

# Health and Safety Policy

## Debden C of E Primary Academy

|                          |       |      |
|--------------------------|-------|------|
| Reviewed by: Matt Hawley | March | 2025 |
| Shared with staff:       | March | 2025 |
| Shared with Governors:   | March | 2025 |
| Review date:             | March | 2026 |

### AIMS

At Debden Church of England Primary Academy, our school vision and values underpin all aspects of school life, including our approach to the curriculum. Our school vision is to enable our children to:

- Progress exceptionally well academically, across a broad and knowledge-rich curriculum;
- Develop into confident, compassionate, well-rounded individuals, in a safe, caring, Christian environment;
- Become equipped with the learning skills needed to deal with future challenges;
- Hold happy, positive memories of their childhood.
- Develop a global perspective and grow into active, responsible, and empathetic global citizens.

In order for our vision to be realised, it is vitally important to us that all members of our school community feel safe, valued and cared for within our school. Health and safety is a key priority of the school which promotes a positive health and safety culture where all stakeholders are aware of their roles and responsibilities. The school is committed to providing adequate financial, physical and human resource to achieving the objectives set out in this policy. Our Health and Safety policy aims to ensure that our school:

- Provides and maintains a safe and healthy environment;
- Establishes and maintains safe working procedures amongst staff, pupils and all visitors to the school site;
- Has robust procedures in place in case of emergencies;
- Ensures that the premises and equipment are maintained safely, and are regularly inspected.

### LEGISLATION

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings

- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

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

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

## **ROLES AND RESPONSIBILITIES**

### *- The Academy Trust and Local Governing Board*

The academy trust and local governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

The academy trust and governing board have a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The academy trust, as the employer, also has a duty to:

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

The governor who oversees health and safety is Mrs Jo Hart.

### *-The Headteacher*

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

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

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

### *-Health and Safety Lead*

The nominated health and safety leads are Mrs Sarah Bailey and Ms Julia Bacon (the school leadership team) and Mrs Alice Balchin (MAT Premises Manager).

### *-Staff*

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

Staff will:

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

### *Pupils and Parents*

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

### *-Contractors*

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

## **SITE SECURITY**

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

Mr Sarah Bailey, Mrs Sarah Bailey, Mrs Jo Arundell and Mrs Sally Dale (Administration Staff) are key holders and will respond to an emergency.

## **FIRE SAFETY**

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell sound.

Fire alarm testing will take place at least once per week.

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

Please consult our Fire Policy and Fire Precautions and Procedures for more information on our processes in the event of a fire.

## **SLIPS, TRIPS AND FALLS**

Slips, trips and falls are a common cause of injury. Most slips occur when floors become wet or contaminated and many trips are due to poor housekeeping. Therefore risks assessments are in place and regular monitoring is undertaken to inspect the school premises. Monitoring includes checks for trip hazards such as uneven floors or trailing cables and encourages good housekeeping.

Procedures are in place for both routine and responsive cleaning if spillages occurs. Plus procedures for staff to follow in the event of slippery surfaces/icy conditions.

## **COSHH**

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours

- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by ClickClean – our cleaning contractors – and these are circulated to all relevant staff.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. These are always kept in locked cupboards (most commonly the cleaners' cupboard) at a safe temperature.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

## **GAS SAFETY**

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

## **LEGIONELLA**

- A water risk assessment is regularly completed, identified operational controls are conducted, and these are recorded in the school's water log book
- This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint

## **ASBESTOS**

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site

## **EQUIPMENT**

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

### *Electrical equipment*

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely;
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them;
- Any potential hazards will be reported to Sarah Bailey or Sharon Dyster immediately;
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed;
- Only trained staff members can check plugs;
- Where necessary a portable appliance test (PAT) will be carried out by a competent person;
- All isolators switches are clearly marked to identify their machine;
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions;
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.

### *PE equipment*

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up and stored safely.
- Any concerns about the condition of the gym floor or other apparatus will be reported to the Head of School.

