THE SALTERNS ACADEMY TRUST: TRAFALGAR SCHOOL

HEALTH AND SAFETY POLICY

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CONTENTS **PAGE**

1. UNCRC 3
1. Aims 3
2. Legislation 3
3. Roles and responsibilities 3
4. Site security 5
5. Fire 5
6. Lockdown 6
7. COSHH 6
8. Equipment 7
9. Lone working 8
10. Working at height 8
11. Manual handling 8
12. Off-site visits 9
13. Student Safety during unstructured times 9
14. Lettings 9
15. Violence at work 9
16. Smoking 9
17. Infection prevention and control 10
18. New and expectant mothers 11
19. Occupational stress 11
20. Accident reporting 12
21. Training 13
22. Consultation 13
23. Monitoring 13
Appendix 1. Fire safety checklist 14
Appendix 2. Health & Safety Risk Assessment Form 15
Appendix 3. Recommended absence period for preventing the spread of infection 17
Appendix 4. Accident Record Form 20

UNCRC

Article 24: (Health and Health Services): Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-bring so that children can stay healthy.

Aims

The Governors and Executive Headteacher will strive to achieve the highest standards of Health, Safety and Welfare consistent with its responsibilities under the Health and Safety at Work Act 1974 and subsequent legislation.

Trafalgar School recognises and accepts its responsibility to protect the Health and Safety of students and all other visitors to its sites, to include contractors, temporary staff, and members of the public. The school is committed to the provision and maintenance of safe and healthy working conditions, equipment, and systems of work for all its employees and to the provision of information, training, and supervision for this purpose.

The school is committed to on-going monitoring and review processes, in order that continual improvement in the management of Health and Safety can be achieved. This policy will be brought to the attention of all staff and will be reviewed on an annual basis or as required.

Legislation

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

- The Health and Safety at Work etc. Act 1974, which sets out the general duties employers have towards employees and duties relating to lettings
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- The Control of Substances Hazardous to Health Regulations 2002, which require employers to control substances that are hazardous to health
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- The Health and Safety (Display Screen Equipment) Regulations 1992, which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- The Gas Safety (Installation and Use) Regulations 1998, which require work on gas fittings to be carried out by someone on the Gas Safe Register
- The Regulatory Reform (Fire Safety) Order 2005, which requires employers to take general fire precautions to ensure the safety of their staff
- The Work at Height Regulations 2005, which requires employers to protect their staff from falls from height

The school follows national guidance published by UK Health Security Agency (formerly Public Health England) when responding to infection control issues, and Actions for schools during the coronavirus outbreak, which provides guidance on what schools need to do during the COVID-19 pandemic.

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

Roles and responsibilities

Salterns Academy Trust

The person with overall responsibility for Health and Safety at the Trust is the **Chief Executive of the Trust, Nys Hardingham**. As the employer, the Trust has overall responsibility for Health and Safety within their academies.

The general responsibilities of the Directors of the Trust include:

- To ensure that the Trust has access to competent Health and Safety advice as required by the Management of Health and Safety at Work Regulations 1999.
- To ensure that there exists an effective policy for Health and Safety management, supplemented by additional documents and safe systems of work relating to the required performance in each area and type of activity and that this document is implemented throughout the organisation.
- To ensure that each school has also has an effective procedure for Health and Safety management.
- To ensure that Trust's Health and Safety policy is routinely reviewed on an annual basis or as required to ensure that the arrangements for Health and Safety remain current and valid.
- To ensure that the necessary resources and information are made available to enable the policy to be effectively put into practice.
- To ensure that staff are inducted and trained to enable them to carry out their roles effectively.
- To ensure that all accidents, incidents, diseases and/or dangerous occurrences are reported to the Health and Safety Executive as required by statute.

As the employer, the Trust has overall responsibility for Health and Safety. However, the control of day-to-day issues is delegated to the Executive Headteacher.

To comply with the Statement of Intent the school's leadership and management have additional responsibilities to ensure the above commitment can be met. Governors, staff, and students will play their part in its implementation as detailed below.

