Health and Safety Policy

January 2026

V. 7

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1. Aims

Our school aims to:

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

2. Legislation

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

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to visitors on your premises
- 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 (HSE) and set out the timeframe for this and how long records of such accidents must be kept
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- The Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register
- The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff
- The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) and government guidance on living with COVID-19 when responding to infection control issues.

3. Roles and responsibilities

3.1 The Director

The Director has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Management Team.

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

The Director, 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
- Ensure the Health and Safety Law poster and Employers Liability insurance are displayed in the staff room

3.2 The Management Team

The Management Team are 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 Director 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 absence of the Management Team, the Premises Manager and Deputy Head assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead and competent person is the Premises Manager.

The Premises Manager will conduct health and safety checks.

3.4 Staff

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Check that their classroom or work area is safe
- Check that equipment is safe before using it or permitting another person to use it
- Ensure that those pupils that need supervision are not left unsupervised in the classrooms or other areas of the school, whilst allowing considered independence for those pupils for whom it is safe
- Co-operate with the school on health and safety matters and ensure safe procedures are followed
- 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
- Report any accident, near miss incident, dangerous occurrence or case of ill health arising out of work and cooperate with management in investigating such accidents or incidents
- Model safe and hygienic practice for pupils
- Ensure playground surfaces and equipment is safe for pupils to use
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Teachers and Therapists

- Will oversee, monitor and ensure compliance to the above for their respective areas.

3.6 Pupils and parents/carers

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

3.7 Contractors

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

4. Site security

All staff are responsible for the security of the school site in school hours. The Premises Manager is responsible for locking up the site and visual inspections of the site. If the premises manager has left, the cleaners are responsible for locking up the site. If the Headteacher or Business Manager are still on site, they will lock up the site or pass responsibility to a designated staff member. Alliance will respond to security issues out of hours. Rohallion are responsible for the intruder alarm system and Standby Fire are responsible for the fire alarm systems.

Alliance, The Premises Manager, Director and Business Manager, are key holders and will respond to an emergency.

5. Fire

Full details of the School's Fire arrangements are included in the School's Fire Emergency Evacuation Plan. Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place once a week.

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 evacuation procedures will begin immediately. The emergency services will be contacted if necessary.
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly point which is the grassed area on the upper lawn by the water point.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day held by the School Administrator
- The School Administrator will take a register of all staff
- Staff and pupils will remain outside the building until the Headteacher or emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with additional needs and fire risk assessments and PEEPs.

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Premises Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. Hazadours products are stored in areas where pupils do not have access, including the basement and the art cupboard which is locked at all times and only staff members have authorized access. Any use of products by pupils is supervised by staff at all times.

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

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

6.1 Gas safety

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

6.2 Legionella

- A water risk assessment has been completed Hydro Care. The Premises Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed every 2 years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: e.g. temperature checks, descaling of showers, heating of water, disinfection of showers, etc.

6.3 Asbestos

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

7. Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

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

7.1 Electrical equipment

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely

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

7.2 PE equipment

- Therapists, Teachers and TSAs are responsible for checking that PE equipment is set up and used safely, particularly any off the ground equipment.
- Any concerns about the condition of the hall floors, soft play or other apparatus will be reported to the Premises Manager
- The PE equipment is inspected annually.

7.3 Cooking equipment

- Therapists, Teachers and TSAs are responsible for checking that cooking equipment is set up and used safely
- Any concerns about the condition of the cooking equipment such as hobs, ovens, sharp objects will be reported to the Premises Manager
- Sharp knives must be stored in a locked cupboard in the lifeskills. Knives and sharp objects (e.g. graters) must only be used by pupils under the responsibility of Teachers, Therapists and TSAs. SNA's may supervise pupils use with a Teacher, TSA or Therapist present.
- Dishwasher tablets must be stored in a locked cupboard in the lifeskills room.

7.4 Playground and Trim Trail equipment (including the trampoline)

- The playground and trim trail equipment is inspected on a daily basis by the Premises Manager and any defects are acted upon accordingly.
- The playground and trim trail equipment are subject to an annual safety inspection by an RPII inspector.
- All staff are responsible for ensuring that the playground, trampoline and trim trail equipment are used safely.
- Risk assessments are in place for these areas.

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties

- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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

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

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

9. Working at height

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

There is a suitable and sufficient working at height ladders risk assessment in place and that any person working at height using a ladder follows the control measures identified in the risk assessment to minimise the risk of harm from the work activity.

In addition:

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

10. Manual handling

These procedures related to manual handling apply to activities where there is a foreseeable risk of injury.

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

We will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and that those who may be involved in manual handling activities are required to read it.

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

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

11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils and have access to parents/carers' contact details
- There will always be at least one first aider on school trips and visits
- There will always be a Teacher, Therapist or the Post 16 TSA on school trips and visits

12. Lettings

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

13. Violence at work

We believe that staff should not be in any danger at work. We recognise that at times, challenging behaviours will occur that staff will have to deal with. This will be managed in line with our behaviour policy. We will not tolerate deliberate violent or threatening behaviour towards our staff.

All behaviour incidents are reported in line with the School's behaviour policy.