### *Display screen equipment*

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

### *Specialist equipment*

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

## **LONE WORKING**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

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

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

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

## **WORKING AT HEIGHT**

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The school retains ladders for working at height;
- Pupils are prohibited from using ladders;
- Staff will wear appropriate footwear and clothing when using ladders;
- Contractors are expected to provide their own ladders for working at height;
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety;
- Access to high levels, such as roofs, is only permitted by trained persons.

## **MANUAL HANDLING**

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

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

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable.

## **OFF-SITE VISITS**

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

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

## **LETTINGS**

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

## **VIOLENCE AT WORK**

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

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the Headteacher immediately. This applies to violence from pupils, visitors or other staff.

## **SMOKING**

Smoking is not permitted anywhere on the school premises.

## **INFECTION PREVENTION AND CONTROL**

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

#### *Handwashing*

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

#### *Coughing and sneezing*

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

#### *Personal protective equipment*

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

#### *Cleaning of the environment*

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

#### *Cleaning of blood and body fluid spillages*

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- Make spillage kits available for blood spills

#### *Laundry*

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

#### *Clinical waste*

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

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

### *Pupils vulnerable to infection*

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

### *Exclusion periods for infectious diseases*

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

### *New and expectant mothers*

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

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

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

## **OCCUPATIONAL STRESS**

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads. We have taken a number of steps to ensure that there is a fair staff workload balance, and always invite further measures from all stakeholders.

## **ACCIDENT REPORTING**

Accidents and incidents will be recorded. The Headteacher or another of the named H&S Leads will investigate accidents and incidents to ensure that corrective action is taken, learning is shared and any necessary improvements are put in place.

#### *Accident Record Book*

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

An investigation is not an end in itself, but the first step in preventing future adverse events that includes:

- accident: an event that results in injury or ill health
- incident:
- near miss: an event not causing harm, but has the potential to cause injury or ill health
- undesired circumstance: a set of conditions or circumstances that have the potential to cause injury or ill health, eg untrained staff
- dangerous occurrence: one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

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

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

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

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment

- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

### *Notifying parents*

The Headteacher or Early Years Lead (to be communicated at the time, depending upon complexity/ severity) will inform parents of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Aside from very minor knocks, staff will always report any accidents or injuries to parents of children in Years 1-6 also.

### *Reporting child protection agencies*

The Headteacher will notify the Essex Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

### *Reporting to Ofsted*

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

## **TRAINING**

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

Staff complete annual 'Safesmart' training based on a number of Health and Safety-related areas, including legionella and asbestos awareness, fire safety and food hygiene.

Staff who work in high-risk environments, such those who work with pupils with special educational needs (SEN), are given additional health and safety training.

## **MONITORING**

Frequent monitoring is undertaken by Mrs Jo Hart – the Governor for Health and Safety and our Health and Safety advisor, who conducts termly visits.

This policy will be reviewed by the Headteacher on an annual basis.

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

## **LINKS WITH OTHER POLICIES**

This health and safety policy links to the following policies:

- Medical/ First Aid Policies
- COVID-19 Risk Assessment
- COVID-19 Staff and Parent Handbooks
- All other risk assessments
- Fire Policy, Fire Procedures
- Behaviour Policy
- Accessibility Plan

## APPENDIX 1. FIRE SAFETY CHECKLIST

| ISSUE TO CHECK                                                                        | YES/NO |
|---------------------------------------------------------------------------------------|--------|
| Are fire regulations prominently displayed?                                           |        |
| Is fire-fighting equipment, including fire blankets, in place?                        |        |
| Does fire-fighting equipment give details for the type of fire it should be used for? |        |
| Are fire exits clearly labelled?                                                      |        |
| Are fire doors fitted with self-closing mechanisms?                                   |        |
| Are flammable materials stored away from open flames?                                 |        |
| Do all staff and pupils understand what to do in the event of a fire?                 |        |
| Can you easily hear the fire alarm from all areas?                                    |        |

