Health and Safety Policy

Nunney First School

Review Due:	July 2026
Last Review	July 2025
Applicable to:	All Trust Schools
Reviewed By:	SP
Approved By:	Board of Trustees July 2025

Comments:
Amendments have been made to clarify procedures and expectations as well as linking to updated external guidance and including reference to the Trust's compliance software, available training and the annual H&S auditing process. Original Draft approved by external solicitors.

The Partnership Trust – named persons	
Health and Safety Trustee	Fiona Randle
Health and Safety Coordinator	Andrew Sellars
Competent Person	Bath and North East Somerset Council Health, Safety & Wellbeing Team
Nunney First School – named persons	
Health and Safety Governor	Ray Jones Sign: Date 22/07/2025
Health and Safety Duty Holder	Caroline Ford Sign: Date 22/07/2025
Health and Safety Lead	Michelle Jenkins Sign: Date 22/07/2025
Competent Person	Bath and North East Somerset Council Health, Safety & Wellbeing Team

1. The Partnership Trust - Policy Statement of Intent

1.1 The Partnership Trust ('the Trust') is a multi-academy trust. Overall and ultimate responsibility for Health and Safety at each school within the Trust lies with the Trust Board.

1.2 Responsibility for ensuring the Trust's Health and Safety Policy is implemented and maintained is delegated to the Head Teacher and monitored by the Local Governing Body (LGB) of each school

1.3 The Trust, as the employer, has a duty (The Management of Health and Safety at Work Regulations 1999) to:

- Implement a Health and Safety Policy and advise employees of it
- Have a critical incident / emergency contingency plan;
- Ensure the Health and Safety Policy is implemented through the monitoring of delegated responsibilities, in accordance with the 'scheme of delegation'
- Ensure, through monitoring and support, the health, safety and welfare of all staff
- Ensure, through monitoring and support, the health and safety of pupils in school and on off-site activities
- Ensure, through monitoring and support, the health and safety of visitors and contractors to the school and volunteers involved in any school activity
- Ensure, through monitoring and support, that all activities, both in school and off-site are risk assessed and measures are introduced to manage these risks, and inform all who may be affected about the risks and associated control measures
- Ensure, through monitoring and support, that staff are competent and trained in their health and safety responsibilities and are actively involved in health and safety
- Take reasonable steps to make sure that the buildings, plant, equipment and materials are safe and do not put the health of site users and visitors at risk
- To ensure that adequate consideration is given to the protection of the environment.

1.4 The Trust will annually monitor the compliance with and effectiveness of this Health and Safety Policy and other related policies and procedures, and will review and update through consultation as established necessary.

2. Legislation

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

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

The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees

The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out display 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 with sufficient commercial qualifications

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

Sections of this policy reflect the requirements in on the statutory framework for the Early Years Foundation Stage.

2.2 The Trust and Schools within it follow national guidance published by UK Health Security Agency (formerly Public Health England) and government guidance on living with Covid 19 when responding to infection control issues.

2.3 This policy complies with the funding agreement and articles of association of The Partnership Trust.

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility for health and safety. The Trust will provide a template policy and review and monitor delegated actions and compliance through the Trust's executive and professional services team who will make any appropriate reports and recommendations to the board. Responsibilities are delegated in line with the scheme of delegation, as follows:

3.2 The CEO

The CEO has overall responsibility for the management and implementation of the Health and Safety Policy in schools and is accountable to the Trust Board. The CEO is responsible for ensuring that:

- Sufficient and appropriate resources are allocated to meet statutory procedures and standards for health and safety across the Trust
- There is consideration of the impact of health and safety in all strategic and operational decision making
- The Trust promotes a culture of shared responsibility for health and safety.

3.3 The Local Governing Body

The Local Governing Body (LGB) has delegated responsibility as set out in the Scheme of Delegation 2024/25.

This includes ensuring that the school has in place the Trust's Health and Safety Policy.

3.4 Head Teacher

The Head Teacher has delegated responsibility for day to day health and safety of the school site and of on and off school site activities and reports to the CEO. This involves:

- Promoting and implementing the Health and Safety Policy
- Ensuring there are sufficient competent staff to safely supervise pupils, and to ensure all other functions of the school are operated safely and in compliance with relevant legislation
- Ensuring that the school building and premises, equipment and plant are safe and regularly inspected
- Providing suitable and sufficient health and safety training for school staff
- Reporting on Health and Safety matters through the Headteacher's report to the LGB
- Reporting any significant health and safety incidents or breaches of statutory compliance to the CEO
- Ensuring appropriate documented evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another competent member of staff with capacity to fulfil the role. The alternative competent person must be aware of the requirements of this role
- Ensuring all risk assessments are completed, communicated and reviewed and required action taken and recorded
- Monitoring premises management provision, and ensuring that cleaners and site staff are appropriately trained and have access to personal protective equipment and appropriate materials and equipment where necessary

In the Head Teacher's absence, a member of the Senior Leadership Team designated by the Head Teacher assumes the above day-to-day health and safety responsibilities.

3.5 Health and safety lead

The nominated health and safety lead for the school Michelle Jenkins.

The Health and Safety lead needs to be competent and appropriately trained and have capacity and ability to fulful the role. They are responsible for:

- Maintaining a day to day overview of H&S within the school
- Being a point of contact for anyone with H&S concerns
- Liaising with the on-site premise team (where applicable), Trust Estates and B&NES H&S teams as appropriate
- Reporting to the Headteacher any concerns in the area of Health & Safety or Premises Management
- Reviewing the school's compliance software once each term to ensure monitoring and checks are being completed in line with the requirements within the system and are up to date.