The Governing Body

The governing body has ultimate responsibility for health and safety matters in Trafalgar School. The governing board 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 governing body has a duty to:

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

The governor who oversees health and safety, linked to safeguarding, is **Claire Haque.**

Headteacher

The Acting Headteacher, Gemma Pearse is responsible for health and safety day-to-day. This involves:

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

For practical reasons, the Executive Headteacher delegates key health and safety functions to other members of staff. However, the delegation of certain duties does not relieve the Executive Headteacher from the overall day to day responsibilities for Health and Safety within the school.

Health and Safety Coordinator

The Headteacher has appointed **Alice Raeburn, Deputy Headteacher** as the School Health and Safety Coordinator. The Health and Safety Coordinator maintains an overview of the school's Health and Safety organisation and management, leading on health and safety initiatives, and overseeing the day-to-day implementation of the school's health and safety policy, referring any issues beyond their control to the Executive Headteacher/Governors as is necessary and/or appropriate.

Health and Safety Lead

The nominated health and safety lead is **Steve Pearse, Site Manager.** The Site Manager is primarily responsible for all building and environmental safety management and will advise the Health and Safety Coordinator of any matters requiring Executive support to resolve.

Staff

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

Staff will:

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

Pupils and parents

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

Contractors

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

Site security

Steve Pearse, Site Manager is responsible for the security of the school site in and out of school hours. He is responsible for visual inspections of the site, and for the intruder and fire alarm systems. **Richard Smith, Deputy Site Manager** and **Mark Latter** are key holders and will respond to an emergency.

Security of the buildings out of School hours is assisted by the installation of an Intruder Alarm and CCTV around the Site.

Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud, continuous bell.

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 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
- The school has 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
- All staff must familiarise themselves with the action to take in an emergency and be mindful of the posted instruction notices, and the detailed instructions in the published fire plan.

A fire safety checklist can be found in appendix 1.

Lockdown

In the event of an intruder on site, staff and students will be required to stay in the classroom. Staff and students are to keep out of sight and are to stay away from doors.

The lockdown alarm is a continuous pulsing noise and can be triggered by school reception staff.

Emergency lockdowns are practised at least once a term.

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 **Steve Pearse, Site 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.

The curriculum leads for science and art, D&T will ensure that all CLEAPSS advice and expectations as regards substances being used in their departments is properly followed, and appropriate recording of, supervision and monitoring is carried out as is appropriate.

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

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

Gas safety

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

Legionella

- A water risk assessment has been completed in **September 2024** by the contractor Liberty Gas on behalf of Portsmouth City Council. Mr Steve Pearse is responsible for ensuring that the identified operational controls are conducted and recorded in the school's Legionella logbook
- This risk assessment will be reviewed every three years and when significant changes have occurred to the water system and/or building footprint

- The risks from legionella are mitigated by the following: water temperature checks, flushing of showers & hose taps, descaling of shower heads, disinfection of water storage tanks TMV servicing, disinfection of water fountains.

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.

Radiation

The Science Department holds a selection of radioactive substances. A Radiation Protection Supervisor has been nominated within the school along with a Radiation Protection Officer for Children's Services. The Radiation Protection Adviser is appointed by CLEAPSS on behalf of the school and local authority. The role of the Radiation Protection Supervisor and Officer is to ensure that the school complies with the Ionising Radiation's Regulations. Further information is available from the Head of Science or Science Technician(s).

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.

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 **Steve Pearse, Site 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.

PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported to **Steve Pearse, Site Manager.**

Display screen equipment

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

Specialist equipment

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

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

Lone working

Lone working may include:

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

Working at height

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

In addition:

- The Site 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 persons.

Manual handling

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

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

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

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

Off-site visits

For all school trips and visits there must be authorisation received in advance from the Educational Visits Coordinator (EVC) and where appropriate, the relevant information logged in detail on the EVOLVE website which is held by Hampshire County Council on the school's behalf.

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents' contact details
- There will always be at least one first aider on school trips and visits.

For all off site activities the following points will be taken into consideration:

- Any hazardous pursuits that are to be undertaken and any safety or additional insurance requirements
- The expertise of staff accompanying the trip and qualifications relevant to the activity
- The Accident and Emergency procedures
- A designated Contact person who knows the itinerary and is able to alert the relevant pre-arranged contacts – Head of School
- Risk Assessment of any hazards that are likely to be encountered
- Ratios are used which, follow HCC guidance, and are considered to ensure adequate supervision for students, commensurate with the activities that are being undertaken.

