from any cable drum
- Extension cables will never run under carpets or through doorways
- Extension cables will be checked as part of the regular testing programme
- Extension cables will be regarded as temporary. Regular use may indicate the need for additional sockets
- **Block style adaptors will NOT be used under any circumstances**.

Fixed Convector/Fan Heaters

These are serviced and vacuumed out on at least an annual basis by a competent person with records kept.

Kitchen

Fixed electrical equipment in the kitchen is serviced annually by a competent person and records are held in the Buildings Register.

Fixed Electrical Installation

The main electrical installation will receive a Periodic Electrical Installation Inspection by a contractor registered on the Electrical Safety Register for non-domestic work at periods not exceeding five years. Records will be held. Any remedial work required because of the Inspection Report will be undertaken on a risk priority basis.

The electrical installation in licensed areas, swimming pools and lightning protection will receive a Periodic Electrical Installation Inspection every year.

EYFS

Where identified by the setting's risk assessments socket covers will be used in unused socket outlets in the early years and foundation stage.

References

HSE: Electrical safety at work
HSG 107 - Maintaining Portable and Transportable Electrical Equipment
INDG 236 - Maintaining Portable Electric Equipment in Offices & other Low-Risk Environments
HSR 25 Memorandum of guidance on the Electricity at Work Regulations 1989
HSE L22 - Provision and Use of Work Equipment Regulations 1998: ACOP and guidance
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G17 - Electrical Safety
KAHSC General Safety Series G25 - Provision & Use of Work Equipment
5 year Fixed Electrical Certificate
Portable Appliance Testing Register

3.34 Gas Installation and Appliances

- Boilers and appliances are serviced annually by a Gas Safe Registered Engineer and records are kept.
- The gas installation will be inspected every 5 years by a Gas Safe Registered Engineer including pressure testing from the meter to the final appliance.
- Fixed gas equipment in the kitchen is serviced/gas checked annually by a Gas Safe Registered contractor.
- For emergency procedures relating to Gas Leaks, refer to the Emergency Plan.

References

Gas Safety (Installation and Use) Regulations 1998
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G25 - Provision & Use of Work Equipment
KAHSC General Safety Series G30 - Gas Safety

3.35 – 3.36 Oil Tanks and Appliances

- The oil tank(s) is adequately bunded
- Sight gauge valves are never left open and British Standard automatically closing valves or electronic gauges are used

- The tank, pipe work, gauges, sight valves and bund are checked regularly and a qualified OFTEC registered technician will service and inspect the tank, pipes and appliances at least annually
- It is known exactly where underground pipework runs and it is always ensured that no above ground activities can puncture it
- The usage of oil is monitored so that any loss of oil is alerted quickly
- Deliveries are supervised, particularly if the delivery driver cannot see the tank during filling
- Adequate insurance cover is in place, not just to replace the lost oil. *Note: insurance may not pay if the leak has been occurring over time, so regular inspection of the tank and monitoring of usage is important.*
- For emergency procedures relating to Oil Leaks, refer to the Emergency Plan.

References

Control of Pollution (Oil Storage) (England) Regulations 2001
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G25 - Provision & Use of Work Equipment

3.37 LPG (Liquefied Petroleum Gas)

- LPG is used on site to fuel heating and/or cooking appliances.
- LPG is supplied via cylinders / an above ground bulk storage tank / a buried bulk storage tank. ***[delete as appropriate]***

Choose ONE of the following paragraphs depending on whether your LPG tank/pipework is above ground or buried

Above Ground Tanks/Cylinders and Pipework

- The tank is sited an adequate distance from building, boundary, sheds and fixed sources of ignition.
- The tank/cylinders are adequately secured to prevent unauthorised access and are adequately protected from vehicular impact.
- The tank valve cover is kept locked shut when not in use.
- The area around the tank/cylinders is kept free of combustible materials and planted shrubs/trees etc. and any grass surrounding the tank is kept short.
- The tank has primary and secondary regulators including UPSO/OPSO.
- There are no open drains or gullies around the LPG vessel(s).
- Pipework is insulated and protected from foreseeable damage including frost damage. Pipework is checked regularly for signs of corrosion and damage.
- The Emergency Control Shut-Off Valve (ECV) is easily accessible and clearly identified at the point of entry to the building and in the area of use i.e., kitchen.
- Pipework is clearly identified with “Gas ID” markers.
- Pipework within the building is installed above ground (surface mounted or overhead) and does NOT run through roof or floor voids (or loft spaces/basements etc.).
- No Smoking/No Naked Flames sign(s) are clearly displayed at the tank filling point and on tank or bottle cages.
- Adequate arrangements are in place to deal with an LPG emergency/leak; these are displayed in prominent locations and at point of use i.e., kitchen. Further details can be found in our Procedures for Managing Emergencies (other than Fire) and all staff are trained in emergency procedures.
- Suitable delivery arrangements are in place including a dedicated flat parking area for the tanker delivering LPG.
- LPG service pipework and steel risers are subject to a written strategy for inspection, examination and maintenance. Records are kept in the Buildings Register.
- Adequate arrangements are in place for inspection and maintenance of the tank and its equipment arranged by the LPG Supplier.
- For emergency procedures relating to LPG, refer to the School Emergency Plan.

Buried Tanks and Pipework

- The tank is sited an adequate distance from building, boundary, sheds and fixed sources of ignition.
- Load bearing slabs or covers are in place where vehicles may run over buried pipework.
- The controls of the LPG tank are inaccessible to the public and the cover is secure and strong enough to take the weight of any vehicle passing over it.
- Metallic buried pipework has been replaced with polyethylene (PE) pipework.
- Buried PE pipework is protected with a glass-reinforced plastic sleeve as it leaves the ground.
- There is a transition from PE to steel or copper piping as the pipework enters the building.
- The route of underground pipework has been physically marked or at least clearly identified on plans.
- There are no open drains or gullies around the LPG vessel(s).
- Pipework is insulated and protected from foreseeable damage including frost damage. Pipework is checked regularly for signs of corrosion and damage.
- The Emergency Control Shut-Off Valve (ECV) is easily accessible and clearly identified at the point of entry to the building and in the area of use i.e., kitchen.
- Pipework is clearly identified with “Gas ID” markers.
- Pipework within the building is installed above ground (surface mounted or overhead) and does NOT run through roof or floor voids (or loft spaces/basements etc.).
- No Smoking/No Naked Flames sign(s) are clearly displayed at the tank filling point and on tank or bottle cages.
- Adequate arrangements are in place to deal with an LPG emergency/leak, and these are displayed in prominent locations and at point of use i.e., kitchen. Further details can be found in our Procedures for Managing Emergencies (other than Fire) and all staff area trained in emergency procedures.
- Suitable delivery arrangements are in place including a dedicated flat parking area for the tanker delivering LPG.
- LPG service pipework and steel risers are subject to a written strategy for inspection, examination and maintenance. Records are kept in the Buildings Register.
- Adequate arrangements are in place for inspection and maintenance of the tank and its equipment arranged by the LPG Supplier.
- For emergency procedures relating to LPG, refer to the School Emergency Plan based on Trust template.

References

Dangerous Substances and Explosive Atmospheres Regulations 2002
HSE: DSEAR
Regulatory Reform (Fire Safety) Order 2005
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G25 - Provision & Use of Work Equipment
KAHSC General Safety Series G38b - DSEAR

3.38 Smokefree Workplace

A complete smoke-free policy applies at all Trust settings and sites. Smoking (including E-Cigarettes/vaping) is not permitted in any part of the premises, including within buildings, within the entrance area, or on land adjacent to the school / Trust building (car park, garden areas, walkway etc.) where this forms part of the premises. This also applies to **any** vehicle being used for Trust business.

The Trust’s disciplinary procedure will apply for dealing with employees who breach the smoking ban at work. Pupils breaching smoke-free rules will be dealt with according to the Behaviour Policy.

These rules apply to employees, parents, visitors, members of the public, contractors and others working in or using the Trust’s premises or vehicles. This will be clearly advertised and visitors to the school will be informed of it.

The Trust will support employees or pupils wishing to give up smoking by advertising and promoting external smoking cessation services and through regular health promotion activities. Resources will also be available to educate pupils and free specialist advice regarding health promotion activity will be provided.

References

NHS
Action on Smoking & Health (ASH)

3.39 Transport

Private cars

- Private cars are to be used to transport pupils ONLY when the owner of the car has a valid driving licence and an insurance policy, which covers the carriage of children for school activities i.e., business use.
- Where possible, children should sit in the rear of the car and seat belts must be worn throughout the journey
- Any child under 12 years and 4ft 5 in will need to use a booster cushion, and those under 25kg in weight must use a booster seat. Procedures are in place to ensure that this occurs i.e., schools keep a supply of booster cushions or ensure parents supply these when required.
- Booster seats/cushions are not required on the school minibus/hired in minibuses unless children under 12 years of age and under 4ft 5in in height are required to sit in seats parallel to the driver.
- Children will alight from the car on the kerbside, not the roadside.
- Within a normal 4/5-seater vehicle, no more than 3 children will be carried.

Occasional Business Use Insurance

Any staff member who uses their own vehicle/car on Trust business (for example Administrative Staff who drive to the bank to deposit money or staff attending work related training courses) should have occasional business use cover on their car insurance schedule. A system has been developed whereby this can be monitored. **OR** This setting has obtained blanket “Occasional Business Use Insurance” which covers employees.

Minibus

The setting does not own a minibus and only buses/coaches are hired where drivers are provided. **OR** The setting owns a minibus / hires a minibus ***[delete as necessary]*** which is adequately maintained. If pupils are ever charged for anything involving the minibus (owned or hired), the setting will hold a Section 19 permit which is renewed every 5 years. Permits will always be held in the minibus when it is in use. If multiple buses are in use, a separate Permit will be in place and displayed on each minibus. It is an offence for Staff to drive a Category D vehicle (minibus) on Category B (car) driving licences without displaying a Section 19 minibus permit, regardless of any money involved in any journey.

