

THE DIOCESE OF SHEFFIELD ACADEMIES TRUST



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ACADEMIES
TRUST

HEALTH & SAFETY POLICY 2026-27

Approved by: DSAT Trust Board

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

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

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

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

The Trust 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 academy trust (DSAT), 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

3.2 Executive Headteacher / Headteacher

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the Executive Central Team 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 Executive Headteacher's / Headteacher's absence, the Head of School / Deputy Headteacher assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Headteacher.

3.4 Staff

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken

- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 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.

3.6 Contractors

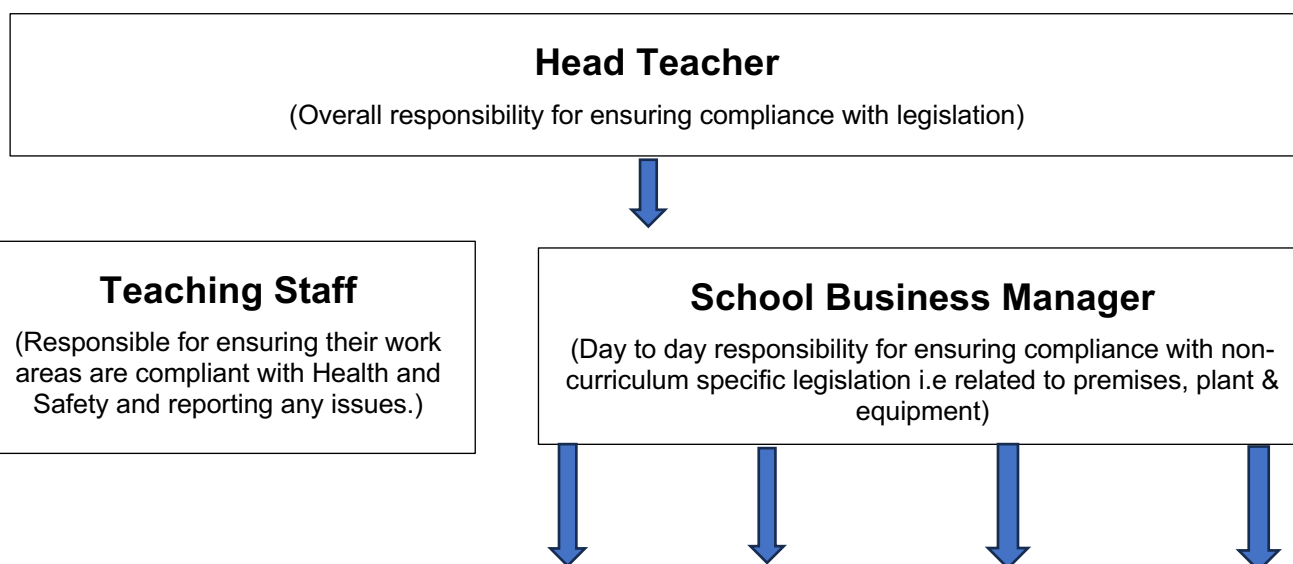
Contractors will agree health and safety practices with the Headteacher or delegated person before starting work. Appointed contractors will be on the approved contractor list. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work. They must sign the asbestos register permit to work

4. Site security

The Site Manager / Caretaker is responsible for the security of the school site in and out of school hours. They are responsible for daily visual inspections of the site, recorded monthly monitoring of the site/buildings and for the intruder and fire alarm systems.

The Site Manager / Caretaker and head of School and where applicable Security Companies are key holders and will respond to an emergency.

Organisation chart of Health and Safety Responsibilities – (insert school name)



Cleaning staff

(Compliance with COSHH and responsibilities identified with fire and emergency plan.)

Catering staff

(Responsibilities identified by the catering supervisor and 'The Pantry' external provider and in the school's fire and emergency plan)

Admin staff

(Provision of first aid, responsibilities identified with the fire and emergency plan. Ensuring Accident reporting procedures are followed.)