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 (outside of the behaviour policy), visitors or other staff.

14. Smoking

Smoking is permitted ONLY in the outside area by the First Aid room.

15. Infection prevention and control

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

15.1 Handwashing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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

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

15.4 Cleaning of the environment

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

15.5 Cleaning of blood and body fluid spillages

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

15.6 Laundry

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

15.7 Clinical waste

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

15.8 Animals

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

15.9 Infectious disease management

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

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

Following good hygiene practices

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

Implementing an appropriate cleaning regime

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned where necessary twice a day

Keeping rooms well ventilated

- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

15.10 Pupils vulnerable to infection

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

15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

16. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

17. Occupational stress

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

Further details outlining how the school promotes wellbeing for both staff and pupils are outlined in the school's positive mental health policy.

18. Accident reporting

18.1 Accident records

18.1.1 The School has robust procedures relating to incidents in School. In the event that an individual is hurt as a result of an incident with a child, this will be recorded as detailed in the recording and

reporting section of the Physical Intervention Policy and Behaviour Policy and will include any harm to employees. Any injury to an adult should also be logged as detailed in 18.1.3 below.

18.1.2 All accidents relating to pupils should be recorded in CPOMS ensuring that the category 'accident' is selected.

18.1.3 In the event of an accident relating to a staff member or other adult, 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. The form will be kept in the accident book (folder) in the school office. As much detail as possible will be supplied when reporting an accident.

18.1.4 Information about injuries will also be kept in the pupil's educational record

18.1.5 Records held in the first aid and accident book will be retained by the school for a minimum of 6 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and the School's insurance and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

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

The Headteacher or Head of Therapy will report these to the HSE 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 Headteacher or Head of Therapy 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, but are not limited to:
  - 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

18.3 Notifying parents/carers

The Class Teacher, School Administrator or Headteacher will inform parents/carers of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

18.4 Reporting to child protection agencies and Ofsted

The Headteacher will notify the relevant local child protection agencies and Ofsted of any serious accident or injury to, or the 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.

19. Monitoring

This policy will be reviewed by the Business Manager annually.

At every review, the policy will be approved by the Management Team.

20. Links with other policies

This health and safety policy links to the following policies:

- First aid policy
- Behaviour policy

- Physical Intervention policy
- Risk assessment policy
- Accessibility plan
- Remote learning
- Emergency or critical incident plan
- Visits Policy
- Positive Mental Health Policy
- Animal Care Protocol

Written by:	Alex Labbett	**Approved by:**	**Date:** Jan26
Last Review:	January 2024	Management team	
Next review due by:	January 2027		

Appendix 1. Fire safety checklist

	Yes	No
Daily Checks (Not Normally Recorded)		
Escape Routes		
Can all fire exits be opened immediately and easily?		
Are all doors clear of obstructions?		
Are escape routes clear?		
Fire Warning Systems		
Is the fire panel showing “Normal”?		
Escape Lighting		
Are luminaries and exit signs in good condition and undamaged?		
Is emergency lighting and sign lighting working correctly?		
Firefighting Equipment		
Are all fire extinguishers in place?		
Are fire extinguishers clearly visible?		
Weekly Checks		
Escape Routes		
Do all emergency fastening devices to fire exits (Push Bars etc.) Work correctly?		
Are external routes clear and safe?		
Are external escape route stairs safe?		
Do all internal self-closing fire doors work correctly?		
Fire Warning Systems		
Does testing a manual call point send a signal to the fire alarm panel?		
Did the alarm system work correctly when tested?		
Did staff and other people hear the alarm?		
Escape Lighting		
Are charging indicators visible?		
Firefighting Equipment		
Is all equipment in good condition?		
Are the tamper tags in place on all fire extinguishers?		
Is the pressure in “Stored Pressure” Fire extinguishers correct?		
Six-Monthly Checks		
Fire Warning System		
Has the system been Tested by a competent third-party company?		
Escape Lighting		
Has the emergency lighting been Tested by a competent third-party company?		
Annual Checks		
Firefighting Equipment		
Have the fire extinguishers been checked by a competent third-party company?		
Other		
Has a fire risk assessment been caried out by a competent third-party company?		

Appendix 2. Accident report

Name of injured person		**Role/class**	
Date and time of accident		**Location of accident**	
Has this incident been logged on CPOMS?	Yes / No *(Please circle)*	**Is it logged as accident or incident?**	
Accident/injury details (*Describe in detail what the **INJURY** is. If the incident is **NOT** recorded on CPOMS, describe in detail what happened and how it happened)*			
Action taken *(Describe the steps taken in response to the accident, including any first aid treatment, and what happened to the injured person immediately afterwards)*			
Is this a reportable injury as defined in RIDDOR?		Yes / No	
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 accident happening again)*			
Signature of injured person		**Date**	
Name of person attending the accident			
Signature		**Date**	

Appendix 3. Asbestos record

Location	Product Type	Extent	Accessibility	Condition	Asbestos Type	Sample No.	Material Assessment and Score
Comms Room	Asbestos Insulation Board	8M2	High	1	Chrysotile	01	Very Low

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

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

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

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.