3.6 Staff

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

Staff have the following delegated responsibilities and will report and be responsible to the Head Teacher to:

- 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 as set out in this and other policies and procedures
- Work in accordance with training and instruction
- Inform the Health and Safety lead 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
- Undertake adequate training to ensure competency and compliance
- Complete written risk assessment for activities they are responsible for or seek assistance from the Headteacher.

3.7 Educational Visits Coordinator (EVC)

The Educational Visit Co-ordinator (EVC) is responsible for ensuring the planning and management of educational visits including adventure activities led by school staff.

They should organise the thorough induction of leaders and other adults taking pupils on a specific visit and make sure that Disclosure and Barring Service checks are in place as necessary for those who may be volunteering on the trip.

EVC's should complete EVC training and use the EVOLVE system [enter system used locally or remove if not relevant] to risk assess visits/activities prior to them taking place. The role of EVC should ideally be allocated to a member of teaching staff or other member of staff frequently involved in managing and attending school visits.

3.8 First Aiders / Appointed Persons

Schools within the Trust are required to have in place a First Aid Policy which has regard to the DfE Guidance on First Aid in schools (

https://www.gov.uk/government/publications/first-aid-in-schools) A first aid needs assessment will be required to inform the policy and level of provision. Guidance can be found here: https://www.sja.org.uk/course-information/guidance-and-help/working-out-what-you-need/

In the event of an accident, trained first aiders are required to take charge of the situation and summon medical assistance if necessary.

The first aiders will assist injured persons when requested and keep a record of treatment or advice given and ensure that an accident form has been completed, and where appropriate, reported to the B&NES Health, Safety and Wellbeing Team.

Appointed Persons will receive First Aid training to the appropriate level. An individual as appointed by the Headteacher (Michelle Jenkins) must ensure that the first aid kit provision is adequate, and first aid kits are correctly stocked at all times. They will also ensure all first aid kit is current and in date.

3.9 Pupils and parents

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

3.10 Competent Person

The Competent person for the Partnership Trust is currently the Bath and North East Somerset Health, Safety & Wellbeing Team who are retained through a service level agreement. School staff can access a H&S Business Partner, by calling 01225 395115 or emailing health_safety@bathnes.gov.uk.

H&S resources including access to accident reporting, the educational visit portal and online training modules through a personalised log-in to the 'one stop site' at https://hsonestop.org.uk . Staff who do not have log in information can use the 'request a login' button on the login page at the link above. All members of staff can access these resources but may need to request access to certain modules.

The Competent Person (currently B&NES Health, Safety & Wellbeing Team) will provide an annual audit of each school's Health and Safety provision. Schools are required to respond to any resulting actions which will be identified in a H&S Action Plan provided by the Trust within a reasonable time. This will be supported and monitored by the Trust Estates team.

Wherever the policy refers to a 'competent person' this refers to an appropriately trained, capable individual who has both the capacity, skills and ability to fulfil the required role.

3.11 Contractors

Contractors will agree health and safety practices with the Head Teacher or their representative before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work and at sign in agree to the provided contractor and visitor policy. The school will implement the Trust's 'Managing Contractors Policy' and share with contractors prior to any planned work. The policy can be viewed at https://thepartnershiptrust.co.uk/wp-content/uploads/2021/01/TPT-Estates-Managing-Contractors-Policy.pdf

4. Site Security

Site security is the responsibility of the Headteacher. This responsibility may be delegated to a member(s) of the staff team designated by the Head Teacher in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Head Teacher will also designate key holders and between them this/these individual(s) will respond to any emergency outside of normal school hours. It may be useful to arrange a call-out rota or agree a priority list for persons called so that this burden is shared among a set group of staff and does not fall to one individual at all times. Clear arrangements should be made and shared in writing to avoid confusion over who is responsible when.

Other members of staff should be asked to take care to close/lock windows, doors and gates upon leaving their area at the end of their shift/working day to safeguard pupils and the site as effectively as possible.

5. Fire

Emergency exits, assembly points and assembly point instructions should be clearly identified by safety signs and notices throughout the school site.

School site fire risk assessments are completed by a competent external fire risk assessor. The resulting findings and actions are provided as a report and schools should ensure actions are completed in a timely manner, commented upon and signed off on the relevant portal.

All fire safety checks and tests including in-house and contractor inspections must be recorded in the compliance tracking software and any identified faults followed through to completion.

Fire risk assessment of the premises will be reviewed at least annually (or following any significant change or incident).

Emergency evacuations should be practised at least termly (3 times per year). Unintended evacuations resulting from a fire alarm activation should also be recorded. Schools must ensure that every member of staff partakes in at least one fire drill per academic year and drills should be held at different times of the day/week to encompass various activities and provisions (eg. Wrap-around care), even if this requires additional drills.

The Fire alarm is a loud continuous tone.

Fire alarm testing will take place weekly by those designated by the Head Teacher and every 6 months by a competent contractor. All fire checks and tests must be recorded within the school's compliance software.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff, pupils and visitors will congregate at the assembly points. These are to the front of the playground by the boundary wall.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The school administrator will take a register of all staff and visitors
- Staff, pupils and visitors will remain outside the building until the emergency services or evacuation leaders say it is safe to re-enter.

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A Fire Safety Management Log will be maintained and kept available for inspection at all times

Refer to the Fire and Emergency Escape Procedures for the school for full details.

6. COSHH (Control of Substances Hazardous to Health)

COSHH is the responsibility of the Headteacher. This responsibility may be delegated to a member(s) of the staff team designated by the Headteacher. The COSHH responsible person must complete the COSHH e-learning module available in the BANES Health and Safety One-stop e-learning portal. 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 Weston Support Services and completed risk assessments must be shared with (and explained as necessary to) all employees who work with hazardous substances. Staff will be informed of risk control measures, and also be provided with protective equipment, where necessary.