Caretaker

(Responsibility for site security, premises checks, property maintenance and carrying out and recording all legislative checks. Completion of COSHH risk assessments)

ALL STAFF

(Compliance with the Health & Safety Policy, safeguarding and all policies and procedures that are relevant to their role and any other systems in place)

5. 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 annually.
- Emergency evacuations are practised at least once a term.
- The fire alarm is a loud continuous buzzer or approved system
- Fire alarm testing will take place once a week.
- All fire related checks will be carried out and recorded at the required times as identified in the Fire Log Book.
- 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 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 and pupils will congregate at the assigned assembly point(s).
- Form class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Office Manager will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services 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. (PEEPs)

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 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.

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 that they have adequate ventilation

6.2 Legionella

- A Legionella Risk Assessment has been completed by an approved Water Hygiene Contractor. This will be reviewed when significant changes are made to the water/heating systems or there is a change to the responsible person on site.
- The Site Manager / Caretaker is responsible for ensuring that the identified operational controls (temperature checks) are conducted and recorded in the school's water log book every month. This is carried out by an approved contractor in some of the Trusts schools.
- The Site Manager / Caretaker will carry out and record end of each school holiday flushing of all outlets.
- The risks from legionella are mitigated by the following:
 - heating of water
 - Regular flushing of outlets
 - Weekly flushing of little used outlets

6.3 Asbestos

- Staff have received basic asbestos awareness training 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. Refresher training will be carried out every 3 years.
- An asbestos register and asbestos management plan are available on site
- 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. They will sign a permit to work before commencing any work confirming they have checked the asbestos register.
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

A record is kept of the location of asbestos that has been found on the school site in the asbestos register

7. Equipment

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

7.1 Electrical equipment

- The Site Manager/Caretaker is responsible for testing all of the RCD's on distribution boards on a 6 monthly basis. This may be carried out in conjunction with the ICT team to ensure servers are not accidentally disconnected
- 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 Site Manager / Caretaker / Office Manager immediately and if necessary taken out of use until checks are made.
- 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 the trained Site Manager / Caretaker including the annual recorded testing of all electrical equipment
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- The fixed wire testing will be carried out by an approved contractor every 5 years and necessary remedial works will be authorised

7.2 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 / hall floor or other apparatus will be reported to the Site Manager / Caretaker / Office Manager.
- All fixed play equipment in the building and outside are checked annually by a certified contractor and remedial works carried out
- Any equipment requiring remedial works will not be used until the works are carried out

7.3 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

- 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)

7.4 Specialist equipment

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

8. Lone working

Lone working may include:

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

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

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

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

The school has a Lone Workers Policy.

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. Site Managers/Caretakers are responsible to carry out and record a full inspection of each set of ladders within school on a 6 monthly basis

In addition:

- The Site Manager / Caretaker retains ladders for working at height

- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using step 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

10. 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.

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 school mobile phone, a 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 with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

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, 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/Headteacher immediately. This applies to violence from pupils, visitors or other staff.

14. Smoking/Vaping

Smoking/vaping is not permitted anywhere on the school premises / site even when the school is closed.

15. Infection prevention and control

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

15.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels or hand drying machine
- 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

15.4 Cleaning of the environment

- Clean the environment frequently and thoroughly
- 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 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

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 as a pet

15.9 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/carers will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 1.

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

A risk assessment was carried out for COVID-19 and can be utilised/amended in the event of a future epidemic/pandemic. This is part of the Trust's Business Continuity and Disaster Recovery Plan.

16. Adverse Weather

Heat and Hot Weather Safety

The school recognises that periods of hot weather can present health and safety risks to pupils, staff, and visitors, particularly young children who may be more vulnerable to heat-related illness such as dehydration, heat exhaustion, and sunburn.

To reduce risks during hot weather, the school will implement the following measures:

Risk Assessment

- Senior leaders will monitor weather forecasts and assess risks during periods of high temperatures.
- Outdoor activities will be reviewed and adapted where necessary.
- Additional precautions will be taken during heatwave alerts issued by relevant authorities.

Hydration

- Pupils and staff will have regular access to drinking water throughout the day.
- Children will be encouraged to drink water frequently.
- Parents/carers will be reminded to provide named water bottles daily.