Student Safety During Unstructured Time

The school has a statutory duty to ensure adequate supervision at all times.

The Head of School has overall responsibility for the Duty Rota and will ensure students are properly monitored whilst enjoying an adequate amount of freedom within the School Grounds.

Duty Staff who identify an area of the School Grounds that is potentially unsafe, must report it immediately to the Site Manager. The area may be designated 'out of bounds' to ensure that it is not used until directed so, following any necessary remedial work.

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.

Violence at work

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

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

Smoking

Smoking is not permitted anywhere on the school premises.

Infection prevention and control

We follow national guidance published by 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.

Handwashing

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

Coughing and sneezing

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

Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of COVID-19 where required or recommended by government guidance and/or a risk assessment.

Cleaning of the environment

- Clean the environment frequently and thoroughly.

Cleaning of blood and body fluid spillages

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

Laundry

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

Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor

- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection.

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 continuously throughout the 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 and opening internal doors.

Asymptomatic testing

We will follow government guidance on the use of lateral flow tests for staff and pupils. We will also have a plan in place for the reintroduction of asymptomatic testing on-site if advised to do so by a director of public health or government guidance.

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.

Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance.

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

New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to 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.

Occupational stress

Stress is defined by the Health and Safety Executive as "the adverse reaction people have to excessive pressures or other types of demands placed on them." This distinguishes stress from the pressures or challenges that provide the motivation for everyday living. Being under pressure can often improve performance but when demands and pressures become excessive, they can lead to stress.

People respond to pressure in different and individual ways. Much will depend on an employee's personality, experience, motivation, and the support available from managers, colleagues, family, and friends. Difficulties faced outside of work can also have an impact on someone's ability to cope or function well at work.

If stress is intense and sustained it can lead to mental and physical ill-health and contributes to employee ill-health and sickness absence. It is important that all staff are aware of the factors that can give rise to stress (stressors) so that where possible their causes can be foreseen and appropriately managed before damage/harm is done.

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.

Accident reporting

The school's accident/incident reporting system is managed by admin staff from student services. All accidents, and any incident that doesn't cause harm but had the potential to, must be recorded/reported.

All events resulting in minor First Aid treatment will be recorded by the First Aider providing the treatment.

All injuries requiring out of school treatment, or incidents that could have resulted in serious injury must be reported (by the recorder) to the Health and Safety Coordinator/Site Manager, who will ensure that any additional notifications, including where necessary, external/statutory reporting is properly completed.

Accident record book

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

Reporting to the Health and Safety Executive

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

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

Reportable injuries, diseases or dangerous occurrences include:

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

- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space, which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

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

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 – http://www.hse.gov.uk/riddor/report.htm

Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Training

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

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 by their line manager.

Health and Safety Consultation

It is necessary to demonstrate that all staff have a genuine opportunity to discuss health and safety concerns and influence health and safety policy and procedures.

The governing body will review this item within the existing meetings structure to assess whether existing arrangements are adequate, or whether more needs to be done.

Monitoring

This policy will be reviewed by the Deputy Headteacher every year. At every review, the policy will be approved by the full governing body.

Appendix 1. Fire safety checklist

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

Appendix 2. Health & Safety Risk Assessment Form

Trafalgar School - HEALTH & SAFETY RISK ASSESSMENT FORM (Adopted from Portsmouth City Council)

Site/ Location:	Trafalgar School	**Assessment No:**		**Assessment Date:**	
Section/Department:		**Assessment Type** (Delete as appropriate: see Note 1)			
		1. Specific/formal	**2. Generic**	**3. Dynamic Assessment**	
Activity/Process:					

Assessor		**Manager Acceptance** (See Note 2)	
Name:		**Name:**	
Job title:		**Job title:**	
Signature:		**Signature:**	

Hazards and potential Risks (Detail description of activity, identified hazard and persons who can be affected) **i.e. there is a risk that …….!**	**Existing controls in place** (detail existing controls implemented in activity)	**Initial Risk Rating** Likelihood X Consequence (See Note 3)	**Actions identified to plug Gaps in Controls** (Each control measure is to be specific and managed)	**New Risk Rating** (Note 4)	**Target Risk Rating** (Note 4)	**Management Plan**		
						Lead Manager	**Target Date**	**Comp Date**

