

Health and Safety, including lone working Policy



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

The school follows national guidance published by Public Health England when responding to infection control issues.

3. Roles and responsibilities

3.1 The local authority and governing board

Suffolk County Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members.

3.2 Headteacher

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

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

In the headteacher's absence, Mrs Georgia McGhee (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 Mrs Rhonda Kidd, 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 before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

The Caretaker 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.

Mrs Rhonda Kidd, Mrs Annie Drugan, Mr Russell Kidd and Mrs Georgia McGhee are key holders.

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 regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell; in some rooms there is also a flashing light accompanying the bell.

Fire alarm testing will take place weekly.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly point on the main playground.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Headteacher or office staff 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, particularly those in the Deaf Resource Base (DRB).

The agreed checklist of actions for staff can be found in Appendix 1.

6. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by Vertas / the caretaker 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 stored in locked cupboards or in areas not accessible to children and 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 water risk assessment has been completed on 23rd July 2025 by HSL Compliance. The Caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book

- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks, heating of water, descaling of taps etc.

6.3 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work; they are required to sign the asbestos log when work is carried out.
- 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

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
- 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 (e.g. of cleaning fluids) are labelled with the correct hazard sign and contents

7.1 Electrical equipment

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

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 floor or other apparatus will be reported to the Caretaker or the Headteacher.
- Annual checks are made of this equipment and repairs made accordingly.

7.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work are offered a display screen equipment (DSE) assessment. '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 and staff in the DRB are responsible for the maintenance and safety of their children's hearing equipment, especially the disposal of any batteries.

8. Lone working

Lone working may include:

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

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.

Lone working should not be undertaken unless there are exceptional circumstances and with the agreement of the headteacher. 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; our staff handbook states that the lone worker will ensure that they are also medically fit to work alone.

The only exception to this is the caretaker, whose duties frequently require lone working, but who is expected to ensure sufficient safety measures have been put in place (such as keeping a mobile phone with him at all times).

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.

In addition:

- The Caretaker 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

10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If individuals feel 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 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.

Staff making off-site visits will ensure they follow the Home Visits policy.

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 is not permitted anywhere on the school premises.

Vaping is not permitted anywhere on the school premises.

15. Infection prevention and control

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

15.1 Handwashing

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

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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

- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

15.4 Cleaning of the environment

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

15.5 Cleaning of blood and body fluid spillages

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

15.6 Laundry

- Wash laundry in 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 either of these, the parent/carer will be informed promptly and further medical advice sought. 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 4.

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

16. New and expectant mothers

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

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

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

17. Occupational stress

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

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

School uses the Suffolk Well-Being programme and all staff have access to Worklife Support, which is promoted in the Staff Room.

18. Accident reporting

In addition to the below, maintained schools should check whether they have any obligations to report accident and first aid records to their local authority.

18.1 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. An accident form template can be found on the Suffolk Learning page <https://residents.suffolk.gov.uk/SchoolsSHAW>
- 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.
- Records of Serious Incidents have to be reported to Suffolk County Council and the form for this is available from the Office Manager or Headteacher who will also advise which incidents need to be reported.

18.2 Reporting to the Health and Safety Executive

The Business Manager, Annie Drugan, 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 Business Manager 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>

18.3 Notifying parents

The class teacher or office staff 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.

18.4 Reporting to Ofsted and child protection agencies

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

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

19. 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.

20. Monitoring

This policy will be reviewed by the Headteacher and Full Governing Body every year.

At every review, the policy will be approved by the Headteacher and Full Governing Body. There is a copy of the annual audit in Appendix 6.

21. Links with other policies

This health and safety policy links to the following policies:

- Managing Medical Conditions and First Aid
- Risk assessment
- Accessibility plan

Appendix 1a – Fire Safety Procedures for staff

Should fire break out in the school, it will be the responsibility of staff members to:

- Raise the alarm using nearest break glass
- Evacuate the school
- Check all pupils/visitors are out of the building.

All staff should be aware of their nearest exit not only in their classrooms but other areas of the school. Fire Evacuation notices and plans are in place in all areas of the school. All staff should take time to familiarise themselves with these plans.

It cannot be over emphasised that the main aim is to ensure everyone reaches a place of safety. Putting a fire out is secondary to this.