Sun Protection

- Parents/carers are encouraged to apply sunscreen to children before school and provide sunscreen where appropriate.
- Children should wear suitable sun hats/caps when outdoors.
- Staff will encourage the use of shaded areas during breaktimes and outdoor learning.

Outdoor Activities

- Strenuous physical activities (e.g. PE, sports days) may be reduced, rescheduled, or moved indoors during peak heat (typically 11am–3pm).
- Outdoor playtimes may be shortened where temperatures are excessive.
- Staff will ensure children have regular rest breaks in shaded or cool areas.

Indoor Environment

- Classrooms will be kept as cool as possible by opening windows, using blinds/curtains, and reducing unnecessary heat sources.
- Staff will monitor classroom temperatures and relocate activities where practical if rooms become excessively hot.

Clothing

- During hot weather, the school may allow adjustments to uniform requirements to support comfort and safety, such as removing jumpers or blazers.

Recognising Heat-Related Illness

Staff will remain vigilant for signs of heat-related illness, including:

- dizziness
- headaches
- nausea
- excessive tiredness
- confusion
- pale, clammy skin

Any child or adult showing symptoms will be moved to a cool area, given water, and first aid will be administered. Parents/carers will be contacted where necessary, and emergency services called in serious cases.

Inclusion and Vulnerable Individuals

Particular attention will be given to pupils and staff who may be more vulnerable to heat, including those with medical conditions, disabilities, or additional needs.

The school will review this guidance annually and after any significant heat-related incidents.

Cold Weather and Low Temperature Safety

The school recognises that cold weather can present health and safety risks to pupils, staff, and visitors, including cold-related illness, slips and falls, and unsafe outdoor conditions. Young children are particularly vulnerable to cold temperatures and may be less able to recognise discomfort or early signs of cold-related illness.

To minimise risks during periods of cold weather, the school will implement the following measures:

Risk Assessment

- Senior leaders will monitor weather forecasts and assess risks during periods of low temperatures, ice, snow, or severe weather warnings.
- Outdoor activities will be reviewed and adapted according to weather conditions.
- The school will follow guidance from the relevant local authority and national weather warnings where appropriate.

Minimum Indoor Temperatures

- The school will aim to maintain indoor working temperatures in line with health and safety guidance.
- Classroom temperatures should normally be maintained at a minimum of **18°C**.
- Where temperatures fall below **16°C**, staff should report this immediately to the senior leadership team or site manager.
- If temperatures cannot be maintained at a safe and reasonable level, consideration will be given to relocating classes, reducing occupancy, or partial/full closure of affected areas.

Clothing

- Parents/carers should ensure children attend school in appropriate warm clothing during cold weather, including coats, hats, gloves, and suitable footwear.
- Staff will monitor whether children are dressed appropriately before outdoor activities.
- In extreme cold, additional layers may be worn as needed.

Outdoor Play and Activities

- Outdoor play may continue in cold weather where conditions are safe and children are appropriately dressed.
- Outdoor activities will be limited or moved indoors when temperatures are excessively low, during heavy rain, snow, ice, or strong winds.
- As a general guide, outdoor play will be reviewed when temperatures fall below **0°C**, taking wind chill into account.

Ice, Snow, and Slips

- The school site team will assess and treat pathways for ice where possible.
- Unsafe areas will be cordoned off if necessary.
- Staff, pupils, and visitors will be reminded to take extra care when walking on potentially slippery surfaces.

Recognising Cold-Related Illness

Staff will remain vigilant for signs of cold-related illness, including:

- shivering
- pale or cold skin
- tiredness
- confusion
- numbness
- complaints of feeling very cold

Any child or adult showing symptoms will be moved indoors to a warm environment, monitored, and first aid provided where necessary. Parents/carers will be contacted as appropriate, and emergency services called in serious cases.

Severe Weather and School Closure

Where severe weather creates unsafe travel conditions, heating failure, or unsafe site access, the Headteacher will assess whether partial or full school closure is necessary. Parents/carers will be informed as soon as possible through the school's communication systems.