Staff are to use and store hazardous products in accordance with instructions on the product label and as per any relevant COSHH assessment. All hazardous products are kept in their original containers, with clear labelling and product information.

Any hazardous products are disposed of in accordance with specific disposal procedures.
Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

Safer alternatives should always be sought where available.

7. Gas safety

- Installation, maintenance and repair of gas appliances and fittings must be carried out by a competent Gas Safe registered engineer with appropriate qualifications. Gas Safe contractor registration and qualifications can be confirmed at https://www.gassaferegister.co.uk/ This resource will provide a list of what equipment the contractor is qualified to work on including different elements of commercial or domestic installation and appliances.

- All rooms with gas appliances including gas pipework, appliances and flues must be adequately ventilated and regularly maintained and inspected in line with manufacturers recommendations and current regulation.
- Gas catering equipment repairs and servicing will be arranged by the catering contractor and reports will be made available to the school without delay.

- Gas pipework, appliances and flues must be regularly maintained and all maintenance and inspection reports should be recorded within the school's compliance software.
- All rooms with gas appliances must be checked to ensure they have adequate ventilation

8. Legionella

A Legionella Risk Assessment (LRA) will be completed by a competent external specialist contractor who will be known as the 'Legionella competent person'. The LRA will be reviewed every two years in line with the appropriate regulations or as stated in the most recent LRA. In addition, the LRA will be reviewed when:

- significant changes occur to:
  - the water system
  - the buildings or their use
  - key responsible personnel

and/or when:

- checks indicate that control measures are ineffective

and/or when:

- there is a case of Legionnaire's Disease

Legionella management is the responsibility of the Headteacher. This responsibility may be delegated to a member(s) of the staff team designated by the Headteacher. Simon Davies is responsible for ensuring that the operational controls identified in the LRA are conducted according to their stated schedule, and that they are recorded in a timely manner in the school's water log book and the school's compliance software.

Remedial actions highlighted in the LRA must be actioned in accordance with advice from the Legionella competent person. The highest priority items should be addressed within one month.

The risks from legionella must be mitigated by a rigorous and effective management programme and control regime, involving thermal control, the adequate servicing and maintenance of water systems, and regular monitoring and tracking. This is carried out by a combination of appropriately trained members of staff and specialist contractors. Results of monitoring, management reports and certificates of inspections and services are recorded in the compliance software and the school's water log book. Remedial actions identified as a result of this mitigation should be actioned as soon as possible.

The following guidance should be adhered to:

The Control of Legionella Bacteria in Water Systems Approved Code of Practice (ACOP L8)	Information on the Health and Safety laws that apply to Legionella management.
Technical Guidance HSG274 Part 2: The control of legionella bacteria in hot and cold water systems	Responsibilities as outlined in the Health and Safety at Work Act 1974 extend to managing any risks arising from Legionella bacteria due to work-based activities.
Legionnaires' Disease – what you must do	HSE guidance on Legionella management for employers and those in control of premises.
The Control of Substances Hazardous to Health Regulations 2002 Approved Code of Practice (ACOP L5)	COSHH framework of actions designed to control the risk from a range of hazardous substances, including biological agents.

Please contact the Trust Estates team for further clarification or guidance (contact information provided at end of policy) if required.

9. Asbestos

Relevant staff (ie. Headteacher, site staff and admin staff) are required to complete the Asbestos awareness e-learning module on the BANES H&S one-stop site and should be briefed on the location of any asbestos-containing material in the school, the hazards of asbestos, and the action to take if they suspect they or someone has or may disturb it, as part of their induction process.

Arrangements are in place as set out in the Trust's Managing Contractors Policy to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work. The school must ensure that an R&D survey has been completed prior to any works taking place during which maintenance or construction operatives may encounter or disturb asbestos-containing materials (ACM's).

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 and advise the Health and Safety lead who should be identified upon the contractors' arrival on site.

A record is kept in the school's Asbestos File of the location of asbestos that has been found on the school site, asbestos register, asbestos management plan, training records and asbestos surveys and reports. Sites with identified asbestos which is accessible must have an annual re-inspection survey to determine if the risk remains the same or if remedial action is needed.

The processes set out in the school's Asbestos Management Plan must be followed and Trust Estates informed immediately if a disturbance of ACM's is suspected. HSE's Control of asbestos regulations 2012 (linked below) should be strictly followed and should form the basis of the school's asbestos management plan https://www.hse.gov.uk/asbestos/regulations.htm

All asbestos management surveys, re-inspection and R&D reports are saved in the 'information' area of the compliance software for each school.

10. Radon

Schools in the Trust's geographical area must undertake a Radon risk assessment to ensure that levels of Radon are kept below 300 Bq m3 (becquerels per cubic meter of air). Radon is a radioactive gas with no smell, taste or colour. It comes from natural uranium present in the groud and in materials such as bricks and concrete.

When radon decays, it produces particles that are also radioactive. These can be breathed in, irradiate the sensitive cells in the lungs and increase the risk of lung cancer.

The Trust's central Estates team organise external contractors to risk assess the levels of radon in the Trust's schools according to government guidance. The latest reports can be found within the 'information' area of the compliance software.

If levels are found to be above 300 Bq m3, mitigation works will be required. A mitigation design report may be instructed to detail the actions required to reduce the level of Radon. These could include installation of a Radon sump or positive pressure fan system.