What to do if you discover a fire

All rooms have the following instructions next to the fire exit and map of your nearest exit for the teacher in charge of the class to follow:

1. When the alarm is heard, line the children up quietly and as quickly as possible.
2. The teacher or LSA should ensure the purple bag of medication from the back of the door is collected. Staff should also bring their walkie talkie.
3. Lead the children to the assembly point in silence, taking the nearest fire exit and using any LSA available to support this. Doors should be closed as you leave each area.
4. Children who are being taught away from their class must join their class at the assembly point, using their nearest exit to reach them.
5. The children/adults must not stop to collect any items of personal belongings. (Children doing PE in the hall should take their shoes with them every lesson in case of such an event but time must not be wasted putting them on)
6. One LSA in each area should check the area, including the toilets before leaving - as LSAs move around school, all should assume this duty falls to them unless they are certain someone else is doing this.
7. Phase Leads (who assume the role of a fire warden) have the responsibility to make sure their area is clear.
8. The office staff will collect registers, contact details, visitor book, staff attendance log, first aid kit, mobile phone and radio before leaving the office to go to the assembly point.
9. The Headteacher and Assistant Head will move separate ways out of the school to 'sweep' as they exit. They will take their mobile phones with them if possible.
10. Staff will collect or be given their register and check the children by counting as soon as they are able in the assembly point – this should be done in silence. Any discrepancies should be notified to the Headteacher (or Assistant Head) immediately.
11. Once completed, registers should be held in the air to signal all children are present.
12. All visitors must be accounted for by the Admin Team.

13. Kitchen staff have a separate assembly point and are responsible for their own checks.

If the alarm is a drill:

- Whirlybird staff will have been warned in advance.
- The Headteacher, School Business Manager or Caretaker will end the alarm once everyone is outside.
- The School Business Manager / Headteacher will time the drill.
- All staff will be expected to raise any concerns they had with the drill with the Headteacher as soon as the drill is over.
- Children will be taken into school once the drill is complete.
- The drill will be logged by the Headteacher, with any actions to follow up.

If this is NOT a drill:

- The Headteacher/School Business Manager will call the fire brigade and inform them that the fire alarm has sounded in the school.
- Even if all the checks are complete, no-one will enter the building until it has been declared safe by the fire-brigade (or if definitely identified as an 'accident')

Fire Drill quick reminders for staff

1. Line children up and enforce silence positively.
2. LSA check toilets then help with the line
3. Collect your purple medication bag from the door.
4. Use your nearest exit – close doors as you leave if you are the last.
5. Meet at the assembly point on the far side of the playground.
6. Headcount children – remind them to stand quietly to listen for instructions.
7. Check headcount against register – call out names if not the same.
8. Immediately inform headteacher (or assistant headteacher if head is absent) if a child is missing.
9. Continue to keep children quiet with positive reinforcements.

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 (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and 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. A spillage kit should be available for blood spills.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an

		outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

Appendix 4: Annual health and safety audit – checklist

Question	Y	N	Comments	Action to be taken
General				
Is the general condition / maintenance of the building(s) acceptable?				
Is the general condition / maintenance of the grounds acceptable?				
Is the health and safety law poster on display?				
Is there a clear structure of responsibilities for health and safety, and do those in posts carrying safety functions understand and fulfil their responsibilities?				
Does the school have a health and safety committee?				
Is a system in place for reporting health and safety concerns, and are all staff and pupils aware of it?				

Monitoring health and safety

Does the inspections and checks log show a regular pattern of inspections and checks for the premises?				
Are all regular maintenance records kept up to date and available for inspection?				
Is there a system for notifying the site manager of defects found with equipment or premises?				
Are defects logged immediately and is prompt and appropriate action taken to resolve these defects?				
Are termly health and safety inspections of the site undertaken by the governor with responsibility for health and safety, along with the school business manager, site manager and union health and safety representatives, where customary? Are these inspections documented?				
Have recommendations arising from previous inspections been actioned?				
Is there a school health and safety action plan?				

Is regular monitoring of health and safety undertaken by heads of department, and have heads of department received training for this role?				
Have recommendations arising from previous curricular inspections been actioned?				
Is health and safety a standing agenda item at relevant governing body committee meetings?				
Policy				
Is there a health and safety policy, and has it been signed and dated by the headteacher or chair of governors?				
Is the health and safety policy reviewed regularly by the person responsible for its implementation?				
Is the health and safety policy made available to all staff, parents and contractors?				