Inclusion and Vulnerable Individuals

Particular attention will be given to pupils and staff who may be more vulnerable to cold weather, including those with medical conditions, disabilities, or additional needs.

This guidance will be reviewed annually and following any significant weather-related incidents.

17. New and expectant mothers

Risk assessments will be carried out whenever any employee notifies the school that they are pregnant. Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is

caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

18. 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.

19. Accident reporting

19.1 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.
- 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

19.2 Reporting to the Health and Safety Executive

The Head of School 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 Trust's Business and Operations Executive will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight

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

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

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

<http://www.hse.gov.uk/riddor/report.htm>

19.3 Notifying parents

The class teacher will inform parents 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.

19.4 Reporting to Ofsted and child protection agencies

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

The Executive Headteacher / Headteacher will also notify DSCP of any serious accident or injury to, or the death of, a pupil while in the school's care.

20. 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 kitchens or boiler houses, or work with pupils with special educational needs (SEN), are given additional health and safety training.

21. Monitoring

This policy will be reviewed by the Executive Headteacher /Headteacher every year.

At every review, the policy will be approved by the Executive Central Team/Trust Board.

22. Links with other policies

This health and safety policy links to the following policies:

- Accessibility Plan
- Asbestos Management Plan
- Business Continuity and Disaster Recovery Plan
- Fire Safety Log Book and Fire Plan
- First Aid
- Lone Workers Policy
- Risk Assessments
- Supporting pupils with medical conditions
- Legionella Policy
- DSAT Key and Alarm Policy
- DSAT Lettings Policy

Incident Reporting and Investigation Form (School)

Doc Ref: HS-02 F005

Rev: 0

ALL SECTIONS OF THE FORM MUST BE COMPLETED

FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED

1. Injured Person/Person Involved

Full Name			Employee	
Home Address:			Pupil	
Post Code:			Member of Public	
DoB:			Other: <i>specify</i>	
Gender:	Male	Female	If Employee	
	Non-binary	Prefer Not to say	Job Title:	

1A. Injured Person/Person Involved (No 2)

Full Name			Employee	
Home Address:			Pupil	
Post Code:			Member of Public	
DoB:			Other: <i>specify</i>	
Gender:	Male	Female	If Employee	
	Non-binary	Prefer Not to say	Job Title:	

2. Location of Incident

Name of School/Academy		Local Maintained
		Academy
Location of Incident If it was not at School (including address, post code, building, street or room name or number where relevant)		

1

3. Incident Type

Please select one that describes the incident you are reporting

Accident	An accident is an incident which results in injury to someone or damage to property.	
Violence & Aggression	Any incident in which an employee is verbally abused, threatened, or physically assaulted, in circumstances arising out of or in connection with work	
Near Miss	A near miss is an incident that results in no injury or damage but had the potential to cause harm or damage.	

3A. Incident Type – Dangerous Occurrence

Was it a Dangerous Occurrence?

Dangerous Occurrence is a serious failure of equipment, premises or plant.

For example,

- The collapse or overturning of lifting equipment.
- Pressure system failure.
- An explosion or fire caused by electrical short circuit or overload that created a significant risk of death or 24-hour plant stoppage • An electrical incident involving an overhead electric line
- The collapse of scaffolding more than 5 m high?

Yes, it was a Dangerous Occurrence

No, please see Incident type above

If you need help selecting the correct incident type, please contact

Health and Safety at HealthandSafety@rotherham.gov.uk

<u>4. Details of Incident</u>	Date:		Time:	
Description of how the incident happened Briefly, what happened in the lead up to, during and immediately after the incident?				
Full description of injuries sustained (if any) (e.g., cut to right knee, bruise to left elbow, swelling to ankle)				
Was first aid treatment administered? If yes, please describe the treatment provided (e.g., area cleaned with sterile wipes, ice pack applied, dressing applied, etc.).				
Was the injured person taken directly to hospital from the scene? If no, please explain when they were taken to hospital (e.g., taken the following day, went home and was later taken to hospital by a parent).				