More information about Radon can be found on from the UK Health and Security agency at the following link: https://www.ukradon.org/cms/assets/gfx/content/resource_4430csce052ea95d.pdf

11. Equipment

HSE's Definition of work equipment can be found at the following link and should be used as the standard definition of work equipment wherever it is referenced within this policy: https://www.hse.gov.uk/work-equipment-machinery/puwer.htm

All work equipment and machinery shall be maintained, inspected and regularly serviced in accordance with the manufacturer's instructions. All maintenance visits, checks, tests and inspections should be recorded in the school's compliance software.

Prior to the purchase of any new equipment, it must be checked to ensure that it meets appropriate educational and safety standards and is fit for its intended purpose. Advice can be sought from Trust Estates.

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

All people using equipment at work must be adequately trained to ensure health and safety in its use, supervision or management. Some work activities require detailed formal training but, for most everyday activities involving work equipment, adequate training can be delivered in-house using the manufacturer's instructions and the background knowledge / skills of more experienced workers and managers.

Work equipment shall only be used by competent persons as appropriate. Equipment brought in from home or other places shall be treated as work equipment and shall be treated as such regardless of who owns the equipment. Any work equipment brought in from home will be inspected, and where appropriate tested (including PAT testing where relevant), to ensure it is safe and suitable for use in on a school site.

11.1 Electrical equipment (portable and fixed)

- PAT (Portable Appliance Testing) should be completed on electrical equipment every 12 months by a competent person.
- The school should ensure an EICR (Electrical Installation Condition Report) inspection is completed by a suitably qualified professional every 5 years and follow up on recommended actions within the recommended timescales.
- All electrical testing, inspections and monitoring should be recorded in the school's compliance software.
- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Health & Safety Lead immediately and the equipment disabled or removed and made safe for disposal or repair. This shall be identified through pre-use checks of the equipment.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only competent staff members can check plugs.
- Personal equipment brought in from home should be discouraged and where this does occur, the item should be PAT tested before use. Brand new equipment can be considered factory-tested and can be used and included in the next round of PAT testing.
- All isolator switches are to be 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 to be carried out by a competent person

11.2 PE equipment

Staff and pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff responsible for leading the PE session should check that equipment is set up safely and is only used as intended.

Annual inspection will be completed by a specialist provider and recommended actions followed through, documented and included in the H&S monitoring cycle. All such inspections and actions should be recorded within the school's compliance software. Where PE equipment does not pass an inspection from a specialist provider, it will immediately be removed from use until suitably repaired or replaced.

Any concerns about the condition of the gym floor or other apparatus will be reported to the health and safety lead

11.3 Display screen equipment

All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time The HSE's DSE risk assessment template and guidance can be found at: https://www.hse.gov.uk/msd/dse/

Staff identified as DSE users and requiring an eyesight as a result of the risk assessment 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). The DSE assessment should highlight the

need and any expenses should be approved in advance by the Head Teacher (for school staff) or the Trust Finance Director (for central staff).

11.4 Specialist Equipment

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

Oxygen cylinders (where present) are to be stored in a designated space, and staff are trained in the removal, storage and replacement of oxygen cylinders.

Any other specialist equipment required will be assessed for safe storage and use.

12. Lone working

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations, employers have a duty to consider, take steps to avoid, and control risks to lone workers, including employees, homeworkers and those engaged as contractors. The HSE provides guidance for employers on how to protect those working alone.

Lone working may include but is not limited to:

- Home or site visits
- Out of hours, weekend and/or holiday working
- Site manager/caretaking duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning
- Home working
- Driving in the course of duty

Lone workers face the same hazards at work as anyone else, but there is a greater risk of these hazards causing harm as they may not have anyone to help or support them if things go wrong. These risks must be considered and set out in a risk assessment before lone working is undertaken. HSE provides guidance on how to manage the risks of working alone.

A lone worker risk assessment will be completed by the Headteacher in collaboration with the lone worker involved, and will be reviewed on a regular basis.

It will take into account the lone worker's:

- experience in their role and in working alone
- who they may come into contact with
- the work they are carrying out
- training requirements
- supervision and monitoring
- physical health, mental health and well-being
- provision of support and direct contact with other staff
- any reasons why the worker might be more vulnerable (e.g. pregnant, disabled, trainee)
- how best to keep in touch with them and respond to any incident
- access arrangements (keys, security alarm codes, fire alarm codes etc)

It will also consider the environment the worker is in and the equipment they are using:

- specific risks in operating equipment alone
- location of the site (rural or isolated)
- working at home on their own
- going into someone else's home or premises
- the potential for violence or aggression
- ensuring there is a safe way in or out for one person working outside normal hours

Lone workers must ensure they are medically fit to work alone. They must have adequate and reliable means of communication, a way to call for help in an emergency, and they are responsible for ensuring that a colleague, friend or family member is informed about where they are and when they are likely to return.

Higher risk activities, such as those where there is a risk of falling from height, from moving heavy objects, or from the use of powered tools / equipment, 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.

13. Working at height

Working at height activity (which includes any work being carried out above-ground level) should be properly planned, supervised and carried out by appropriately trained and competent people with the skills, knowledge and experience to do the work.

In addition:

- Working at height activities must be risk assessed prior to the activity taking place
- A competent person, Simon Davies, designated by the Head Teacher maintains ladders for working at height and monthly checks are to be recorded.
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons.
- Working at height eLearning is available on the B&NES H&S One-Stop website and should be completed by anyone for whom working at height forms part of their normal work activity.

14. 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 (is recommended that pupils only undertake light manual handling such as moving their classroom chair etc):

- 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
- Risk assessments will be completed for roles and tasks that are identified as needing an assessment.

Manual handling eLearning training is available on the B&NES H&S One-Stop website and should be completed by anyone for whom manual handling forms part of their normal work activity.