Is the policy included in the induction process and are policy changes effectively communicated to all staff?				
Risk assessment				
Has a risk assessment audit been carried out within the last year to ensure that school-specific risk assessments are in place where needed and fit for purpose?				
Are risk assessments for individuals being carried out where required, for example for known medical conditions where there are health and safety implications, such as epilepsy?				
Have heads of department created specific risk assessments for relevant curriculum activities?				
Have staff, pupils and visitors been informed of the hazards and risks on the site?				
Are staff aware of the content and location of all relevant risk assessments?				
Accident reporting				

Is there a procedure in place for recording and reporting accidents to staff and pupils, including those that are RIDDOR-reportable, incidents of violence towards staff, and 'near-misses'?				
Is an employee accident book kept in line with the Social Security (Claims and Payments) Regulations 1979?				
Are accident records monitored for trends?				
Are governors routinely notified of any significant accidents?				
Housekeeping				
Is general housekeeping satisfactory?				
Is regular cleaning carried out to a suitable standard?				
Is a schedule of deep cleaning in place, in particular for dining areas, kitchens and food technology areas?				

Are materials and equipment stored in an orderly, safe and suitable fashion, including cleaning chemicals?				
Are items stored at height (e.g. files/folders on shelves) accessible, secure and safe?				
Are potentially hazardous areas (kitchen, labs, workshops etc.) locked when unsupervised?				
External areas and access arrangements				
Are trees in or overhanging the grounds safe and in good condition?				
Are these trees checked for disease and weakness every 2-3 years by a specialist contractor?				
Are walls and fences in good condition?				
Are grounds, including playgrounds and games pitches, kept clear of refuse and litter and regularly checked for damage and disrepair, and are they currently in good condition?				

Is PE and outdoor play equipment inspected annually by a competent contractor?				
Are daily checks carried out of any adventure playground equipment (or other outside facilities prone to malicious acts of vandalism where there is an imminent risk of injury)?				
Are waste bins and any external storage spaces covered, secured and located a safe distance away from buildings?				
Are external pathways and other outside areas checked daily for trip hazards and general maintenance?				
Is the car park free from surface damage, such as potholes?				
Is there safe access to and egress from the school?				
Is there a clearly defined route between site entrance(s) and reception with direct access to children avoided where practicable?				
Is there suitable separation between vehicles and pedestrians on the site?				

Where physical separation between vehicles and pedestrians is not possible, are there suitable signs and traffic calming measures – such as signage, speed restrictions or speed humps? Are these signs in good condition and legible?				
Is adequate access to the site maintained for emergency services?				
Is disabled access clear of obstructions?				
Is salt and grit readily available to treat paths and walkways in icy weather?				
Is there an accessibility audit and access management plan, and are these kept up to date?				
Are outbuildings in good condition?				
Are risk assessments and control measures in place to ensure that grounds maintenance is undertaken safely?				

Vehicles

Is a list of nominated minibus drivers and training maintained?				
Do drivers have the appropriate licence for the vehicle?				
Are all vehicles used on site being inspected and serviced regularly and according to manufacturers' instructions?				
Are vehicles used on site fitted with appropriate warning devices for use when moving around the site?				
Have driving licences been checked to identify any penalties which might affect insurance cover?				
Are all inspection, MOT and servicing records in place and up to date?				
Roofs, ceilings and walls				
Are roofs inspected regularly and repaired where necessary?				
Are any fragile roof surfaces identified by signage?				

Are lightning conductors serviced annually?				
Are gutters, roof outlets, rain pipes etc. inspected every 6 months, or more frequently as required?				
Are external walls, ceilings, partitions and cladding inspected for damage regularly and repaired where necessary?				
Has a rolling programme of painting and decorating works been established?				
Are internal and external finishes, including tiling, masonry and paintwork, inspected annually?				
Security				
Are windows locked and secured at the end of the day?				
Are blinds/curtains drawn in ground floor rooms at the end of the day?				

Are doors locked and secured at the end of the day?				
Is the intruder alarm set at the end of the day?				
Is the intruder alarm checked weekly, and any faults reported?				
Are external lights checked weekly, and any faults reported?				
Are gates and perimeter fencing of adequate height and well maintained?				
Is access to low roofs adequately restricted?				
If used, are anti-climb paint and anti-scale devices clearly signed?				
Are CCTV systems checked weekly and footage kept for a suitable period?				
Is there a signing-in system and visitors' book in the school reception area?				

Are all staff and visitors issued with identity badges?				
Is the number of entrance points onto the school site kept to a minimum and are they adequately controlled?				
Are doors giving direct access to pupils kept secure against unauthorized persons?				
Are electronic keypads checked weekly and entry codes changed regularly?				
Have risk assessments been carried out in relation to the potential for intruders coming onto the site?				
Are the names and contact details of key holders kept up to date?				
Lettings				
If parts of the premises are used by another organisation, have responsibilities for health and safety been clearly defined?				