All drivers will be ‘approved’ to drive owned or hired minibuses using the model ‘Approval Form’ within KAHSC General Safety Series G11.

No standing passengers may be carried, and all children will wear a seatbelt.

Coach Hire

All coaches hired must be fitted with seat belts. Local firms are contracted.

Consideration is given to when and where coaches used for offsite visits collect and drop off to minimise traffic hold ups around the setting. Any special instructions around parking or access will be communicated with parents.

References

3.40 On-Site Vehicle/Pedestrian Separation

A risk assessment of traffic hazards on the site has been completed and the following control measures have been implemented to minimise the risk of injury from on-site traffic:

Amend the following for your own school's circumstances

Buses

Where buses come onto the site this can be an area of high risk which therefore needs to be carefully managed. The following precautions have been taken:

- There is a designated bus stop
- The setting is served by many buses so there are designated and clearly marked bus parking bays. Bays are numbered and buses use the same bay every day to ensure pupils know where to find their bus
- There are adequate bays for the number of buses serving the site
- Buses do not reverse on the site as this is the most dangerous manoeuvre that a bus can make – where reversing is required this takes place before pupils come out of lessons. All buses are reversed into their bays before the end of the day. This is closely monitored to ensure that the bus companies meet this requirement
- A banksman supervises the safe movement of large reversing vehicles
- Bus bays and stops are located so that pupils can enter a safe pedestrian area immediately on alighting the bus e.g., they don't need to cross a traffic route to reach the pedestrian area
- On after school pick up if a bus has not arrived pupils are held back in a safe area – e.g., hall or playground
- Where buses are parked and waiting for extended periods drivers switch engines off to minimise noise and pollution

Supervision

Staff are proactive in the supervision and are aware of the need for the following:

- Challenging unauthorised or inappropriate parking which creates a hazard
- Steering pupils away from traffic hazard areas
- Supervising bus collections
- Monitoring bus contract performance e.g., are buses arriving at the required time
- Staff involved in supervising are clearly visible to traffic and pupils and wear high visibility jackets.

Signs

There is clear information for visitors communicated on signs. These include:

- Entrance and exit sign
- Site speed limit
- Directions for deliveries
- Pick / up drop off point
- Visitors parking
- Disabled parking – pick up / drop off point
- Main entrance to building
- No parking
- No parents' cars on site
- One-way signs (as appropriate).

Speed control

- A speed limit has been set for the site. The speed limit has been displayed on a sign at the entrance to the site.

- Speed humps have been installed to physically force drivers to reduce their speed.
- As our site is very small, the constricted nature of the space itself is enough to limit speed.

Vehicle access and parking

- Vehicles allowed onto site are kept to a minimum, particularly at the start and end of the school day to segregate vehicles and pedestrians
- Delivery times are restricted e.g., to avoid times when there is high pedestrian activity e.g., during lesson changes/break times
- Overflow parking on games areas is avoided because of the risk of damage to the surface itself, including the spillage of oil
- There is a staff (and visitor) car park which is segregated from the pedestrian access to the school site by fencing
- There is no parking on site for staff or visitors
- There is a one-way system for vehicles
- Physical protection is in place around vulnerable areas of buildings e.g., bollards or barriers
- There is restricted access for vehicles e.g., by closing the gates at the beginning and end of the school day
- Hedges and shrubs are maintained around vehicular areas and car parks to ensure maximum visibility.

Parents cars

Provision for parents' cars at the beginning and end of the school day can be a major issue, this is managed in the following ways:

- Parents are encouraged to walk their children to school
- The setting has a clear policy regarding allowing parents' cars on site to pick up and drop off pupils which is communicated through regular reminder letters in the event of a problem.
- Parents' cars are discouraged on site unless this is a planning requirement.
- Co-operation of parents is sought e.g., persuading them to park away from the entrance and to NEVER park on yellow zig zags
- Where parents' cars are allowed on site there is a marked and designated pick up and drop off point
- Parents' cars are not allowed on site as space is constricted and there is a need for three point turns before being able to exit.

Pedestrian routes

- Separate access for pedestrians and vehicles is in place
- For well used paths within the grounds, widths of 3m or more are in place to assist parents with prams
- Barriers or rails have been erected to prevent pedestrians crossing at particularly dangerous points
- Pedestrian routes avoid abrupt changes of angle and follow direct lines wherever possible
- Children's play areas are sited away from parked cars **or** suitably segregated with appropriate barriers
- Gates are closed/locked at break times or fitted with high level handles
- There are designated crossing points located at safe places with appropriate signs and markings.

References

Workplace (Health, Safety and Welfare Regulations) 1992
Compliance Monitoring in Council Buildings

3.41 Personal Protective Equipment

PPE is defined as 'all equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects the person against one or more risks to that person's health or safety, and any addition or accessory designed to meet that objective'.

Where PPE is found to be necessary after a risk assessment, using the hierarchy of controls below, there is a duty to provide it free of charge.

PPE will be regarded as the last resort to protect against risks to health and safety. Engineering controls and safe systems of work will be considered first.

Controls will be considered in the following order, with elimination being the most effective and PPE being the least effective:

- Elimination – physically remove the hazard
- Substitution – replace the hazard
- Engineering controls – isolate people from the hazard
- Administrative controls – change the way people work
- PPE – protect the worker with personal protective equipment

Workers will be provided with PPE free of charge, where required. This means assessing the residual risk once all other measures (such as engineering controls) have been taken.

Suitable PPE will be:

- provided
- compatible
- maintained
- correctly stored
- used properly

Training and instruction in its use will be provided to all workers. Workers cannot be charged for PPE they require to carry out their work.

- Workers can request PPE through their setting's Health and Safety Coordinator.
- Re-usable PPE will be subject to periodic inspection to confirm its continued suitability, and where appropriate, subject to routine maintenance.
- Workers and pupils must use PPE as instructed and report any defects or other problem promptly to the Health and Safety Coordinator in their setting

On 6 April 2022 the **Personal Protective Equipment at Work (Amendment) Regulations 2022** (PPER 2022) came into force and amend the 1992 Regulations (PPER 1992). They extend employers' and employees' duties regarding personal protective equipment (PPE) to **limb (b) workers**.

Limb (b) describes workers who generally have a more casual employment relationship and work under a contract for service. Generally, workers who come under limb (b):

- carry out casual or irregular work for one or more organisations
- after 1 month of continuous service, receive holiday pay but not other employment rights such as the minimum period of statutory notice
- only carry out work if they choose to
- have a contract or other arrangement to do work or services personally for a reward (the contract doesn't have to be written) and only have a limited right to send someone else to do the work, for example swapping shifts with someone on a pre-approved list (sub-contracting)
- are not in business for themselves (they do not advertise services directly to customers who can then also book their services directly).

As every employment relationship will be specific to the individual and employer, the precise status of any worker can ultimately only be determined by a court or tribunal.

Note: These changes do not apply to those who have a 'self-employed' status.

From 6 April 2022, there will be no difference in the way PPE is provided to workers, as defined by PPER 2022. This means assessing the risk and ensuring suitable PPE is provided, when needed, to all people that fall under the definition of 'worker'.

References

Personal Protective Equipment at Work Regulations 1992 (PPER 1992)
Personal Protective Equipment at Work (Amendment) Regulations 2022 (PPER 2022)
HSE: Personal protective equipment at work (L25)

HSE: Risk at work - personal protective equipment (PPE)
HSE: Respiratory Protective Equipment (RPE)
HSE: COSHH Basics - personal protective equipment (PPE)
HSE: Construction Work - personal protective equipment (PPE)
KAHSC General Safety Series G37 – Personal Protective Equipment

3.42 Physical Education, School Sport and Physical Activity (PESSPA)

The law expects that all physical education teachers will work within a 'modus operandi', which identifies all the foreseeable safety problems associated with the activities undertaken. Each setting must declare its own policies and practices, which will eliminate foreseeable risks. The Headteacher, with oversight and support from the LGB and the wider Trust support offered must ensure that such a system is operable, even by recently appointed staff. At least one teacher per setting has been identified whose responsibility it is to see that safe practice is realistic and working day to day. The law, and the Trust's Board of Directors expects that each individual school's code of safe practice in physical education will reflect its own needs according to its programmes and premises, in addition to factors which it may have in common with other similar establishments.

There is a separate Policy Statement for Physical Education, School Sport and Physical Activity (PESSPA) which includes the named person responsible for ensuring that safe practise is carried out. Guidance offered in the *'AfPE Safe Practice in Physical Education, School Sport and Physical Activity'* is followed. The responsible person must ensure that staff have had specific training in any specialised activities (i.e., Trampolining). Records are kept of who has what qualification and when it is due to be renewed.

All pupils are instructed to safely move and handle equipment they use for PESSPA activities. Staff always supervise the erection and dismantling of PESSPA equipment and do not allow children to do this on their own (unless their age and capabilities allow). The teacher in charge will ensure that there are sufficient children involved in moving the equipment to avoid any strain or discomfort and will themselves assist in the actual process of erecting and dismantling.

Risk Assessments are undertaken of all PESSPA activities so that control measures to eliminate or reduce the likelihood of an accident occurring can be implemented. Risk assessments will be monitored and reviewed regularly and be disseminated to relevant personnel. Clear written guidance, rules and procedures for use of equipment will be provided.

There will be adequate supervision of activities, and staff will be competent to lead activities in their given areas of expertise.

There must be adequate storage for equipment. PE mats are held in a fire-resistant store with doors kept locked when not in use.

Jewellery is not permitted to be worn during any form of PESSPA or movement exercises. There is clear guidance within each setting's Uniform policy wording concerning appropriate clothing and footwear for physical activities.