Manager Assessment Review (See Notes 2 and 5)

Review Date:		**Review Date:**		**Review Date:**		**Review Date:**	
Name/Job Title:		**Name/Job Title:**		**Name/Job Title:**		**Name/Job Title:**	
Signature:		**Signature:**		**Signature:**		**Signature:**	

IMPORTANT: RISKS RATED AS 15 – 25 MUST BE ADDED TO THE DIRECTORATE'S OPERATIONAL RISK REGISTER BY THE SERVICE DIRECTOR

PCC HEALTH & SAFETY RISK ASSESSMENT FORM – ADDITIONAL GUIDANCE NOTES

Notes:

1. Clearly identify which type of assessment is recorded. If completing a 'Generic' risk assessment, assessors are to satisfy themselves that the assessment is valid for the task and conditions and that all foreseeable hazards have been identified and assessed. If additional hazards are identified they are to be recorded and attached to the generic assessment or a formal/specific assessment can be documented.
2. Managers are responsible for the production of 'work activity' risk assessments and that they are signing to indicate that the risk assessment is suitable and sufficient and they consider the identified risk ratings and any associated action plans to be acceptable and adequate.
3. When recording the initial 'Risk Rating' ensure that both the 'Likelihood' and 'Consequence' scores are included in the form.
4. Record the new (revised) risk rating to demonstrate that the risk has been reduced (record 'Likelihood' and 'Consequence') score. When the target risk rating is achieved the risks have been reduced to a pre-determined acceptable level and no additional controls are required (but routine risk assessment reviews must continue).
5. Risk Assessments are to be reviewed as follows;
   If "generic" prior to use, or
   Following an accident or near miss, or
   Following significant changes to the task, process, procedure or Management, or
   Following the introduction of more vulnerable personnel, or
   3-yearly, in accordance with PCC risk management policy

Consequence / Impact

Likelihood		Minimal (no/minor injury)	Low (first aid only)	Medium (medical treatment)	Major (serious injury)	Catastrophic (1 or more deaths)
		1	**2**	**3**	**4**	**5**
Rare	**1**	1	2	3	4	5
Unlikely	**2**	2	4	6	8	10
Possible	**3**	3	6	9	12	15
Likely	**4**	4	8	12	16	20
Almost Certain	**5**	5	10	15	20	25

Significant (15-25)	Immediate action is required to address 'Significant Risks' and the risks identified must be referred to the appropriate Director of Service and H&S Manager
Moderate (8-12)	Appropriate senior management assurance must evidence and confirm the risk assessment, and accept the risk or oversee an action plan to eliminate or reduce the risk to an acceptable level.
Low (4-6)	Appropriate management assurance must evidence and confirm the risk assessment and accept the risk or oversee an action plan to eliminate or reduce the risk to an acceptable level.
Very Low (1-3)	Maintain control measures and review if there are any changes.

IMPORTANT: RISKS RATED AS 15 – 25 MUST BE ADDED TO THE DIRECTORATE'S OPERATIONAL RISK REGISTER BY THE SERVICE DIRECTOR

Appendix 3. 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 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.
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.

Appendix 4: Accident Record Form

Report Number (consecutive)

+ Accident Record

1. About the person who had the accident

Name _____

Address _____

_____ Postcode _____

Occupation _____

2. About you, the individual filling in this record

If you did not have the accident write your address and occupation.

Name _____

Address _____

_____ Postcode _____

Occupation _____

3. Details of the accident (Continue on the back of this form if you need to)

When it happened. Date ___ / ___ / _____ Time _____

Where it happened. State location _____

_____

How did the accident happen? _____

_____

_____

Give the cause if possible _____

_____

If the person who had the accident suffered an injury, give details _____

_____

4. Sign and date

Person filling in the record.

Print Name _____ Sign _____ Date ___ / ___ / _____

Person who has had the accident (as confirmation they agree the accident has been recorded accurately).

Print Name _____ Sign _____ Date ___ / ___ / _____

5. For the employer only

Complete this box if the accident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

How was it reported? _____

Print Name _____ Sign _____ Date ___ / ___ / _____