15. Slips and Trips

In line with HSE guidance on slips and trips, schools must undertake a risk assessment to identify hazards and risks that could cause slip and trip injuries to anyone in the school (staff, children, visitors, contractors etc), and ensure that effective control measures are put in place to prevent accidents. The HSE's hazard-spotting checklist and Guide to Preventing slips and trips at work provide help and tips on what to consider. The slip and trip risk assessment will be reviewed on a regular basis. These are set out with different headings in the guidance

- Environmental (floor, steps, slopes, ramps, ice, blockages, obstructions, pot-holes, lighting, hand-rails, damaged/broken, outdoor areas, entrances, doorways, corridors, offices, classrooms, kitchens, toilets, etc.)
- Contamination – identify where the contamination is coming from (spillages, leaks, overflows, run-off, from footwear, water, food, litter, cleaning products/methods/procedures etc.)
- Organisational (task, safety, culture, etc.)
- Footwear (if footwear is supplied as personal protective equipment, it will be supplied free of charge to employees)
- Individual factors (rain, supervision, pedestrian behaviour, etc.)

Hazard	**Risks**	**Controls / Considerations**
Contamination	spillages, leaks, overflows, run-off, from footwear, water, food, litter, cleaning products/methods/procedures	Equipment, guards, drip trays, lids, entrance matting, review working practices,
Cleaning	wet floors, trailing cables, litter, cleaning out of hours	Information/training to cleaning staff, dry floors after cleaning, clean in sections, warning signs, use cleaning products according to instructions, maintain equipment, bins
People	deal with spillages immediately, wear appropriate footwear/PPE, rushing, carrying objects, becoming distracted, fatigue	attitude, culture, training, behaviour, inspections, clean and tidy
Flooring	obstructions, condition, floor, steps, slopes, ramps, ice, blockages, pot-holes, lighting, hand-rails, indoor/outdoor areas, entrances, doorways, corridors, offices, classrooms, kitchens, toilets, uneven surfaces, litter	good condition, slip resistant, free from obstructions, walkways, housekeeping, design and maintenance, bins, even treads, consistent risers, highlighted edges, hand-rails, sufficient lighting
Footwear	impractical, uncomfortable, slippery	comfortable, grip/treads, toe-protection, suitability, durability, oil-resistant, water-resistant, provided to employees free of charge

16. Off-site visits

It is recommended that each school have an Off-site visit policy. The school's Off-Site Visit Policy should be followed when taking pupils off the school premises and should include the following:

- A trained EVC (educational visits co-ordinator) will be nominated and will lead the planning of off-site visits and activities (see section 3.7 above).
- Risk assessments will be completed where off-site visits and activities require them. Residential or adventurous trips should be processed through EVOLVE which is accessed through the B&NES H&S One-Stop.
- All off-site visits must be 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' and other emergency contact details
- There will always be at least one first aider on school trips and visits
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.
- Only using competent transport providers, or fully compliant, school-owned vehicles, which should only be driven by those with the appropriate licence and training.
- If, in an emergency, a member of staff needs to transport a pupil in their own vehicle, this should only be done if a second member of staff is in attendance and with the appropriate vehicle insurance and checks in place.

Schools should refer and adhere to the DFE guidance for Health and Safety on Educational visits (available here) and should use the OEAP national guidance (available here and linked within the DFE guidance) to inform their trip planning.

17. Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be required to read and acknowledge the school's Health and Safety Policy, and will have responsibility for complying with this policy, the school's Lettings Policy and all relevant risk assessments.

18. Violence at work

The Partnership Trust believes that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour, whether on or off-site, from anyone, including pupils.

The Partnership Trust acknowledges the HSE's definition of workplace violence as 'any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'. This includes physical assault as well as verbal abuse, threats, harassment, and malicious damage to property, whether caused by a pupil, colleague, parent, or member of the public, face-to-face, online or by telephone.

Prevention and Management:

Risk Assessments:

- Schools are required to conduct regular risk assessments to identify potential hazards related to violence and take steps to mitigate those risks.

Whole-School Approach:

- Schools should adopt a positive school culture with clear expectations for behaviour, supported by a comprehensive behaviour policy.
- Schools should promote a positive staff culture through a clear code of conduct that is actively upheld and exemplified by school leadership.

- Schools should promote a positive culture within the parent/carer community through a clear parent/carer code of conduct.

Training and Support:

- Relevant staff should receive training on de-escalation techniques, personal safety, and, if necessary, physical intervention strategies.

Reporting Procedures:

- Schools must have clear procedures for reporting incidents of violence, including record-keeping and investigation processes.

The following is taken directly from the DFE 'Behaviour in schools - advice for headteachers and school staff' document:

Schools are encouraged to have strong and effective systems for data capture, including all components of the behaviour culture. This should be monitored and objectively analysed regularly by skilled staff. Schools should have a clear monitoring and evaluation cycle with engagement from school leaders; doing so assists with reporting on behaviour culture clearly and accurately.

Schools are encouraged to collect data from the following sources:

• behaviour incident data, including on removal from the classroom;

• attendance, permanent exclusion and suspension data;

• use of pupil support units, off-site directions and managed moves;

• incidents of searching, screening and confiscation; and

• anonymous surveys for staff, pupils, governors, trustees and other stakeholders on their perceptions and experiences of the school behaviour culture.

School leaders and staff should analyse data with an objective lens and from multiple perspectives: at school level, group level and individual staff and pupil level. School leaders should pose questions to drill down further to identify possible factors contributing to the behaviour, system problems or failure to provide appropriate support. Analysing the data by protected characteristic and using those findings to inform policy and practice may help a school ensure that it is meeting its duties under the Equality Act 2010.