Inspection of Gymnasium Equipment

- Regular inspections will be made of halls, floors, gyms and equipment.
- PE Equipment will be inspected before use.
- More detailed inspection to check the operation and stability of the equipment and identify evidence of wear will be carried out by staff every 1 - 3 months, or as indicated by the manufacturer's instructions. An inspection record will be kept.
- Equipment will also be formally inspected at least annually by a competent contractor in accordance with the manufacturer's instructions to establish the overall condition of the equipment, foundations and surfaces. The level of competence of the person carrying out the inspection will vary with level of risk associated with the complexity of the equipment.
- If at any inspection equipment is found to need repair, it will be removed, replaced or repaired immediately. If this is impractical, steps will be taken to ensure that it presents no danger to children by immobilisation or erecting protective fencing. The repair will then be completed as soon as possible.

References

Association for Physical Education (afPE)
Safe Practice in Physical Education, School Sport & Physical Activity
KAHSC General Safety Series G05 – Jewellery & Personal Effects
KAHSC PESSPA Policy - Primary Schools
KAHSC PESSPA Policy - Secondary Schools
School PESSPA Policy Statement

3.43 Safe Use of Play Equipment

Supervision

Children will always be supervised whilst using outdoor play equipment; risk assessments will be conducted to determine the appropriate number of people required to supervise play areas (this considers observation points, line of sight etc.). Supervising staff are made familiar with the equipment, the rules for use and of the ability of the children.

General guidelines

- Pupils will be educated about the use of climbing equipment.
- Staff/supervisors on duty will ensure that outdoor play equipment is visible and can be appropriately supervised when in use and will make regular checks for defects and report them as appropriate.
- Where necessary, a rota for use, taking into consideration the age and number of children using it at any one time will be enforced and staff/supervisors will ensure pupils behaviour appropriately.
- Consideration will always be given to weather conditions and outdoor play equipment will NOT be used during wet or icy conditions.
- Where equipment is sited on grassed areas it will be kept out of use in wet weather and for an appropriate length of time afterward to allow the ground to be sufficiently dry.
- Apparatus will only be used at appropriate times when supervised. Parents will be informed that the apparatus is for school aged children only and not to be used before and after school.

Clothing/Footwear

- Suitable clothing should be worn. Hazards can arise from unfastened coats, woollen gloves, scarves, ties, etc.
- Appropriate footwear must be worn. Hazards arise from slippery soles, open toed and sling back sandals, heels and untied laces, etc.
- Staff on duty will ensure that children not dressed appropriately are not permitted to use the equipment.

Zoning of Activities

Consideration has been given to the range of activities occurring within the playground area:

- Ball games/chasing games are sited away from the climbing area.
- In the nursery play area, wheeled toys are to be used away from a climbing area.

Play Equipment Standards

- All **new** outdoor play equipment is designed, constructed, installed and maintained in accordance with European standards BS EN 1176 and BS EN 1177.
- The independent competent person carrying out annual inspection and maintenance will advise whether any alterations need to be made.
- To ensure compliance, only manufacturers/contractors with appropriate play industries registration are used when planning to install new outdoor play equipment. Companies will be checked to ensure they have API (Association of Play Industries) or BSI registration for equipment manufacture and installation.
- Scrambling and climbing elements do not exceed 3 metres; for children below 5 the height does not exceed 1.6m.

- Structures have been spaced clear of each other to prevent one activity interfering with another, and are clear of walls, fences etc.

Safety Surfaces

- **All** products meet the appropriate BS EN Standards. Both **portable** and **fixed** climbing equipment with a fall height of 600mm has an impact-absorbing surface when used outside.
- The extent of surfacing around static equipment extends at least 1.75m beyond the outermost points of the base of the frame.
- Where bark is used this area is a minimum of 300mm deep with a recommended particle size of 38mm max and 12mm min. Additional bark is available to top up to the original level.

Inspection and Maintenance

When new equipment is installed, a post installation inspection will be arranged through the installer. BS EN 1176 recommends that all outdoor play equipment be inspected and maintained on a regular basis e.g.:

Informal Daily/pre use checks by staff - All staff with playground duties are responsible for checking equipment and surfaces before use, concentrating on the following points:

- No evidence of obvious wear / damage
- Area safe from health hazards e.g., needles, glass, faeces etc.
- Impact absorbing surfaces no cuts, tears, wear or unstuck areas
- All fastening tightly secured
- No broken chains, stretched links or loose or twisted shackles
- Uprights unbroken and firm in the ground

Where any defects / hazards are identified appropriate steps will be taken to prevent use until problems have been satisfactorily resolved.

Weekly Formal Inspection (in-house) - A more thorough check of the equipment will be conducted on a weekly basis and records will be held on the Weekly Outdoor Play Equipment Checklist. Completed records will be held in the Buildings Register.

Annual inspection - A detailed certified inspection by an independent competent person capable of inspecting to BS EN 1176 and 1177 will be conducted at least annually by a competent contractor. Such checks ensure safety and identifies any improvements required in terms of the European standards. Any recommended repairs are undertaken, or the equipment taken out of use until funds are available to carry out the repairs or improvements.

References

BS EN 1176:2008 1-7 - Playground Equipment
BS EN 1177:2008 - Impact Absorbing Playground Surfacing Safety Requirements and Test Methods
DfEE – “Playground and Safety Guidelines”
API – “Guide to Outdoor Play Area Installation”
Institute of Leisure and Amenity Management – “Outdoor Play Areas for Children”
National Playing Fields Association – “Towards a Safer Adventure Playground”
ROSPA – “Children’s Playgrounds”
ROSPA – “A Guide to the New European Playground Equipment and Surfacing Standards”
Compliance Monitoring in Council Buildings
KAHSC General Safety Series G33 – Outdoor Play Equipment

3.44 Supervision of Pupils

Children will not be left unsupervised at break times. All staff, volunteers and pupils will be aware of any special site hazards and out of bounds areas. Within reason, off-site break times should not be less than those for on-site break-times.

Supervision of Pupils Before and After School

Teachers can reasonably be asked to be available to supervise children at school up to 10 minutes before school starts and for the same period after school ends, and any such supervision time is included in teachers' directed time. The relevant section of the teachers' conditions of Employment requires teachers to supervise pupils "whether… before, during or after school sessions".

As far as the supervision issue is concerned, there is no statutory legislation which covers the supervision of pupils before and after school. Parents must ensure that their children arrive at, and are collected from, school at the appropriate time either by delivering to/collecting from the school themselves; permitting them to walk to and from school alone or ensuring that, for those entitled to home-to-school transport, the child arrives at a pre-determined pick-up point and arranging for them to return home from the pre-determined drop off point. Having said that, pupils cannot be expected to arrive at school all at the same time when parents will themselves be leaving for work at different times. In addition, individual school transport arrangements mean that there are early arrivals in the morning and perhaps pupils waiting for buses after school. While each setting's duty of care exists so long as the pupils are on the premises with the setting's consent, it is unreasonable for the setting to have to take responsibility for children arriving before supervision could reasonably be expected. Similarly, arrangements for collection of pupils at the end of the day must also be reasonable.

In the case of pupils arriving/leaving on school transport, it is important that staff are available to supervise pupils as they arrive. Depending on the age and/or ability of the pupils, supervision may begin when they enter the grounds. In some cases, however, circumstances may dictate that pupils are collected from the vehicle by a member of staff in person. Should it be felt that the transport is arriving at an unreasonable time, contact will be made with the LA Integrated Transport Team on 01228 226034 or 226005/01 where they will try to assist.

Communication with parents in these situations is particularly important. Each school website states the timings of the school day and when staff will take responsibility for children before school opens and at the end of the day, and reminds parents that before/after then, there will be nobody to supervise pupils. If, for any reason, arrangements must be changed, then the parents will be told well in advance. This is particularly important at settings where for many years, teachers and/or ancillary workers have arrived at school in time to supervise any early arrivals, i.e., prior to the 10-minute period before school starts.

Younger i.e., foundation age pupils should remain in school until they can be handed to parents/carers once they arrive. This may also be necessary for pupils in Key stage one but is not statutory. Any pupils with special educational needs will be considered separately when a risk assessment will be used to determine the supervision and handover procedure of the pupil concerned.

Children who arrive at school knowing that supervision arrangements are not in operation are there at their own risk, and parents will be informed that during this time, the responsibility for the safety of those pupils' rests with the parent/carer. However, should a member of staff be present, and a dangerous situation develop, then legally as well as professionally and morally, the member of staff should attempt to intervene or to seek assistance, as the situation requires.

Non-Collection of Pupils

15 minutes after non-collection at the normal time	Call pupil's emergency contact numbers in hierarchical order.
30 minutes after non-collection at the normal time	Continue to make repeated attempts to contact the normal emergency contact numbers provided by the parent/carer. If still no response, call the Police and explain a child has not been collected.
1 hour after non-collection at normal time	Telephone the Hub based on where the child normally resides:

	Cumberland Safeguarding Hub: 0333 240 1727 **Westmorland & Furness Safeguarding Hub:** 0300 373 2724 **Northumberland CASP:** 01670 356400 (one call) and seek further advice, providing the pupil's name, age and the details of all provided contact numbers.
A full written report of the incident will be recorded and held. Ofsted will be made aware of any serious childcare incidents but usually only if the Police or Children's Services are involved and concerns remain for a child's welfare.	

3.45 Offsite Visits

All reasonable precautions will be taken to ensure that whilst children are on off-site visits, they are appropriately supervised by members of staff, parents, volunteers and others.

- Thorough risk assessments are conducted, and adequate staff/pupil ratios are provided when pupils leave the school premises
- Permission from parents is obtained generically when pupils first start their school career, for all residential trips, trips abroad and adventurous activities parents are notified in advance of all off-site visits
- Mobile telephones are taken on every visit and emergency contact numbers left at school (and on-line with Kym Allan Safeguarding, Health & Safety Consultants Ltd. for Level 2 trips)
- If the off-site visit involves coach travel or travel on public transport, the group will be counted on and off the vehicle with an additional head count before the vehicle moves off
- At the venue, all children will be given details of where the meeting point is. Regular head counts will be taken when moving from place to place
- In some circumstances, and where is it deemed appropriate, children will be provided with a card which indicates the school's name and the name and telephone number of the accommodation at which they are staying
- Where children are given 'free-time' they will be required to stay together in groups of not less than 3.