If yes, please specify what medical treatment was given

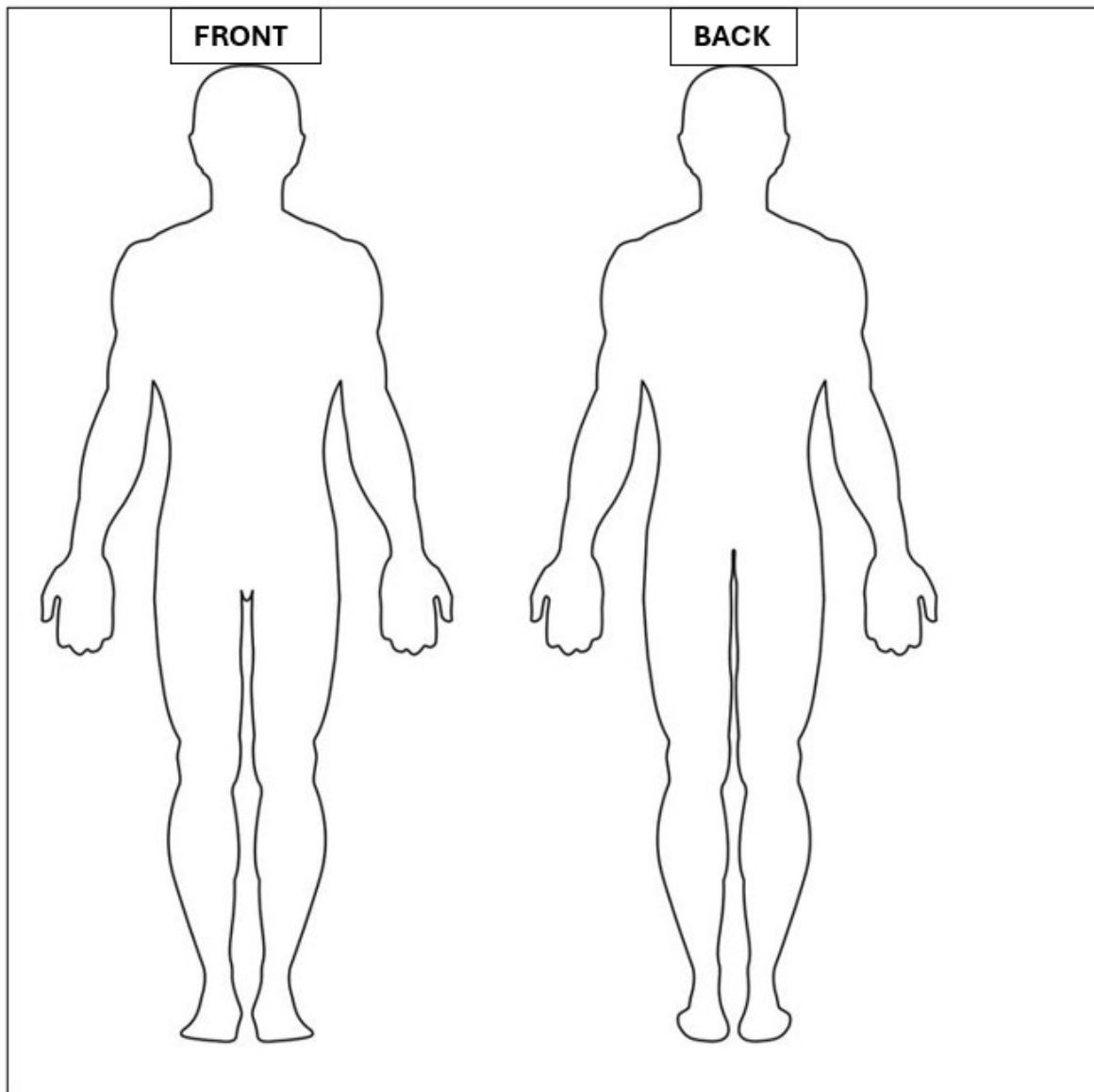
(e.g., X-ray, stitches, glue, examination by a doctor, prescription provided, etc.).