## APPENDIX 2. ACCIDENT REPORTING FORM

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                 | <b>ACCIDENT REPORT AND INVESTIGATION FORM</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Great Oak Multi Academy Trust                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| <b>PART A</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| <b>Section 1: ABOUT THE INJURED PERSON</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Burname                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                 | Forename                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
| Staff Number                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                 | Work Tel Number                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Home Address (including postcode)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 | Home Tel Number                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Date of Birth                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 | Sex                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                             |
| Job Title                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 | Place of work                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                           |
| Is the person involved a: <input type="checkbox"/> employee? <input type="checkbox"/> visitor? <input type="checkbox"/> pupil? <input type="checkbox"/> contractor? <input type="checkbox"/> Other? _____                                                                                     |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| <b>Section 2: WHEN DID THE ACCIDENT HAPPEN?</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Date of the accident                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                 | Time of the accident                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |
| Did this happen during your normal working hours?                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                        | What are the normal working hours?                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                           |
| <b>Section 3: WHERE DID THE ACCIDENT HAPPEN?</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Address of the location where the accident happened?                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                 | Department/ location where the accident happened?                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                           |
| <b>Section 4: WHAT HAPPENED?</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| Description of Accident Event (include work activities, physical environment, equipment used, condition etc where applicable)                                                                                                                                                                 |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| <b>Section 5: ABOUT THE INJURY?</b>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |
| <input type="checkbox"/> Cut to skin<br><input type="checkbox"/> Puncture or penetration wound<br><input type="checkbox"/> Abrasion<br><input type="checkbox"/> Bruising<br><input type="checkbox"/> Sprain/Strain<br><input type="checkbox"/> Dental<br><input type="checkbox"/> Dislocation | <input type="checkbox"/> Crush<br><input type="checkbox"/> Fracture<br><input type="checkbox"/> Amputation<br><input type="checkbox"/> Embedded object<br><input type="checkbox"/> Eye Injury<br><input type="checkbox"/> Fatal Injury<br><input type="checkbox"/> Hair pulling | <input type="checkbox"/> Heat Burn<br><input type="checkbox"/> Cold Burn<br><input type="checkbox"/> Chemical Burn<br><input type="checkbox"/> Ingestion of toxic substance<br><input type="checkbox"/> Shock<br><input type="checkbox"/> Musculoskeletal<br><input type="checkbox"/> Stress/Trauma | <input type="checkbox"/> Inhalation of fumes<br><input type="checkbox"/> Concussion<br><input type="checkbox"/> Electric Shock<br><input type="checkbox"/> Suffocation<br><input type="checkbox"/> Other (please specify) |
| Part and side of body affected (e.g. left, right, hand, arm, etc)                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                           |