References

Local SCP's Cumbria: https://www.cumbriasafeguardingchildren.co.uk/
Northumberland: http://www.northumberland.gov.uk/Children/Safeguarding.aspx
*Keeping children safe in education*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf
Working Together to Safeguard Children
Child Protection Policy & procedures, Missing Child procedures, Site & Building Security procedures and relevant Risk Assessment(s)

3.46 Stage and School Performances / Events

A risk assessment will be completed prior to any performances/events to identify any potential hazards including but not confined to:

- Suitability of staging:
  - In the case of stage blocks/modular staging, the stage is put together following the manufacturer's instructions. Pupils are permitted to assist, but are always supervised and given suitable safety instructions
  - Fixed stages are maintained to a safe standard and regularly inspected to identify hazards and prevent accident and injury
- Floor surfaces

- Portable appliances/equipment:
  - use of dry ice and smoke machines
  - strobe lighting
  - use of residual circuit breakers (RCDs)
- Lighting, props, and storage of items
- Work at height
- Manual handling
- Accessibility
- Evacuation procedures/safety instructions to audience (see below)
- Housekeeping
- First aid.

Choose ONE of the follow options:

Option 1:

- This setting holds a Premises Licence issued by the Local Authority for Licensable Activities. A copy of the Licence is displayed in Reception/Outside the school Hall.
- A written Performance/Event Evacuation Plan has been developed for performances/events (when larger than normal numbers of people would be present); all staff are aware of their responsibilities should an evacuation be required during a performance/event and ensure this is clearly displayed. The performance/event leader also ensures this is explained to audiences/participants at the beginning of any such performance/event.
- Calculated Capacity for the hall is not exceeded unless suitable mitigating controls are introduced and included in the fire risk assessment.
- Seating, modular staging/stage blocks and trade stalls for example never obstruct fire escape routes/doors.
- Reference should also be made to the Fire Risk Assessment held separately.

Option 2:

- Performances are for the benefit of parents, grandparents and friends of the setting only which would be deemed 'Private Entertainment'. No admission charge is ever made. Therefore, performances are NOT Regulated Entertainment so are not Licensable as defined by the Licensing Act 2003. A Premises Licence is therefore NOT required.
- A written Performance/Event Evacuation Plan for performances/events has been developed (when larger than normal numbers of people would be present); all staff are aware of their responsibilities should an evacuation be required during a performance/event and ensure this is clearly displayed. The performance/event leader also ensures this is explained to audiences/participants at the beginning of any such performance/event.
- Calculated Capacity for the hall is not exceeded unless suitable mitigating controls are introduced and included in the fire risk assessment.
- Seating, modular staging/stage blocks and trade stalls for example never obstruct fire escape routes/doors.
- Reference should also be made to the Fire Risk Assessment held separately.

Option 3:

No Licensable Activities are undertaken. Performances are undertaken off site if required.

References

Arts on the Move: Drama in Education
Regulatory Reform (Fire Safety) Order 2005
HM Government Fire Risk Assessment in Educational Premises
KAHSC General Safety Series G35a - Fire Safety Management
KAHSC General Safety Series G35b - Emergency Evacuation Arrangements for People with Disabilities
KAHSC General Safety Series G41 - Managing Performances & Events

Emergency Plan, Stage and Drama/Performances Risk Assessments, Evacuation Plans, Fire Risk Assessment and PEEPs/GEEPs

3.47 Animals in School

Animals can play an important role in the education of children who can learn about their needs and characteristics. Before animals are allowed in the setting, suitable and sufficient risk assessment will be carried out, including any planning which needs to be considered for pupil or animal welfare. Any animals kept by the setting will be cared for in line with the appropriate welfare requirements.

Recognised publications and guidance e.g., CLEAPSS guides and the UKHSA Health protection in children & young people settings, including education will be used to determine suitable animals, inform risk assessments, and will be available when keeping animals.

References

UKHSA Health protection in children & young people settings, including education
DfE: Emergency planning and response for education, childcare, and children's social care settings
NHS Choices Website
HSE - Blood Borne Viruses
CLEAPSS Website
KAHSC Medical Safety Series M06 – Preventing BBVs
Emergency Plan

3.48 Sun Protection

Staff across the Trust are aware of the dangers that over exposure to ultraviolet (UV) radiation from the sun can have on a person's health and skin from becoming sunburned to developing skin cancer and we acknowledge the importance of sun protection. The aim is for staff and pupils to work in and enjoy the sun safely. Following these procedures will help achieve this.

Each setting will:

- Develop staff awareness, i.e., through provision of information regarding sun safety and available resources to teachers. The SunSmart skin cancer prevention messages will be promoted by using the SMART code:
    - **S** tay in the shade 11am-3pm
    - **M** ake sure you never burn
    - **A** lways cover up with a t-shirt, hat and sunglasses
    - **R** emember to take extra care with children
    - **T** hen use at least factor 15+ sunscreen, 30+ is considered best practice (the NHS advises that you can burn in the UK, even when it is cloudy and recommends that from March to October children and young people wear sunscreen that is min. 30+ SPF for UVB protection and 4* or higher for UVA protection).
- and implementing the concepts of "Slip, Slop, Slap, Seek and Slide":
    - **SLIP** on clothing to cover your arms and legs
    - **SLOP** on sunscreen with factor 15+ (30+ is considered best practice)
    - **SLAP** on a wide-brimmed hat
    - **SEEK** shade or create your own shade
    - **SLIDE** on some UV protective sunglasses
- Ensure messages are consistent for all staff and pupils about the need to cover up and use sunscreen regardless of how dark their skin is because skin cancer may be less prevalent in people with darker skin, but it is often more serious if it develops, and prevention works best.

- Implement other sun safety precautions to include using lip balm with a SPF of 15+ providing tips and reminders to families and staff about sun safety like using parasols effectively and recommending families and staff perform regular skin examinations at home.
- Require all topical sun protection products that belong to pupils (balms, sunscreen etc.) to be clearly labelled and no pupil should share products belonging to any other pupil unless a valid parental request to allow it has been received and there are no reasons why we should not agree.

Supporting Strategies: Education

These measures are in place:

- All pupils will have at least one SunSmart lesson per year (see Sunsmart Lesson Plans) or for Nurseries, have a SunSmart story time at the start of the summer term to introduce them to or remind them about our summer term routines, what we wear, and how we stay safe in the sun
- How to be SunSmart will be covered in assemblies at the start of the summer term and before summer break (see Sunsmart Assembly Plan).
- The dangers of the sun will form part of the PSHE/science curriculum.
- Families will be provided with information about recommended preventive strategies for sun safety through our website, school newsletters and a letter home at the end of the spring term.
- Staff, parents, pupils, and visitors are particularly SunSmart on special, all-day activities such as PE days, educational visits and sports days by giving good notice about events and what pupils, spectators and others need to bring or wear.
- All staff with any role that involves work outdoors or with pupils in the sun, attends a special SunSmart training workshop run by an experienced staff member at the end of the spring term and information on sun safety will be provided on the staff network and in the staff room.

Protection

This is an ongoing process, but key sun protection measures are as follows:

Shade

- A balance of indoor and outdoor activities are provided during peak times and an indoor area to allow children to shelter from the sun is available. Supervisors will monitor pupil movement. When the sun is strong, pupils are encouraged to sit/play in the shade where it is available.
- The shade available in outdoor areas for work and play between 11.00am and 3.00pm has been reviewed, the resulting action plan is implemented and monitored by Local Governing Body Members responsible for Health and Safety and Buildings and Grounds. The action plan simply identifies where shade is needed most and why, whether it is reasonably practicable to provide more shade, and the short, medium and long-term plan to achieve what is possible e.g., if it is possible to:
    - Plant mature trees in play areas – involving pupils in the planning and care of these.
    - Provide protective shade – buildings, awnings, planting up trestles etc.
    - Provide shaded seating – under trees, parasols for picnic benches etc.

Timetabling

- In the summer months the aim will be to schedule outside activities, trips and PE lessons before 11.00 am and after 3.00 pm if appropriate. If this is unavoidable, use of appropriate sun protection measures (shade, hats, clothing, sunscreen etc.) will be made
- Wherever possible, sports day and other outdoor events will avoid the hottest part of the day.
- When supportive organisations (such as PTA or others) organise outdoor events for the benefit of the setting and students, especially on the setting's premises, important points from these procedures will be shared to help them plan safe and fun events e.g., making the most of available shade.

Clothing (amend based on your Uniform policy)

- Sunhats are part of school uniform and children will be actively encouraged to wear them.
- When outside in sunny weather, children are encouraged to wear hats that cover the ears, face and neck. Sunhats available to order in school colours will always cover the face, ears, and neck **[delete**

last sentence if you do not sell sunhats or link to an order form on your website or tell people to ask at the school office].

- Children are encouraged to wear tops that cover their shoulders (vests and strappy tops are discouraged if uniform is not required).
- Children are allowed and encouraged to wear CE or BS:12312-1:2013 E marked UV protective sunglasses when outside during sunny weather.
- All staff will lead by example and be seen to adhere to sun safe practices e.g., wear hats when on playground duty and teaching outdoors on sunny days.

Sunscreen

- Sunscreen use will be encouraged on days when the sun is strong during summer at lunch breaks, during PE lessons and on school trips. Extra sunscreen will be made available in case children forget their own on school trips or during any compulsory outdoor activities.
- Parents/pupils are encouraged to apply a long-lasting sunscreen of at least SPF 15 before school and are reminded they might need to reapply at breaks.
- Normally, pupils will be encouraged to apply their own sunscreen with adult supervision if necessary.
- Appropriately vetted adults may help students having difficulty to apply sunscreen to their face, neck, and arms, but students should apply it to their own legs. Adults may only apply sunscreen when another adult is present.
- Staff will apply sunscreen to students who cannot apply it effectively themselves. Generally, these will be students with special educational or physical needs.