3

5. Body Map of Injury

Please click on the body map below to indicate where the injury occurred (Red dot will appear).

If no injury occurred, please leave this section blank.



6. Incident Containment

Describe the immediate actions taken to contain the incident.

Please include:

- Whether the area was made safe (secured, isolated, cleaned up, or cordoned off)
- Whether the incident was reported to the Police
- If reported, provide the Police incident number

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7. Environment Conditions

Describe any environmental or workplace conditions that may have contributed to the incident.

Indoors	Outdoors	Overcast	Windy
Wet	Rain	Snow	Ice
Daylight	Sunshine	Night	Artificial Lighting
Hot	Cold	Freezing	Noisy

8. Details of Assailant(s) – (If known and relevant)

Name		Name	
Address		Address	
Age		Age	
Gender		Gender	

Category (please Select as appropriate)

Pupil		Parent		Other		Pupil		Parent		Other	
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9. Details of Witness(es)

Name		Name	
Address		Address	
Age		Age	
Gender		Gender	

Category (Select tick as appropriate)

Pupil		Parent		Other		Pupil		Parent		Other	
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NOTE: If there are more than two assailants or witnesses, please include the additional details in the body of the email when submitting the form to HealthandSafety@rotherham.gov.uk

IMPORTANT

Sections 1–9 must be completed and submitted as soon as possible following the incident, in line with Council Policy (within 3 days of the incident occurring). These sections capture the initial details of the incident and must be submitted first, even if you are still collating information to enable a full investigation.

Investigation sections (Sections 10 onwards) can be completed and submitted at a later stage if the information required for the investigation is not immediately available.

5

10. Investigation:

PLEASE ENSURE THIS SECTION IS COMPLETED promptly by the Head of School, Principal, Deputy Head, or Business Manager. Identify any factors that may have contributed to the incident and outline any actions required to prevent it from happening again. Consider whether appropriate school procedures were in place and whether they were followed.

Things to consider:

- **What factors contributed to the incident?** Consider pupil behaviour, staff supervision, the environment, equipment used, and any other relevant circumstances.
- **Were staff appropriately trained for the activity or supervision involved?** If yes, please provide details or attach evidence (e.g., training records, certificates, induction information).
- **If equipment was involved, was it safe and suitable for use?** Consider whether it had been inspected, maintained, and was fit for purpose, including playground equipment, classroom resources, PE apparatus, science/DT equipment, etc.
- **Was appropriate PPE or protective equipment required and used?** Consider any misuse, lack of PPE, or non-compliance with established school procedures.
- **Include supporting evidence where relevant.** This may include witness statements (staff or pupils), photographs, risk assessments, inspection records, or any other documentation that supports understanding of the incident.

Is there a risk assessment in place for this work activity

YES

NO

If yes, please attach it to the email when submitting this form.

If no risk assessment is in place, give reasons why not?

Was adequate supervision in place at the time of the incident?

Please provide the supervision ratio where possible (e.g., 1:8, 1:15,)

11. What was the Immediate Cause of the incident?

The Immediate Cause refers to the direct, short-term action or condition that led to the incident occurring at that moment.

Examples of Immediate Causes

Unsafe Acts:

- Pupil was running instead of walking and slipped
- Inappropriate behaviour or lack of supervision
- Incorrect manual handling technique
- Equipment used incorrectly or without required safeguards
- Failure to follow established school procedures or instructions

Unsafe Conditions:

- Wet or slippery floor
- Poor lighting in classrooms, corridors, or outdoor areas
- Trailing cables in walkways
- Faulty or damaged equipment
- Obstructions in corridors, classrooms, or playgrounds
- Uneven surfaces or damaged flooring/playground areas

12.What was the Underlying Cause of the incident?

The Underlying Cause refers to the deeper reason(s) that allowed the immediate cause of the incident to exist.

These are not the obvious or immediate triggers, but the underlying weaknesses, systems, or circumstances that created the conditions for the incident to occur.