Further information and advice for Headteachers and school staff is available from the DFE here: https://www.gov.uk/government/publications/behaviour-in-schools--2

19. Smoking/ Vaping/Alcohol and the use of illegal substances

Smoking/ Vaping/Consumption of Alcohol and the use of illegal substances are not permitted anywhere on any school or Trust premises.

20. Infection prevention and control

We follow national guidance published by UK Health Security Agency (HSA) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

Please refer to the information from the UK Health Security Agency at the following link for additional information relating to the control and prevention of infection relating to infectious and respiratory diseases

https://www.gov.uk/government/publications/infectious-diseases-schools-and-other-childcare-settings

20.1 Handwashing

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

20.2 Coughing and sneezing

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

20.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)

Wear goggles if there is a risk of splashing to the face

- Use the correct personal protective equipment when handling cleaning chemicals
-
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment.

20.4 Cleaning of the environment

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

20.5 Cleaning of blood and body fluid spillages

Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment

When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface

Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

Make spillage kits available for blood spills.

20.6 Laundry

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

20.7 Clinical waste

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

Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins which are provided through a SLA with a registered controlled waste carrier

Remove clinical waste with a registered waste contractor

Contractor to remove all clinical waste bags at agreed intervals

20.8 Animals

Animals in school should be risk assessed ahead of arrival to ensure control measures are in place to protect the animals, students and staff from harm. Consideration to allergies must be given as well as infection prevention and control. All animals on school sites should be risk assessed whether they are visiting or staying.

The following actions should be taken when animals are present in schools:

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

20.9 Infectious disease management

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

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

- Schools should ensure all rooms and equipment are regularly cleaned and ensure surfaces that are frequently touched are cleaned daily.
- Regular deep cleans of the school and specialist deep cleans of kitchen areas are provided by the Trust's cleaning and catering contractors

Keeping rooms well ventilated

- Schools should use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors (only where they are not fire doors) and providing mechanical ventilation where necessary.

20.10 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are

particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to 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.

20.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 2.

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

20.12 Swimming pool infection control

School use of swimming pools must be risk assessed prior to use. This risk assessment should consider the potential for infection, and control measures should be implemented to reduce risk wherever possible. Pool operators should be asked to confirm that they follow the Pool Water and Treatment Advisory Group Code of practice (available at this link: https://www.pwtag.org/) and should provide schools with information about what control measures are in place to prevent and control infections.

21. New and expectant mothers

Schools must prioritise the health and safety of new and expectant mothers by conducting individual risk assessments without delay as soon as an employee or pupil notifies the school that they are pregnant or when a member of staff is breastfeeding or has given birth within the last six months. This includes addressing potential hazards relating to physical activity, infectious diseases, workstation ergonomics and known risks that exist including working with pupils who are potentially physical or violent towards staff as well as ensuring access to appropriate rest and support.

The responsibility for this sits with the Headteacher. This responsibility may be delegated to (a) member(s) of the staff team designated by the Headteacher but in every case, the person carrying out the risk assessment should have completed the risk assessment e-learning module on the BANES H&S one-stop as a minimum. The risk assessment should be reviewed throughout the pregnancy and again upon return to work after childbirth as needs may change.

It is crucial for staff to inform their employer (headteacher or line manager) as soon as they know they are pregnant or breastfeeding.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below. Schools must inform pregnant staff about cases of any of the below illnesses as soon as they are made aware of them, without delay so that they can seek medical advice.:

- 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

- Some pregnant women will be at greater risk of severe illness from COVID-19

If risks cannot be adequately managed, employees should be suspended on full pay for as long as necessary in line with this HSE guidance.

Information about pregnancy should be treated with the strictest confidentiality.

22. Occupational stress

The Trust is committed to protecting the health, safety and wellbeing of our employees. We recognise the importance of identifying and tackling the causes of work-related stress. We also recognise that personal stress, while unrelated to the workplace, can adversely affect the wellbeing of staff at work.

The Trust's Stress and Mental Wellbeing Policy sets out the measures in place to support the mental wellbeing of all our employees. Systems should be in place within the school for responding to individual concerns and monitoring staff workloads, including a risk assessment for work-related stress to identify and reduce workplace stressors, arrangements for effective communication, and provision of support. The policy includes a risk assessment template.

The HSE provides guidance on the management of work-related stress.

23. Accident reporting

23.1 Accident reporting in the school accident record book/portal (minor accidents)

- An accident form/submission will be completed as soon as possible after an accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 1 or the school should use its usual accident reporting format.
- As much detail as possible should be supplied when reporting an accident
- For head injuries, the parent/carer/next of kin of the person injured should be informed that a head injury has occurred using the school's usual process (eg. Head bump sticker, email to parent/carer/next of kin etc.) to be aware of signs of concussion, confusion, lethargy etc.
- Information about more serious injuries should also be kept in the pupil's educational record
- Records held in the first aid and/or accident book will be retained in line with the Trust's records management policy.

23.2 Accident reporting in the BANES Health and Safety One Stop Portal

In addition to the above, any more serious accidents should be reported to the BANES Health and Safety team so that they can advise schools about next steps.

Any accident that causes a pupil, visitor, volunteer, contractor or member of staff (or any other person on the school site) to be sent directly from the school to a doctor or hospital MUST be reported on the one-stop portal without delay. This is so that the BANES Health, Safety and Well-being team can review the details of the incident and advise schools whether they need to report the accident to the HSE under the requirements of RIDDOR (see 22.4 below).