References

Skcin (The Karen Clifford Skin Cancer Charity) Sun Safe School Scheme
Cancer Research SunSmart website
NHS: Sunscreen and Sun Safety
National Cancer Intelligence Network (NCIN): Skin Cancer Hub
KAHSC General Safety Series G31 – Severe Weather Procedures
Intimate Care Procedures

3.49 Pond (delete if not applicable)

- Ponds will have been designed so that the edges of the pond are shallow, with the deeper zone positioned away from the edges. The depth has been kept as shallow as possible but does not exceed one metre at its deepest point.
- Suitable provision has been made at the water's edge so that groups can work safely.
- The pond is fenced to prevent inadvertent approach. The fencing slats are vertical, not horizontal, with no gaps large enough for a child to pass through. The pond fencing is at least 1.2m (4ft) in height with either 100mm spaced **vertical** bars, or steel mesh with an aperture of 25mm x 25mm.
- A lockable gate has been provided for access to the pond area and to deter unsupervised entry. The gate remains locked whenever the area is not in use with a padlock (not just a bolt).
- In addition to the provision of a fence, a permanently fixed, large-mesh cover at water level, (i.e. "weld-mesh" sheeting used to reinforce concrete) is in place – this enables pond-dipping activities to take place and vegetation to grow through whilst providing cover that would support the weight of a person falling on to it or where it is impracticable to provide a permanently fixed, large-mesh cover at water level as there is an existing pond/a large expanse of water and it may inhibit certain science-related activities.
- Consideration has been given to the likelihood of authorised users (extended schools attendees) and trespassers during the evening and school holidays or if the school grounds will be used as a shortcut to another place.
- Appropriate warning signs have been posted, warning of the presence of a pond and detailing safety rules for use.
- A Risk Assessment & Pond Emergency Evacuation Plan in relation to the pond and activities involving the pond have been undertaken. All relevant information (i.e., the findings of the assessment and the

control measures) has been relayed to staff and to others who may carry out activities involving the pond.
- Adequate instruction is given to pupils as to the risks, and how they should behave. This includes instruction not to drink the water. Following any sessions/activities in the pond area, staff and pupils follow normal hygiene procedures and hands are washed.
- All incidents involving falls into the pond will be reported under the normal accident/incident reporting procedures – refer to our Accident reporting procedures for further details.

Pond Emergency Procedures:

As part of the risk assessment process, this setting has developed formal Pond Emergency Procedures which include:

- How to rescue a person who has fallen in
- Resuscitation and first aid
- How to call for assistance
- What to do with other pupils during an emergency.

References

RoSPA Pond Safety Advice
KAHSC General Safety Series G28 – Guidance on School Ponds

3.50 Trees

Tree surveys are undertaken at appropriate intervals by a competent person and a copy of the Tree Survey Report is held by the relevant setting. All recommendations are appropriately actioned using a contractor who is a member of the ARB Approved Contractor Scheme (run by the member of the Arboriculture Association).

The condition of trees on sites will be closely monitored (including after storms or strong winds); the trees managed, and the site **re-surveyed periodically**, with recommendations acted upon on a risk priority basis.

Contact will be made with the Local Authority before any SIGNIFICANT work is undertaken on trees.

References

The Arboriculture Association
HSE: Managing the Risk from Falling Trees
Forestry Commission
Compliance Monitoring in Council Buildings

3.51 Behaviour

Considerations about the safety aspects which could arise in relation to behaviour are made in each Trust setting. Reference should be made to the School Behaviour Policy, Staff Code of Conduct, Child on Child Abuse Policy and Positive Handling, Support and Intervention Procedures held separately.

Good Shepherd Trust

Life in all its fullness

Health and Safety

Part 4: Supporting Pupils with Medical Conditions

4.1 Responsibilities, Locations and Support Services

Name of School:	Choose an item.
Responsibility:	**Staff Member:**
Development of IHCPs	
Identification and coordination of training	
Taking charge of medicines from parents	
Maintain the emergency inhaler kit	
Maintain the Emergency Adrenaline Kit	
Medicines support issues concerns	
Sharps box disposal (if appropriate)	

Location of Medicines [Delete all rows not applicable to your setting]

Item	**Location**
Medicines Fridge	
Non-emergency medicines cabinet	
Staff store for inhalers	**Year group & location:**
Other emergency medicines	
Sharps Box	
Controlled Drugs	
Emergency asthma kit (salbutamol inhaler if school keeps one)	
Register of asthma pupils who may need to access the emergency asthma kit	
Adrenaline auto-injectors (AAI) store for pupils	
Emergency AAI kit (AAI if school keeps one)	
Defibrillator	

Healthcare Professional Support Services

Service	**Contact Details**
School Nurse Service	
Local GP	
Paediatricians	
Clinical Commissioning Group	
Local Authority Contact	
Other healthcare professionals	

4.2 Values

Every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe:

- Everyone has something to offer
- Trust, honesty, empathy and social responsibility are the Christian values that frame our work
- We are here for the whole person, spiritually, morally, educationally and socially
- In working with transparency and openness

4.3 Legislation and Guidance

This policy is based on:

- the statutory Department for Education (DfE) guidance document Supporting pupils at school with medical conditions
- Section 100 of the Children and Families Act 2014

It should be read in conjunction with the following legislation and policies:

- Equality Act 2010
- *Special Educational Needs and Disability: Code of Practice 0-25 Years*
- Health and Safety Policy and Procedures
- First Aid Policy and Procedures
- Equality Policy
- SEND policies and procedures

4.4 Statement of Intent

The Trust's Board of Directors have a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support pupils with medical conditions.

The aim of this document is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education, school sports and physical activity PESSPA) and achieve their academic potential.

Some pupils with medical conditions may be deemed disabled under the definition set out in the Equality Act 2010. Where this is the case, the Trust must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care Plan (EHCP) that brings together health and social care needs, as well as their special educational provision. For children with SEND, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and each school's SEND Policy will ensure compliance with legal duties.

The Trust believes it is important that parents of pupils with medical conditions feel confident that their chosen school provides effective support for their child's medical condition, and that pupils feel safe in the school environment. There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains

procedures to minimise the impact of long-term absence and effectively manage short-term absence.

To ensure that the needs of pupils with medical conditions are fully understood and effectively supported across the Trust, our schools consult with health and social care professionals, pupils and their parents.

4.5 Procedures

4.6 Notification that a Pupil has a Medical Condition

When notified that a pupil has a medical condition that requires support in school, the Headteacher will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP (Appendix B).

For a pupil starting in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a pupil who joins mid-term or is an existing pupil with a new diagnosis, we will work to ensure arrangements are put in place within **two weeks**.

For pupils leaving to attend another educational setting, we will appropriately inform the setting they are moving to of the pupil's needs during the transition process.

A school does not have to wait for a formal diagnosis before providing support to a pupil. In some cases, their medical condition may be unclear or there may be a difference of opinion. The Headteacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

4.7 School Attendance and Re-integration

After a period of absence though ill health, hospital education or other alternative provision there will be period of re-integration which will vary for each child, but in principle we will:

- have an early warning system to inform the CEO and LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g., our regular attendance reviews informed by our knowledge of pupils' potential vulnerabilities.
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g., email, newsletters, invitations to school events, approved and supervised phone, video chat or other direct contact by classmates or staff.
- plan for consistent provision during and after a period of education outside school and who/what services we have available to support us to do this - for example in what ways can we ensure the absent child can access the curriculum and materials that he or she would have used in school.
- work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence.
- make any *reasonable* adjustments to provide suitable access for the child as required under equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be because of an absence but could be as the result of a serious or embarrassing incident at school.

4.8 Individual Healthcare Plan (IHCP)

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a pupil, or whether it would be inappropriate or

disproportionate to their level of need. If no consensus can be reached, the Headteacher makes the final decision.

The IHCP (template at Appendix C) is a working document that will help effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that each school can assess and manage identified risks to the pupil's education, health and social wellbeing as well as minimise disruption.

An IHCP will cover:

- the medical condition, its triggers, signs, symptoms, and treatments.
- the pupil's needs, including medicine (dose, side-effects, and storage) and other treatments, time, facilities (privacy, shower, sleep), equipment (glucose testing, AAIs etc.), access to food and drink (when used to manage a condition), dietary requirements, and environmental issues (dust, pollen. crowds, distance between lessons etc.).
- specific support for the pupil's educational, social, and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- the level of support needed, including in emergencies.
- whether a child can self-manage their medicine and how this can be supported.
- who will provide necessary support, their training needs, expectations of their role, and confirmation of their proficiency to carry it out effectively.
- cover arrangements for when named supporting staff are unavailable.
- who in the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the Headteacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours or activities,
- arrangements for written permission from parents and the Headteacher for the school supply of emergency salbutamol or adrenaline to be administered by a member of staff, or self-administered by the pupil in an emergency during school hours or activities; [amend or delete if school does not hold one or either]
- separate arrangements or procedures required for school trips and activities e.g., risk assessments.
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHCPs are reviewed **at least annually**, **when a child's medical circumstances change, or following an incident, whichever is sooner**. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements (check RPA) if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn.

Where a pupil has an EHCP, the IHCP is linked to it or becomes part of it.

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

4.9 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

If a pupil with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

4.10 Training

Any member of school staff providing support to a pupil with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support pupils with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

All staff will undergo 'whole school awareness' training on induction and regularly to be delivered at school at the direction of the Headteacher. It will cover:

- current school Policy on supporting pupils with medical conditions.
- the role of staff in implementing it.
- whether any of our pupils have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support undiagnosed pupils.
- how to spot a pupil experiencing an emergency.
- what to do in an emergency.
- how to find more information and resources.

Staff who administer simple oral or topical medicines will undergo 'administration awareness' training to be delivered at the direction of the Headteacher before being asked to do so. It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII).
- whether different procedures apply in different locations and where to find the written checklist displayed in each one.
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again, washing hands between each pupil if administering to more than one.

- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.
- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.
- recording procedures.

Designated staff who manage a specified condition, administer complex medicines or carry out medical procedures will undergo **'specific awareness' training** on induction to relevant tasks and at regular intervals. Such training will be delivered by an appropriately competent healthcare professional.