Examples of Underlying causes

Training and Competence Issues:

- Staff member had not received appropriate or up-to-date training
- Induction or refresher training not provided or completed
- Incorrect assumptions made about staff competence or pupil capability
- Inadequate training for specific activities (e.g. PE, practical lessons, trips)

Procedural or Planning Issues:

- No risk assessment in place for the activity
- Existing risk assessments or procedures were unclear, outdated, or not followed
- Lesson, activity, or trip not adequately planned
- Changes made to activities without reassessing risks
- Time pressures or rushed activities impacting safety

Management and Supervision Factors:

- Inadequate supervision of pupils
- Supervision levels not appropriate for the activity, age group, or needs of pupils
- Lack of monitoring of staff compliance with school procedures
- Expectations not clearly communicated to staff or pupils

Environment or Organisational Issues:

- Poor maintenance of buildings, playgrounds, or equipment
- Identified hazards not addressed in a timely manner
- Inadequate storage leading to clutter or obstructions
- Staffing shortages impacting supervision or safe delivery of activities

Human Factors:

- Fatigue or workload pressures
- Distraction or divided attention
- Poor situational awareness
- Stress affecting decision-making

13. What was the Root Cause of the incident? (Technical, Organisational, Behavioural)

Root Cause refers to the fundamental reason the incident occurred — the deep-seated issue that must be addressed to prevent recurrence.

- **Technical:** Problems with equipment, tools, materials or systems.
Examples: faulty equipment, poor maintenance, wrong tools, design issues.
- **Organisational:** Issues with processes, planning, training or management.
Examples: unclear procedures, inadequate training, poor supervision, lack of risk assessment.
- **Behavioural:** Actions or decisions made by people.
Examples: not following procedure, shortcuts, distraction, fatigue.

NOTE: If you are unsure about identifying the **immediate, underlying, or root cause**, please refer to the prompts and examples provided above to support your assessment.

Incident investigation training is also available through the Health and Safety team and provides a fundamental understanding of immediate, underlying, and root causes.

For further information or to request training, please contact HealthandSafety@rotherham.gov.uk

14. Has any corrective action been taken as a result of this incident:

For example: This may include removing equipment from use, arranging repairs, providing staff re-training, taking disciplinary action where appropriate, implementing new or revised school policies, increasing monitoring of similar activities, or reviewing procedures or risk assessments.

All corrective actions taken must be clearly detailed. It is strongly recommended that corrective actions are recorded appropriately and retained in line with school record-keeping procedures.

Head Teacher / Principal Name (please print):			
Signature:		Date:	
Contact Number:			
E-mail address:			

Please e-mail this form immediately, or within 3 days of the incident occurring, and attach any relevant risk assessments, photographs, witness statements, or other supporting evidence, to: HealthandSafety@rotherham.gov.uk

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E-mail this form immediately to:- healthandsafety@rotherham.gov.uk

Tel. 01709 823720
 From Internal 2372

Pregnancy Risk Assessment

APPENDIX 2

RISK ASSESSMENT FOR:	Assessment by:	Date:	Review Date Due:
Week's pregnant (approx):	Baby Due (approx):	The proposed date for maternity leave is:	Any thoughts on return to work at this point:

Hazard / Risk	Who is at Risk?	How can the hazards cause harm?	Normal Control Measures	Are Normal Control Measures	
				In Place	Adequate
Effects of pregnancy that may occur <i>Morning sickness / nausea, Backache, Varicose veins, Haemorrhoids, Frequent visits To the toilet, Balance, Comfort, Increasing body size, Tiredness.</i> Individuals past history: <i>History of miscarriage, high blood pressure hypertension</i>	Pregnant worker Unborn child	Nausea / vomiting, Aches and pains, Bleeding, Restricted movement. Risk of stress, slips, trips and falls, tiredness. Miscarriage, Stress, medical complications.	GP / Midwife advice and treatment. Pregnant workers own knowledge, experience and training of employed duties. Facilities: Staff room. Adequate Resting facilities available Hygiene facilities: There are sufficient toilets and associated hygiene facilities available. Adequate onsite arrangements for nutrition and liquid refreshments. Can take comfort break as and when required – to inform TAs / SLT to cover until comes back.		