| Section 6: CAUSE OF THE ACCIDENT?                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Physical contact (not assault)                                                                                                                                                      | <input type="checkbox"/> Fire                                                                                                                                                                      | <input type="checkbox"/> Moving vehicle                                                                                                                                                                                                         | <input type="checkbox"/> Bite                                                         |                                                             |
| <input type="checkbox"/> Chemical exposure                                                                                                                                                                   | <input type="checkbox"/> Falling objects                                                                                                                                                           | <input type="checkbox"/> Physical assault                                                                                                                                                                                                       | <input type="checkbox"/> Struck against                                               |                                                             |
| <input type="checkbox"/> Collapse of structure                                                                                                                                                               | <input type="checkbox"/> Contact heat                                                                                                                                                              | <input type="checkbox"/> Sport or physical training                                                                                                                                                                                             | <input type="checkbox"/> Struck by                                                    |                                                             |
| <input type="checkbox"/> Contact electricity                                                                                                                                                                 | <input type="checkbox"/> Infectious agent                                                                                                                                                          | <input type="checkbox"/> Psychological                                                                                                                                                                                                          | <input type="checkbox"/> Stress/trauma                                                |                                                             |
| <input type="checkbox"/> Hazardous substance                                                                                                                                                                 | <input type="checkbox"/> Fall from height                                                                                                                                                          | <input type="checkbox"/> Road traffic accident                                                                                                                                                                                                  | <input type="checkbox"/> Other (please specify)                                       |                                                             |
| <input type="checkbox"/> Machinery in operation                                                                                                                                                              | <input type="checkbox"/> Manual handling                                                                                                                                                           | <input type="checkbox"/> Slips, trips and falls                                                                                                                                                                                                 |                                                                                       |                                                             |
| Section 7: FOLLOWING THE ACCIDENT                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Was first aid treatment given?                                                                                                                                                                               | <input type="checkbox"/> Yes                                                                                                                                                                       | By Whom                                                                                                                                                                                                                                         |                                                                                       |                                                             |
|                                                                                                                                                                                                              | <input type="checkbox"/> No                                                                                                                                                                        | Why not                                                                                                                                                                                                                                         |                                                                                       |                                                             |
| Immediately following the accident the injured person:                                                                                                                                                       |                                                                                                                                                                                                    | <input type="checkbox"/> Continued working                                                                                                                                                                                                      | <input type="checkbox"/> Was sent home                                                | <input type="checkbox"/> Referred to GP                     |
| Was the injured person taken to hospital?                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           | Which hospital?                                                                                                                                                                                                                                 | <input type="checkbox"/> By ambulance <input type="checkbox"/> By car                 |                                                             |
| Section 8: WITNESS INFORMATION/DETAILS                                                                                                                                                                       |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Were there any witnesses to the accident?                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           | Name of Witness                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Witness statement attached                                                                                                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           | Contact number                                                                                                                                                                                                                                  |                                                                                       |                                                             |
| Section 9: YOUR DETAILS                                                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Reported by                                                                                                                                                                                                  |                                                                                                                                                                                                    | Job Title                                                                                                                                                                                                                                       |                                                                                       |                                                             |
| Date                                                                                                                                                                                                         |                                                                                                                                                                                                    | Signature                                                                                                                                                                                                                                       |                                                                                       |                                                             |
| PART B                                                                                                                                                                                                       |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| To be completed by the Line Manager directly responsible for this person or their work.<br>Please answer questions as fully as possible and provide evidence, photographs, documentation etc where possible. |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Section 10: ABOUT THE LINE MANAGER/SUPERVISOR                                                                                                                                                                |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Name                                                                                                                                                                                                         |                                                                                                                                                                                                    | Job Title                                                                                                                                                                                                                                       | Contact No.                                                                           |                                                             |
| Section 11: ABSENCE                                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Period of time affected person expected to be absent from work?                                                                                                                                              | <input type="checkbox"/> None<br><input type="checkbox"/> 1 – 4 hours<br><input type="checkbox"/> 1 day                                                                                            | <input type="checkbox"/> 2 days<br><input type="checkbox"/> 3 – 6 days<br><input type="checkbox"/> Over 7 days                                                                                                                                  | Has the injured person returned to work?                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 | Is it reportable under RIDDOR?                                                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Section 12: ABOUT THE ACCIDENT EVENT                                                                                                                                                                         |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| What were the immediate causes?                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| What were the root causes?                                                                                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Was the injured person authorised to undertake this activity?                                                                                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           | Has the injured person received training for this activity?                                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                             |
| Is there a risk assessment for this activity?                                                                                                                                                                | <input type="checkbox"/> Yes (please attach a copy of the risk assessment)<br><input type="checkbox"/> No (please review your current risk assessments)                                            |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Section 13: CORRECTIVE & PREVENTATIVE ACTION                                                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| What preventative actions are being taken following the accident? (tick relevant boxes)                                                                                                                      | <input type="checkbox"/> Additional supervision<br><input type="checkbox"/> Training<br><input type="checkbox"/> Modifying existing systems of work<br><input type="checkbox"/> Repair to premises | <input type="checkbox"/> Review risk assessment<br><input type="checkbox"/> Review maintenance procedures<br><input type="checkbox"/> No further action required<br><input type="checkbox"/> Consider for recording on violent markers register |                                                                                       |                                                             |
| Ref                                                                                                                                                                                                          | Action                                                                                                                                                                                             | By Whom                                                                                                                                                                                                                                         | By When                                                                               | Completed                                                   |
| 1                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| 2                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Section 14: ANY OTHER COMMENTS/RECOMMENDATIONS                                                                                                                                                               |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
|                                                                                                                                                                                                              |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |
| Signature                                                                                                                                                                                                    |                                                                                                                                                                                                    | Date                                                                                                                                                                                                                                            |                                                                                       |                                                             |
| Thank you for completing this form.                                                                                                                                                                          |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 |                                                                                       |                                                             |