Such training should cover:

- responding appropriately to a request for help from another member of our staff.
- administering the medicines or procedures.
- recognising when emergency action is necessary.
- making appropriate records; and
- ensuring parents are informed (see links to letters and the IHCP on the contents page).

A record of training should be made, the National College system provides a training record for staff and volunteers and a record can be uploaded by the staff member themselves or a school manager on their behalf. A template record from KAHSC Hub can be used as proof of completion.

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice, they will never be relied on as the sole source of advice.

4.11 Managing Medicines

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the pupil's health or school attendance not to do so. Such medicines can be prescription or non-prescription but not herbal.

Consent forms are available at Appendix D1 (single medication) and D2 (multiple medications), a combined consent and record form is available at D3.

Each Trust school is committed to the proper management of medicines and there are clear procedures that must be followed:

- Pupils under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- Pupils under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the NHS recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief will be given.

- The repercussions of staff administering an underdose or overdose of a pupil's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- A school can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.
- Pupils should always know where their medicines are and be able to access them immediately, whether in school or off-site. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Details of where medicines including emergency inhalers are kept are detailed above.
- Records must be kept of all medicines administered to individual pupils.

4.12 Controlled Drugs

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a pupil for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

4.13 Record Keeping

Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.

Written records will be kept of all medicines administered to pupils (Appendices E1 – E3). Such records will state:

- what medication was administered
- how the medication was administered
- how much medication was administered
- when the medication was administered
- who administered the medication
- any side effects experienced or refusal

When a pupil has a course of, or on-going medication(s) they will have an individual record sheet for each medicine completed and signed by a parent when the medication is delivered into school. (Appendix E1). The same sheet will be updated at the return of the medication.

Where administration of a controlled drug is needed the signature of a second witness to the administration should be obtained. Details of receipts and returns of a controlled drug will be accurately recorded on the administration record (Appendix E2).

When a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E3).

4.14 Administration of Emergency Asthma or Auto Adrenaline Injector Kit

A register of eligible and appropriately identified pupils will be kept in an asthma or AAI emergency kit.

When a pupil is given either an emergency inhaler or AAI:

- it will be recorded on the relevant general record card (Appendix F1 and F2)
- parents will be informed:
    - For the use of an emergency asthma reliever inhaler: use the template letter (Appendix G)
    - For the use of an emergency AAI: immediately by telephone or another agreed instant communication method, and a record made

4.15 Record Retention

Please also refer to the Trust's Data Protection policy including the Document Retention Schedule.

Records relating to the administration of medicines by school staff, including consent forms are classed as ***school records*** rather than pupil records. Such records should be held separate from the pupil personal file and should **NOT** be transferred to the next school or setting.

General records of the administration of medicines signed by school staff (Appendix E3) should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff (Appendix E1 and E2) can be securely destroyed once the child has left the school.

4.16 Emergency Procedures

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Pupils will be involved in age and developmentally appropriate ways in emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents or carers arrive. This may mean that they will need to go to hospital in the ambulance and may need support with arrangements for their own transport back to school or home.

4.17 Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. The Human Medicines (Amendment) (No. 2) Regulations 2014 allow (but do not require) schools to keep a salbutamol reliever inhaler on site for use in an asthma emergency. Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off site.

If individual Trust schools decide to keep an inhaler for use in school or off-site, they are kept in a secure location, details of which can be found the school specific information at the start of the policy. **A school's decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

Having procedures in place that set out how and when the emergency inhaler should be used will protect staff by ensuring they know what to do it in the event of a child having an asthma attack.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses including but not limited to:

- Hyperventilation
- allergic reaction
- and choking

can be mistaken for asthma in such cases use of the inhaler could lead to a delay in the child getting the treatment they need. Therefore, the emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma, and prescribed a reliever inhaler, **OR**
- who have been prescribed a reliever inhaler, **AND**
- for whom written parent consent for use of the emergency inhaler has been given (Appendix D1)

Where the school has chosen to keep an emergency asthma kit it will include a register of eligible and appropriately identified pupils to ensure that such children **ONLY** are given the salbutamol inhaler. The register will include the child's name and photograph to aid with identification and will be held with the emergency kit and at a central location, details of which can be found in the school specific information at the start of this policy.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine. The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life. Where a pupil has been prescribed a reliever inhaler this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly. The IHCP will also make clear whether the use of the pupil's own asthma reliever inhaler should be recorded and reported to parents.

Appendix G gives a template notification letter to parents advising them of the use of the emergency salbutamol inhaler.

4.18 Supplies of Salbutamol

Inhalers and suitable spacer equipment will be purchased from a reputable supplier of pharmaceutical products in writing confirming the following:

- The name of the school and its membership of The Good Shepherd Multi Academy Trust
- The purpose for the which the product is required and
- The total quantity required

4.19 The Emergency Asthma Kit

An emergency asthma kit will contain:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note on how to arrange replacements for inhalers or spacers
- A copy of the asthma register
- A record of administration (see appendix F1)

4.20 Storage and Care of Inhalers

The person responsible for maintaining checking the emergency inhaler kit each month can be found in the school specific information at the start of the policy. It is this person's responsibility to ensure that:

- Storage is in line with manufacturer's guidelines
- The inhaler and spacers are present and in working order – including priming the inhaler by spraying two puffs to prevent blockage
- Enough doses are available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use

Following use the inhaler canister should be removed and the plastic inhaler housing and cap should be washed in warm running water and left to air dry in a clean, safe space. The canister should be returned to the housing when dry and the cap replaced. If there is any risk of contamination i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of. The spacer should not be reused and can be given to the child to take home for future personal use or can be disposed of.

4.21 Allergens

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

This school is committed to supporting pupils who have been diagnosed with an allergy.

AMEND BELOW SECTION AS APPROPRIATE FOR YOUR SETTING, DELETE THE OPTION NOT OPERATING IN YOUR SETTING:

4.22 School Meals and Wrap Around Care Providers: **Contractors**

KEEP THIS SECTION IF YOUR SCHOOL MEALS AND/OR WRAP AROUND CARE ARE PROVIDED BY A CONTRACTOR (MAKE CLEAR IF MEALS OR WRAP AROUND CARE OR BOTH)

Our meals contractor/wraparound care provider assures that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with school leaders and take the pupil IHCPs that are shared into account when planning menus and allergen management.

- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g., sauces, desserts etc.
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage.
- ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.

Their recipes are analysed, and details of allergen contents is available from our kitchen/ wraparound care team with each menu cycle. This information should be posted to the school website and is also available from the contractor's website.

Information is passed to the kitchen/wraparound care team and there are regular meetings between contract staff and school staff to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

4.23 School Meals and Wrap Around Care Providers: **In-House**

KEEP THIS SECTION IF YOUR SCHOOL MEALS AND/OR WRAP AROUND CARE ARE PROVIDED 'IN-HOUSE' BY TRUST EMPLOYEES (MAKE CLEAR IF MEALS OR WRAP AROUND CARE OR BOTH)

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into the risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes.
- handling requests for allergen information.
- properly labelling all foods they prepack.
- how cross contamination can occur and how to prevent it.
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

4.24 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the 14 Food Allergens | Anaphylaxis UK, so they can take it into account when planning any food-related activities for children with known allergies. Staff are also trained to be alert to signs that a child may have a previously unknown allergy or has developed a new one.

Staff or volunteers working with food in play, the curriculum, or other school activities will receive sufficient instruction on and follow the good practice in managing exposure to allergens.

4.25 Steps to reduce anaphylaxis risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where the school provides the food, staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food will not be given to food-allergic children without parental engagement and permission e.g., birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

4.26 Adrenaline Auto-Injectors (AAIs)

Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. It usually develops suddenly, gets worse very quickly, and can be very serious if not treated quickly with adrenaline because the resultant swelling can stop someone from breathing.

Consideration will be given to preventing and managing an allergic reaction when planning all school activities on and off-site.

An AAI register of all pupils prescribed an AAI will be kept (details of its location are given at the beginning of this policy) and will be checked as part of initiating the emergency response.

Where a pupil has been prescribed an AAI:

- this will be recorded on their IHCP
- the IHCP will indicate whether the child can responsibly carry the device and self-administer it correctly.
- During an off-site visit pupils will have their own AAI with them

Every use of a child's own AAI will be recorded and reported to parents, including:

- Where and when the reaction took place
- How much medicine was given and by whom

The administration of any AAIs will be carried out in accordance with professional medical guidance and staff training. Designated staff will be trained in how to administer a child's own AAI and other staff will be trained in how to seek the help of designated staff in an anaphylaxis emergency, and what to do if they believe help will not come fast enough.

The emergency services will be called when a reaction is severe even if the AAI has been administered or if a pupil is not diagnosed but seems symptomatic.

Safe disposal arrangements are in place with sharps containers.

4.27 Emergency AAI usage and Kits

The Human Medicines (Amendment) Regulations 2017 allow (but do not require) schools to keep an adrenaline auto-injector (AAI) for use in an anaphylaxis emergency. If individual Trust schools decide to keep an AAI for emergency use in school or off-site, they are kept in a secure location, details of which can be found in the school specific information at the start of the policy. The emergency kit will not be locked away and will be kept separate from any pupil's prescribed AAI and be clearly labelled to avoid confusion with a pupil's own AAI.

The school's decision to hold an emergency AAI kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional AAI containing sufficient medicine for their needs.

A copy of the AAI register including consent to administer the school emergency AAI will be held with each school AAI emergency kit.

Designated staff will be trained in how to administer the school emergency AAI and other staff will be trained in how to seek their help in an anaphylaxis emergency, as well as what to do if they believe help will not come fast enough.

Parents will be informed whenever their child has used the school emergency AAI and the emergency services will be called when a reaction is severe.

4.28 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits, sporting or other activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable pupils with medical conditions to have equality of access. Advice is also sought from pupils, parents/carers, and relevant medical professionals.

A pupil will only be excluded from an activity if the Headteacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

4.29 Other Arrangements

Delete the sections not relevant to your setting

4.29.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA ***must*** know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-

threatening medical condition rests with school in consultation with the parents. In some cases, it may be appropriate to share elements of a pupil's IHCP with the transport operator.