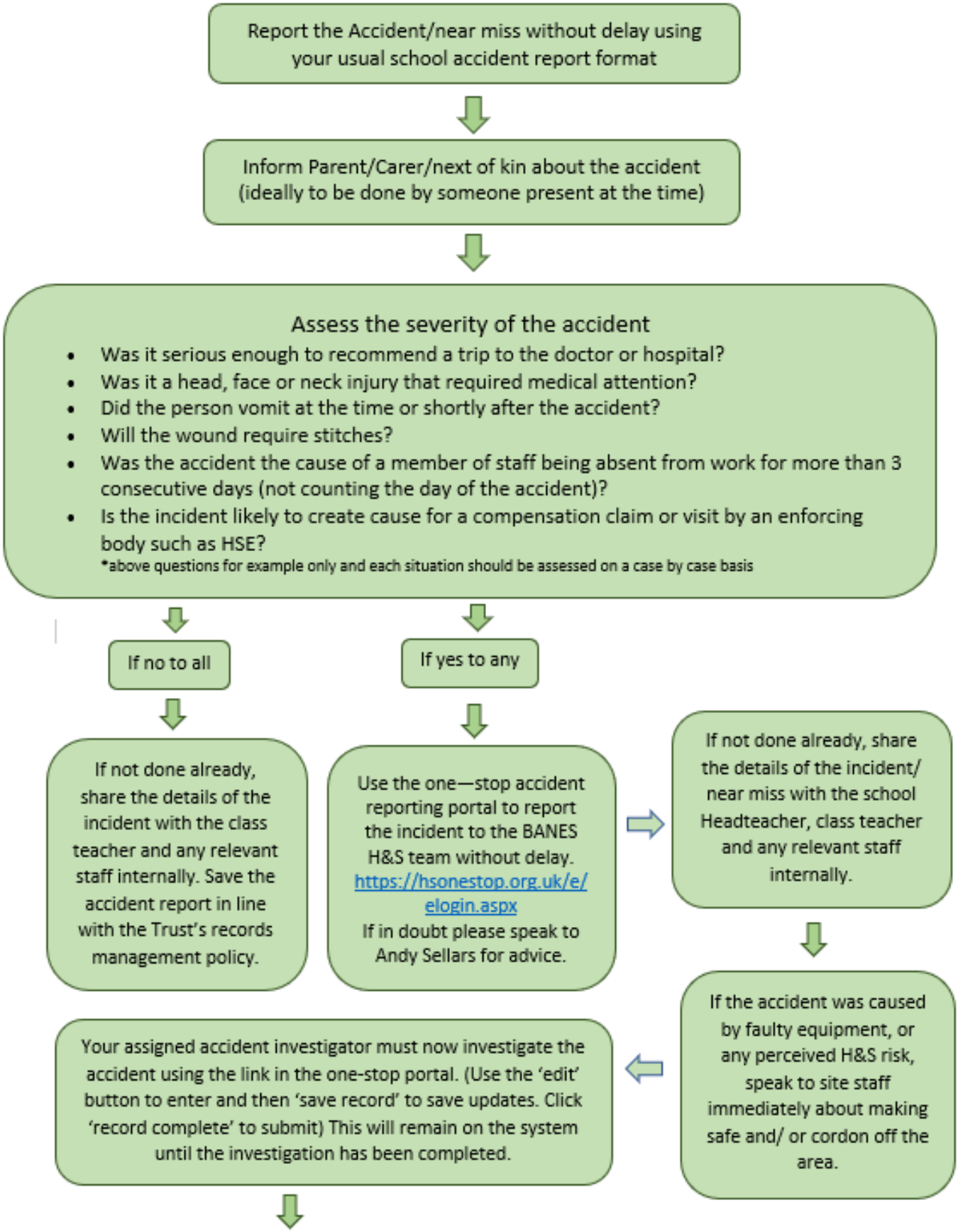
Where required, accident investigations must be completed within the one-stop portal as soon as possible

23.3 Accident Reporting Flow Chart and Guidance

Refer to the flow chart on the next two pages for accident reporting procedures (these should be displayed around the school as appropriate) and refer to the HSE guidance linked here:

https://www.hse.gov.uk/pubns/edis1.pdf

Accident Reporting Flow-Chart



The accident investigator should upload any relevant documents (eg. Risk assessments, paper-based accident reports, photographs of the area/equipment and actions noted. Information about remedial actions and updated risk assessments following the accident should also be included) to the BANES H&S one-stop site

Check back in to the one-stop site regularly until a response has been provided by the H&S team (set reminders etc. as advice to report to RIDDOR will be posted on the one-stop site and you will not be informed via any other method of communication).

If the BANES team recommend a RIDDOR report, the team will contact you and prepare the report on your behalf. If this happens, please contact Andy Sellars to let him know. (DO NOT SUBMIT THE RIDDOR REPORT INDEPENDENTLY). Note that a RIDDOR report must be submitted within 10 days of the accident (not including the day of the accident but including weekends and bank holidays). Note that accidents that result in death, specific injuries and anything that prevents a member of staff from attending work for more than 7 days must be reported to the HSE. More information can be found at: https://www.hse.gov.uk/pubns/edis1.htm

Follow up any actions recommended by BANES H&S and the Trust Estates team

Ensure all documents are stored securely and retained in line with the Trust's records management policy. After the retention period has expired, records should be disposed of securely.

Ensure your accident reports are reviewed at least once per term to check for trends or recurrent incidents. (This could be done as part of your termly H&S Governor meeting).