### APPENDIX 3. ASBESTOS RECORD

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

### APPENDIX 4. RECOMMENDED ABSENCE PERIOD FOR PREVENTING THE SPREAD OF INFECTION

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

| Infection or complaint        | Recommended period to be kept away from school or nursery                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Athlete's foot</b>         | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Campylobacter</b>          | Until 48 hours after symptoms have stopped.                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Chicken pox (shingles)</b> | <p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p> |
| <b>Cold sores</b>             | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rubella (German measles)</b>                                | 5 days from appearance of the rash.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Hand, foot and mouth</b>                                    | Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Impetigo</b>                                                | Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Measles</b>                                                 | Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Ringworm</b>                                                | Exclusion not needed once treatment has started.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Scabies</b>                                                 | The infected child or staff member should be excluded until after the first treatment has been carried out.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Scarlet fever</b>                                           | Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b> | None (not infectious by the time the rash has developed).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Bacillary Dysentery (Shigella)</b>                          | Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Diarrhoea and/or vomiting (Gastroenteritis)</b>             | <p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p> |
| <b>Cryptosporidiosis</b>                                       | Until 48 hours after symptoms have stopped.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>E. coli (verocytotoxigenic or VTEC)</b>                     | The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                              |                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Food poisoning</b>                        | Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).                                                                                                                                            |
| <b>Salmonella</b>                            | Until 48 hours after symptoms have stopped.                                                                                                                                                                                                                                                                                          |
| <b>Typhoid and Paratyphoid fever</b>         | Seek advice from environmental health officers or the local health protection team.                                                                                                                                                                                                                                                  |
| <b>Flu (influenza)</b>                       | Until recovered.                                                                                                                                                                                                                                                                                                                     |
| <b>Tuberculosis (TB)</b>                     | Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.                                         |
| <b>Whooping cough (pertussis)</b>            | A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.                                                                                                           |
| <b>Conjunctivitis</b>                        | None.                                                                                                                                                                                                                                                                                                                                |
| <b>Giardia</b>                               | Until 48 hours after symptoms have stopped.                                                                                                                                                                                                                                                                                          |
| <b>Glandular fever</b>                       | None (can return once they feel well).                                                                                                                                                                                                                                                                                               |
| <b>Head lice</b>                             | None.                                                                                                                                                                                                                                                                                                                                |
| <b>Hepatitis A</b>                           | Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.                                     |
| <b>Hepatitis B</b>                           | Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required. |
| <b>Hepatitis C</b>                           | None.                                                                                                                                                                                                                                                                                                                                |
| <b>Meningococcal meningitis/ septicaemia</b> | If the child has been treated and has recovered, they can return to school.                                                                                                                                                                                                                                                          |
| <b>Meningitis</b>                            | Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.                                                                                                                                                                                                                 |

|                                                          |                                              |
|----------------------------------------------------------|----------------------------------------------|
| <b>Meningitis viral</b>                                  | None.                                        |
| <b>MRSA (meticillin resistant Staphylococcus aureus)</b> | None.                                        |
| <b>Mumps</b>                                             | 5 days after onset of swelling (if well).    |
| <b>Threadworm</b>                                        | None.                                        |
| <b>Rotavirus</b>                                         | Until 48 hours after symptoms have subsided. |