4.29.2 Defibrillators

A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use and safe.

Whether an individual school within the Trust has no provision, hosts a Community Public Access Defibrillator (CPAD) or purchases Automated External Defibrillators (AED) is determined by the first aid needs risk assessment or a local community action plan.

For more information about AEDs and this setting's emergency first aid arrangements, please see our First Aid Policy.

4.30 Unacceptable Practice

It is never acceptable to:

- Prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although staff will be supported to appropriately challenge this where they have genuine concerns).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch, unless this is specified in the IHCP.
- Send an unwell child to the medical room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition e.g., hospital appointments
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need, to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g., by requiring parents to accompany the child.

4.31 Insurance

All Trust Staff will be appropriately insured under the Risk Protection Agreement (RPA for Academy Trusts) to carry out tasks associated with supporting pupils with medical conditions.

4.32 Complaints

Should parents, carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the headteacher in the first instance.

If this does not resolve the issue, they may make a formal complaint through the normal complaints procedure which can be found in the Trust's Complaints Policy available on both the School and Trust websites.

Template Letter Inviting Parents to Contribute to the Development of Their Child's Individual Healthcare Plan

(Copy this template onto school headed paper and amend it to suit).

Dear parent or carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN (IHCP) FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an Individual Healthcare Plan (IHCP) to be prepared, setting out what support your child needs and how this will be provided. IHCPs are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although IHCPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail in plans will depend on the complexity of their condition and the support needed. Please find a blank copy of the IHCP included with this letter.

A meeting to start the process of developing your child's IHCP has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

[Insert names and relevant positions of people who will attend]

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or insert another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

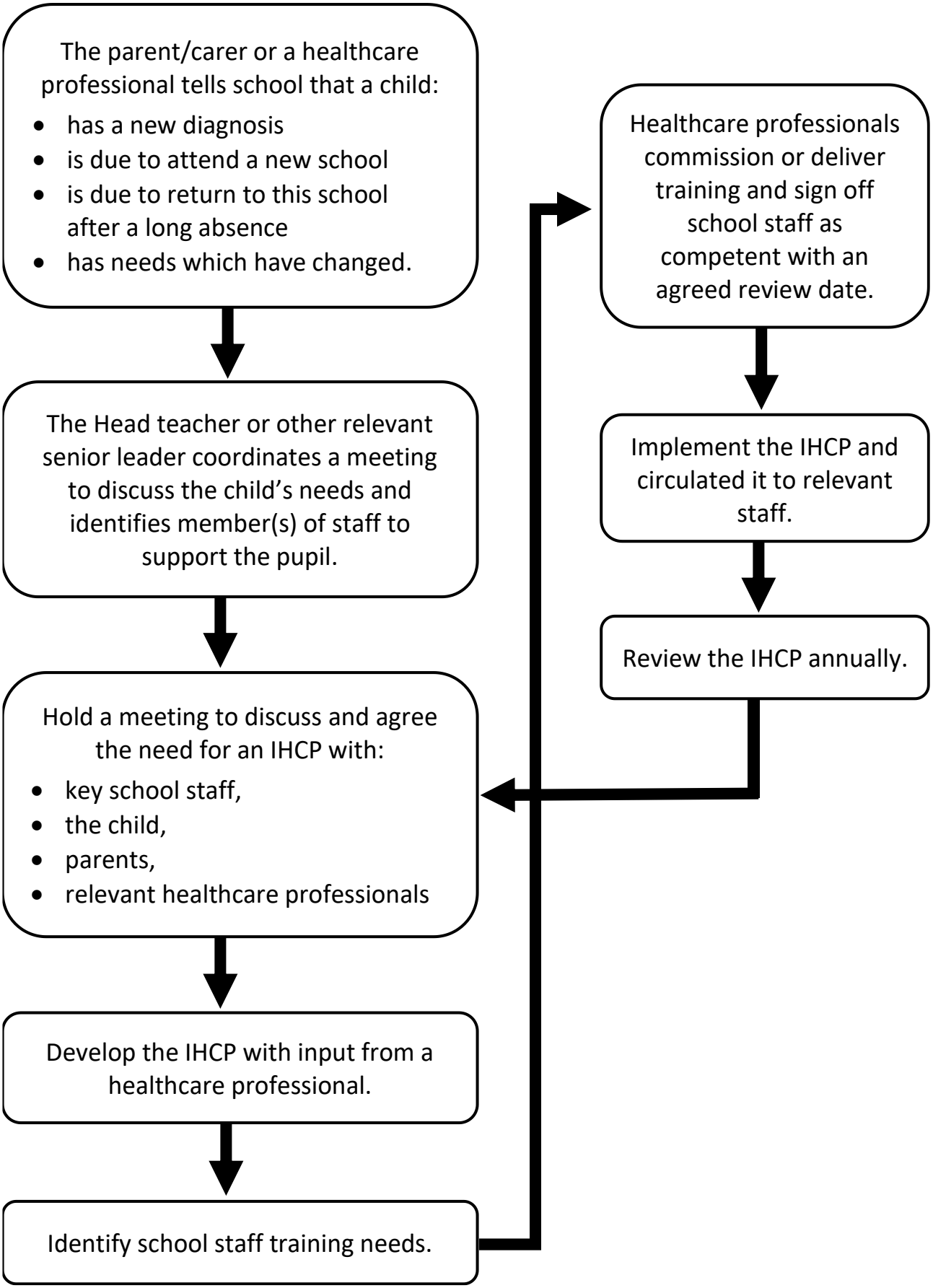
[Insert signature]

[Insert name and role designation]

Enclosed/also attached:

- One Supporting Pupils with Medical Conditions Policy
- One blank Individual Healthcare Plan (IHCP)

Notification that a pupil has a medical condition:
A Flowchart for developing an individual health care plan (IHCP)



Individual Healthcare Plan (IHCP)

School/setting:				**PHOTO**
Name of child:				
Date of birth:		**Class/group:**		
Address of child:				
Sex:	male ☐ female ☐	**Pronouns:**	he ☐ she ☐ they ☐	
Date:		**Review date:**		

Who is responsible for providing support in school?	

Medical Diagnosis or Condition

EMERGENCY CONTACT INFORMATION			
Family Contact 1		**Family Contact 2**	
Name:		**Name:**	
Relationship to Child:		**Relationship to Child:**	
Work Tel. No:		**Work Tel. No:**	
Home Tel. No:		**Home Tel. No:**	
Mobile Tel. No:		**Mobile Tel. No:**	
Clinic or Hospital Contact		**GP Contact**	
Name:		**Name:**	
Contact No:		**Contact No:**	

Describe the child's medical needs (e.g., details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)

Medicine details (e.g., name of medicine, dose, method of administration, when it is to be taken, adverse or side effects, contra-indications, whether the pupil can self-administer independently under supervision, with prompts or direction, or with physical support, whether it is carried by the child and how it is carried etc.)
Which (if any) of these medicines are controlled drugs:
Agreed procedure if the medicine or procedures are refused by the child
Daily care requirements (e.g., before sports activities, at lunchtime etc.)
Specific support in place for any educational, social, emotional, or mental health needs (include re-integration and any partnership working following absences e.g., Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious incidents at school.

Arrangements for educational visits or other activities outside the normal timetable

Other Information

Describe what constitutes an emergency and the action to take if this occurs	
Permission is given to administer school salbutamol in an asthma emergency:	YES ☐ NO ☐ N/A ☐
Permission is given to administer school adrenalin in an anaphylaxis emergency:	YES ☐ NO ☐ N/A ☐

Describe any follow-up care required

Who is responsible in an emergency? (Please state if different for different activities e.g., off-site etc.):

Staff training needs identified or already undertaken (e.g., names of staff trained, what training they have received and when, along with any plans to train others and when)

Plan developed with: (e.g., child, parents, healthcare professional, therapist etc.)			
Print Name	**Signature**	**Relationship to child:**	**Date**

Form copied to (Please state who holds copies of this information and where)**:**

Parental Consent to Administer Medicines Form

Staff will not give your child a medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures, **and** you complete and sign this form.

School/Setting:					
Name of Child:				**Class/group:**	
Date of Birth:		**Sex:**	male ☐ female ☐	**Pronouns:**	he ☐ she ☐ they ☐
Date for review to be initiated by:					
Medical diagnosis, condition, or illness					

MEDICINE(S)			
Name/type of medicine(s) (As described on containers)			
Names of controlled drugs?			
Expiry date(s):			
Dosage and method of administration:			
Timing(s):			
Special precautions or other instructions: with food etc.			
Side effects that staff must know about:			
Can the child self-administer?	YES ☐ NO ☐	**If YES is supervision required?**	YES ☐ NO ☐ N/A ☐
Do any medicines need to be carried by the child on their person? YES ☐ NO ☐ **What and where will they keep it?**			
Steps to take in an emergency:			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

I understand medicines must be delivered and collected [describe procedure]:	YES ☐ NO ☐ N/A ☐
I understand my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day. I consent to them receiving, in an asthma emergency, salbutamol not prescribed to them.	YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A ☐
I understand my child must have the number of working and in-date AAIs that their doctor recommends, clearly labelled with their name, which they bring with them every day. I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.	YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A ☐
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.	

Signed:		**Date:**	

Parental/Medical Consent to Administer Medicines

Staff will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and procedures, **and** you complete and sign this form. Parents can complete the whole form, but in line with recommendations from child protection Serious Case Reviews, **a relevant medical professional must also sign their agreement** to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

Name of Child:			**School/Setting:**			**Class/Form:**	
Date of Birth:		**Sex:**	male ☐ female ☐	**Pronouns:**	he ☐ she ☐ they ☐	**Reviews to be initiated by:**	
Medical diagnosis, condition, or illness							

MEDICINE(S)						
Name/type of medicine(s) (As described on container)	**Controlled Drug?**	**Expiry date**	**Dosage and method of administration**	**Timing**	**Special precautions or other instructions** e.g., with food.	**Side effects that we need to know about**
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					
	Y ☐ N ☐					

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy/over the counter.