The following contact information may be useful if you need support following an accident or near-miss:

Andy Sellars – asellars@fossewayschool.com
Sue Parfitt – sparfitt@thepartnershiptrust.com
The Partnership Trust office – 01761 404207
BANES H&S Helpline – 01225 395115
BANES H&S Email – Health_Safety@BATHNES.GOV.UK
BANES H&S one-stop link – https://hsonestop.org.uk/e/elogin.aspx

23.4 Reporting to the Health and Safety Executive

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

The Headteacher/Health & Safety Lead will report these to the BANES Health and Safety team via the one-stop portal (linked here) as soon as is reasonably practicable and in any event within 3 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

Schools SHOULD NOT attempt to make any RIDDOR report to the HSE at school level, this will be done by the BANES Health, Safety and well-being team in collaboration with the school and the Trust's Estates team as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
    - Fractures, other than to fingers, thumbs and toes
    - Amputations
    - Any injury likely to lead to permanent loss of sight or reduction in sight
    - Any crush injury to the head or torso causing damage to the brain or internal organs
    - Serious burns (including scalding) which:
        - Covers more than 10% of the whole body's total surface area; or
        - Causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Trust's responsible person on BANES Health and Safety team will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
    - Carpal tunnel syndrome
    - Severe cramp of the hand or forearm
    - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
    - Hand-arm vibration syndrome
    - Occupational asthma, e.g from wood dust
    - Tendonitis or tenosynovitis of the hand or forearm
    - Any occupational cancer
    - Any disease attributed to an occupational exposure to a biological agent

- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
    - The collapse or failure of load-bearing parts of lifts and lifting equipment
    - The accidental release of a biological agent likely to cause severe human illness
    - The accidental release or escape of any substance that may cause a serious injury or damage to health
    - An electrical short circuit or overload causing a fire or explosion

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

These include:

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

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

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

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

How to make a RIDDOR report, HSE
http://www.hse.gov.uk/riddor/report.htm

23.5 Notifying parents/carers

The First Aider will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

23.6 Reporting to child protection agencies

The Headtecher will notify Somerset Safeguarding Children Partnership of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

Schools with Early Years Foundation Stage provision and registered with Ofsted add the section below:

23.7 Reporting to Ofsted

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

23.8 The Headteacher will also notify the Trust central team of any serious accident, illness or injury to, or the death of, a pupil while in the school's care via an urgent telephone call to the Trust CEO and a follow up email attaching a copy of the school's own reporting documentation within 24 hours of the incident.

23.9 The Headteacher will notify Ofsted and the DFE and the Child Safeguarding Practice Review Panel, using the child safeguarding incident notification system, where it is known or suspected that a child has been abused or neglected if:

- a child dies or is seriously harmed in your area
- a child is a resident of your area but dies or is seriously harmed outside England

OR where a:

- a looked after child has died
- a care leaver has died (up to and including the age of 24)

Links to the child safeguarding incident notification system and more information about the requirement to report serious incidents to Ofsted, the DFE and the Child safeguarding practice review panel can be found at: https://www.gov.uk/guidance/report-a-serious-child-safeguarding-incident#what-you-need-to-report

24. Information, instruction, supervision and training

Our staff are provided with suitable and sufficient health and safety training as part of their induction process and a number of H&S e-learning modules are available to all through the B&NES Health and Safety One-Stop resource.

Staff should be issued with a copy of the school's Health and Safety Policy as part of the induction process and a record should be kept for staff to sign and date with a declaration that they have received, read and understood the document.

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

Health and Safety training will also be provided for Governors and Trustees as appropriate. The Trust's Governance Manager can provide information relating to available training.

All training records are to be kept for review. This includes written records of induction training provided 'in-house' by the school and all other training received in relation to the role.

25. Monitoring

The school's health and safety management provision and Health and Safety Policy will be reviewed annually at Trust level, or following significant incidents or change and following that review, schools will be required to amend the highlighted, school-specific content before sharing with staff and Governors as soon as possible. A record must be kept for staff to declare that they have received, read and understood the document.

26. Links with other policies

This Health and Safety Policy links to the following policies :

- Trust Staff Code of Conduct
- School Parent Code of Conduct
- Safer recruitment policy
- Contractor Management policy
- Stress and Mental Wellbeing policy
- Equalities Policy
- Lone Working policy
- First aid policy

- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Behaviour policy
- Child protection and safeguarding policy
- Emergency plan
- Fire and emergency escape procedures (FEEP)
- Lettings policy
- Off-site activities/visits policy
- Residential visits policy
- Sun safety policy
- Travel plan
- Food safety policy
- School improvement plan
- Lockdown policy
- Contractors and Visitors Policy
- Asbestos Management Plan
- Remote Learning policy

The Trust Estates Team can be contacted via the Trust Office on 01761 404207 or by email (for non urgent queries) at asellars@thepartnershiptrust.com (Trust Estates Manager) or sparfitt@thepartnershiptrust.com (Trust Operations Manager)

The B&NES Health, Safety and Wellbeing team can be contacted via the helpline on 01225 395115 or by email at Health_Safety@BATHNES.GOV.UK

Appendix 1. Accident report

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

Appendix 2. Recommended absence period for preventing the spread of infection

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

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

Infection or complaint	Exclusion period	Comments
Athlete's foot	None.	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others
Chicken pox (shingles)	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, contact your local UKHSA health protection team.
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.

Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents. An action checklist for use in a diarrhoea and vomiting outbreak can be found here
Diptheria*	Exclusion is essential. Always contact your local UKHSA health protection team.	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team. For more information, see Managing outbreaks and incidents.
Glandular fever	None	
Hand, foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.

Head lice	None	
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local UKHSA health protection team for more advice.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed. An action checklist for Meningitis of septicaemia can be found here.

Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your local UKHSA health protection team will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
Mpox	Until confirmed safe to return by their clinician or in line with any current guidance.	Contact your UKHSA health protection team for further advice on management and support for anyone considered a close contact of the confirmed case.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local UKHSA health protection team for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your local UKHSA health protection team.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection. Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local UKHSA health protection team will organise any contact tr
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.

Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UK Health Security Agency (UKHSA) health protection team (HPT) of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

The NHS website has a useful resource to share with parents.