Client group: <i>Unpredictable / Challenging behaviour, Level of care needs</i>		Physical / verbal assault, Communicable disease infection, Miscarriage, Stress, Vulnerability.	Contact with known or potentially violent clients should be prevented wherever possible for duration of pregnancy.		
Employed duties: Consider if the following are significant <i>Manual handling, Driving, Poor or Prolonged Working Postures, Lone working, Administration of medication.</i>		Physical injury, Vulnerability, Poisoning causing foetal lesions i.e. injury or disease to foetus, Tiredness, Stress, Miscarriage.	No significant manual handling of loads to be undertaken for duration of pregnancy. Member of staff to request assistance / support available. Working Alone: Provide adequate training and access to communications, mobile phone, personal alarms etc. Ensure support is available.		
Environment: <i>Small / limited workspace, Exposure to excessive temperatures, lack of rest facilities. Exposure to hazardous substances, Body fluid spillages.</i>		Slips, trips and falls, Miscarriage, Fainting, foetal lesions, inability to take adequate breaks / rest, Communicable disease infection	Adequate resting facilities available. Condition of premises regularly checked. Prompt maintenance of defects. Immediate cleaning up of spillages. Good housekeeping maintained.		
Exposure to Communicable Diseases: Hepatitis B, TB, HIV, Chickenpox etc. For a more comprehensive list refer to the Pregnant Workers and Nursing Mothers guidance in the County Safety Manual		Infection, foetal lesions, Miscarriage	Health Protection Agency guidance on infection control in schools followed. Good hygiene practice followed (universal infection control procedures) Pregnant staff in direct contact with someone with a potentially infectious rash (e.g. chicken pox, measles, rubella etc.) to seek advice from their GP / midwife.		

Coivd19 Risk of contracting the virus		NHS: 'There's no evidence that pregnant women are more likely to get seriously ill from coronavirus. But pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution .This is because pregnant women can sometimes be more at risk from viruses like flu. It's not clear if this happens with coronavirus. But because it's a new virus, it's safer to include pregnant women in the moderate-risk group. It may be possible for you to pass coronavirus to your baby before they are born. But when this has happened, the babies have got better. There's no evidence coronavirus causes miscarriage or affects how your baby develops in pregnancy.' Royal College of Obstetricians and Gynaecologists (RCOG): 'All available evidence suggests that pregnant women are at no greater risk of becoming seriously unwell than other healthy adults if they develop coronavirus. The large majority of pregnant women experience only mild or moderate symptoms.'	Follow the main school risk assessment strictly including: • Minimising contact between individuals and maintaining social distancing from children & staff wherever possible: 'ideally, adults should maintain 2 metre distance from others, and where this is not possible avoid close face to face contact and minimise time spent within 1 metre of others'. • Washing hands regularly for 20 seconds • Using face coverings when appropriate, on corridors & communal areas or when felt necessary. • Use a visor / guard where social distancing cannot be maintained. • Ensuring good respiratory hygiene for self & children by promoting the 'catch it, bin it, kill it' approach. • Ensuring that the enhanced cleaning routine is followed by teachers, TAs & cleaners to sanitise frequently touched surfaces. • Where necessary, wear appropriate personal protective equipment (PPE) & delegating tasks to other members of staff where necessary. • Bringing any issues regarding safety concerns to SLT immediately. • Sending any children with symptoms to the office • Informing your midwife of any health concerns.		
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As Pregnancy is not a static condition and the nature and degree of risk will change as the pregnancy develops, risk assessment to be reviewed on a regular basis in agreement with the pregnant worker, or sooner if any significant change.

Pregnant worker should inform Line Manager of any changes in their condition that may be relevant to their pregnancy and their safety at work.

Signed: (Pregnant staff member) Date:

Signed: (Headteacher) Date:

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 Public Health England. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check](#).

Infection or complaint	Recommended period to be kept away from school or nursery
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 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 advisor 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.