Can the child self-administer?	YES ☐ NO ☐	**If YES is supervision required?**	YES ☐ NO ☐ (if YES, please detail e.g., visual only, guiding hand, measure check only etc.)
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES ☐ NO ☐ (if YES, please give details):	
Procedures to follow in an emergency:			

EMERGENCY CONTACT INFORMATION			
Name:		**Relationship to Child:**	
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

Parental Declarations	
I understand that medicines must be delivered & collected [describe procedure]:	YES ☐ NO ☐ N/A ☐
I understand that my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.	YES ☐ NO ☐ N/A ☐
I consent to my child receiving, in an asthma emergency, salbutamol not prescribed to them.	YES ☐ NO ☐ N/A ☐
I understand that my child must have the number of working and in-date AAIs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.	YES ☐ NO ☐ N/A ☐
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.	YES ☐ NO ☐ N/A ☐
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	

Signed:		**Print Name:**		**Date:**	

Medical Practitioner Declaration

The above information is, to the best of my professional knowledge of this child, accurate. I agree that, in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
Signed:		**Print Name:**		**Date:**	
Professional relationship to child:		**Recommended date of review/review trigger:**			

Parental Consent to Administer Medicines & Record Form

Staff will not give your child a medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures, **and** you complete and sign this form.

School/Setting:					
Name of Child:				**Class/group:**	
Date of Birth:		**Sex:**	male ☐ female ☐	**Pronouns:**	he ☐ she ☐ they ☐
Date for review to be initiated by:					
Medical diagnosis, condition, or illness					
MEDICINE(S)					
Name/type of medicine(s) (As described on containers)					
Names of controlled drugs?					
Expiry date(s):					
Dosage and method of administration:					
Timing(s):					
Special precautions or other instructions: with food etc.					
Side effects that staff must know about:					
Can the child self-administer?	YES ☐ NO ☐		**If YES is supervision required?**	YES ☐ NO ☐ N/A ☐	
Do any medicines need to be carried by the child on their person? YES ☐ NO ☐ **What and where will they keep it?**					
Steps to take in an emergency:					

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		**Work Tel. No:**	
		Home Tel. No:	
		Mobile Tel. No:	

I understand medicines must be delivered and collected [describe procedure]:	YES ☐ NO ☐ N/A ☐
I understand my child must have a working, in-date, and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day. I consent to them receiving, in an asthma emergency, salbutamol not prescribed to them.	YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A ☐
I understand my child must have the number of working and in-date AAIs that their doctor recommends, clearly labelled with their name, which they bring with them every day. I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.	YES ☐ NO ☐ N/A ☐ YES ☐ NO ☐ N/A ☐

The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
Signed:		**Date:**	

Date medicine received	Name & Quantity received	Expiry date	Parent Sign	Staff Sign	Date medicine returned	Quantity returned	Parent Sign	Staff Sign

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff signature.:								
Witness signature.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff signature.:								

Witness signature.:								

Record of Medicine Administered to an Individual

Each medicine administered to an individual on a regular or scheduled basis must be recorded on a separate sheet and administration should be witnessed. If a medicine is a controlled drug, handovers **must** be tracked and administration **requires** a witness signature so, use Form D2 Record of Controlled Medicines Administration to an Individual.

Name of school/setting:							
Name of child:			**Date of Birth:**		**Class/Form:**		
Name and strength of medicine:							
Dose and frequency of medicine:	//						
Date medicine received in school:		**Expiry date:**		**Date medicine returned to parent:**			
Quantity of medicine received:				**Quantity returned to parent:**			
Staff Signature:		**Parent Signature:**					

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								

Staff name:								
Staff signature:								
Witness sign.:								

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								

Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								

Record of Controlled Medicine Administered to an Individual

All handovers of medicines classified as controlled drugs must be recorded on this sheet and all administration witnessed. Print on different coloured paper from sheet D1. Examples include methylphenidate (Ritalin), Midazolam, Diazepam etc. Witness signatures must be legible enough to identify individuals.

Name of school/setting:								
Name of child:			**Date of Birth:**		**Class/Form:**			
Name and strength of medicine/s:								
Dose and frequency of medicine/s:								
Date medicine received	**Quantity received**	**Expiry date**	**Parent Sign**	**Staff Sign**	**Date medicine returned**	**Quantity returned**	**Parent Sign**	**Staff Sign**

PLEASE NOTE: a parent/carer must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								
Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								
Date:								
Time given:								
Dose given:								

Any reaction?								
Staff name:								
Staff signature:								
Witness sign.:								

Record of Medicine Administered to All Children

This record form is for the occasional necessary administration of medicine to children e.g., pain relief etc.

Name of school/setting:	

Date	Name of Child	Time	Name of Medicine	Dose Given& How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Name of Medicine	Dose Given& How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Name of Medicine	Dose Given& How	Any Reactions	Signature of Staff	Print Name

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Record Card: All Children: Emergency Salbutamol Inhaler Administration

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name
01/09/14	*Anne Other*	*14:30*	*Field during PE rounders*	*2 x 2puffs in 4 mins*	*J Smith*	*John Smith*

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Record Card: All Children: Emergency Adrenalin Administration

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name
01/09/18	*Anne Other*	*14:30*	*Insect sting PE on field*	*1 x Epipen 0.3mg*	*J Smith*	*John Smith*

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Date	Name of Child	Time	Where & When	Dose(s) Given	Staff Signature	Print Name

Name of School Emergency Salbutamol Use Note

Name of child:		**Date of incident:**	
Child's class/group:		**Time of incident:**	

Dear Parent or Carer,

Today your child has had problems with their breathing. This happened when:

☐ They used their own asthma inhaler *without / with supervision. They took _ _ _ puffs.

☐ A member of staff helped them to use their own asthma inhaler. They took _ _ _ puffs.

☐ They did not have their own asthma inhaler with them, so a member of staff *supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had _ _ _ puffs.

☐ Their own asthma inhaler *was empty / not working, so a member of staff *supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had _ _ _ puffs.

Although they soon felt better, we strongly advise that you take your child to see their own doctor as soon as possible.

Please check your child's *inhaler / spacer and ensure we have a spare in school.

If your child used the school emergency spacer, it will be kept in school for their personal use only so please send in a replacement, as agreed, as soon as possible (your GP can prescribe this).

Thank you.

Head Teacher/Class Teacher:

✂ _

Name of School Emergency Salbutamol Use Note

Name of child:		**Date of incident:**	
Child's class/group:		**Time of incident:**	

Dear Parent or Carer,

Today your child has had problems with their breathing. This happened when:

☐ They used their own asthma inhaler *without / with supervision. They took _ _ _ puffs.

☐ A member of staff helped them to use their own asthma inhaler. They took _ _ _ puffs.

☐ They did not have their own asthma inhaler with them, so a member of staff *supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had _ _ _ puffs.

☐ Their own asthma inhaler *was empty / not working, so a member of staff *supervised / helped them to use the emergency spacer and asthma inhaler containing salbutamol. They had _ _ _ puffs.

Although they soon felt better, we strongly advise that you take your child to see their own doctor as soon as possible.

Please check your child's *inhaler / spacer and ensure we have a spare in school.

If your child used the school emergency spacer, it will be kept in school for their personal use only so please send in a replacement, as agreed, as soon as possible (your GP can prescribe this).

Thank you.

Head Teacher/Class Teacher:	

Employee Declaration

XXXX School / Central Trust Staff – Health and Safety Policy

I acknowledge acceptance of and the fact that I have been made aware of the contents and location of the Trust's Health and Safety Policy dated **[Insert Date]** and its associated guidance and have been made aware of my general Health and Safety responsibilities along with any specific roles and responsibilities for Health and Safety and safeguarding that have been assigned to me.

Name	Job Title	Signature	Date

Good Shepherd Trust

Life in all its fullness

School Accident Report Template

Section 1: Basic Information

- **Date of Incident: _____**
- **Time of Incident: _____**
- **Location of Incident: _____**
- **Person Reporting the Incident: _____**
- **Role (Teacher, Staff, Student, Visitor, etc.): _____**

Section 2: People Involved

- **Name of Injured Person(s): _____**
- **Age/Grade (if student): _____**
- **Staff Supervisor (if applicable): _____**
- **Witnesses (Names & Roles): _____**

Section 3: Incident Description

Type of Incident (Check one or more):

☐ Slip, Trip, or Fall
☐ Sports Injury
☐ Playground Incident
☐ Equipment Malfunction
☐ Medical Emergency
☐ Violence-Related (Fight, Bullying, Assault)
☐ Food-Related (Allergy, Choking, Food Poisoning)
☐ Hazardous Substance Exposure
☐ Transportation Accident (Bus, Parking Lot)
☐ Other: _____

- **Describe What Happened:**

(Provide a detailed account of how the incident occurred, what the injured person was doing, and any contributing factors.)

Section 4: Injury Details

Nature of Injury (Check all that apply):
☐ No Injury Reported (Near Miss)
☐ Minor Cuts/Bruises
☐ Sprain/Fracture
☐ Head Injury (Bump, Concussion, Loss of Consciousness)
☐ Burn (Chemical, Heat, Electrical)
☐ Severe Bleeding
☐ Breathing Issues (Asthma Attack, Allergic Reaction)
☐ Other: _____

Body Part Affected:
☐ Head
☐ Arm/Hand
☐ Leg/Foot
☐ Torso/Back
☐ Internal (e.g., food allergy)
☐ Other: _____

Section 5: Actions Taken

First Aid Administered?
☐ Yes (Specify treatment: _____
☐ No (Not required)

Emergency Services Called?
☐ Yes (999, Paramedics, Fire Department, etc.)
☐ No

Parent/Guardian Notified?

☐ Yes (By: _____, Time: _____

☐ No (Reason: _____

Further Action Required?

☐ Medical Follow-up Recommended

☐ Counseling Support Recommended

☐ Equipment Inspection Needed