Is a lettings policy in place and up-to-date?				
Are key risks and emergency procedures clearly communicated to hirers?				
Are there formal arrangements in place to notify other users and occupants of the site of new health and safety issues?				
Contractors				
Are there arrangements in place for the control of contractors on site?				
When awarding contracts directly, is health and safety included in specifications and contract conditions?				
Are appropriate competency checks undertaken prior to engaging a contractor directly?				
Are control measures in place to ensure separation between students and contractors as far as possible? When contact is unavoidable, are contractors DBS checked?				

When large vehicles and machinery will be moving on the site are risk assessments carried out and control measures put in place?				
Floors and corridors				
Are floor surfaces and coverings kept clean, in good condition, non-slippery and free of trip hazards?				
Are corridors, gangways and other internal pedestrian routes kept clear of obstructions?				
Are any sudden changes in floor level highlighted?				
Are there procedures in place to deal with spillages?				
Staircases and ramps				
Are stairs even, unworn and adequately lit?				
Do the staircases have handrails? Are handrails in good condition?				

Are ramps of a suitable gradient and non-slippery?				
Electrical equipment				
Do all items of frequently used or high risk portable electrical equipment undergo portable appliance testing (PAT) on an annual basis?				
Have all infrequently used and low risk items of portable electrical equipment been tested within the last 5 years?				
Do all portable appliances have an up to date portable appliance testing (PAT) sticker?				
Has all fixed electrical equipment and wiring been inspected within the last 5 years?				
Are inspection records for all items of electrical equipment available and up to date?				
Are electrical leads kept tidy and secure, or are there any trailing electrical leads?				

Are sockets used for no more than one plug each?				
Are staff checking that appliances, plugs and sockets are safe before they use them?				
Are there regular briefings to staff and are posters displayed etc. to remind staff to switch off lights, monitors etc.?				
Is all non-essential electrical equipment turned off at the end of each school day?				
Are electricity meter readings being recorded every month?				
Are the locations of emergency shut off switches for electricity marked up on an accessible plan? Do relevant staff know their locations?				
Oil and gas				
Are all gas appliances, including gas boilers, inspected and safety tested annually by gas safety registered contractor?				

Are gas cylinders stored appropriately? (Secured upright, separated from flammables, location marked on a plan in the fire risk assessment)				
Are any pressure vessels, such as gas cylinders, and any liquefied petroleum gas (LPG) tanks inspected annually?				
Is the area around LPG tanks kept clear of weeds and debris, and is the LPG tank surrounded by fencing or barriers?				
Are oil boilers serviced every 6 months by a registered contractor?				
Are boiler rooms kept free of combustible materials?				
Does gas pipework receive a pressure test every year?				
Does oil line pipework receive a pressure test every five years?				
Is the area around oil storage tanks kept clear of weeds and debris, and are the tanks surrounded by fencing or barriers?				

Are oil storage tanks checked monthly for leaks?				
Are gas and oil meter readings being recorded every month?				
Is the gas supply turned off in labs, workshops and kitchens when not in use?				
Are the locations of emergency shut off valves for gas and oil marked up on an accessible plan? Do relevant staff know their locations?				
Toilets and bathrooms				
Are the toilet facilities adequate for the number of staff and pupils, well-supplied and hygienically maintained?				
Are regular checks of toilet facilities carried out during the day?				
Are tiles and seals in good condition?				
Are floors clean and dry?				

Are extractor fans clean and working?				
Is drinking water available from a clean, well maintained source?				
Plumbing and water				
Is there a procedure in place to mitigate the risks of legionella?				
Has a water risk assessment been conducted for the prevention of legionella?				
Have the initial recommendations from the water risk assessment been actioned?				
If there have been subsequent changes to the hot and cold-water systems since this assessment, has this assessment been reviewed?				
Is there an annual legionella inspection carried out by a competent authorised contractor?				

Are the elements of the hot and cold-water systems inspected and serviced regularly?				
Are waste pipes and above ground drainage systems checked regularly for blockages?				
Are sewerage pumps and chambers inspected and serviced in accordance with manufacturers' instructions?				
Are records maintained and available for the checks carried out on the water and sewage systems?				
Are all checks and maintenance work being documented in the water log book?				
Are the locations of emergency shut off valves for the water supply marked up on an accessible plan?				
Fire safety				
Has a fire risk assessment or assessment review been carried out in the last 12 months?				

Has the capacity for communal areas (e.g. main hall) been calculated as part of this assessment?				
Have all actions from the fire risk assessment been carried out?				
If changes have been made to the building or occupancy, has the fire risk assessment been reviewed?				
Is an up to date school evacuation plan in place?				
Are personal emergency evacuation plans (PEEPs) in place for staff and pupils who need them, and are PEEPs considered in the school evacuation plan?				
Have all staff, pupils and visitors been given instructions about fire evacuation and assembly procedures?				
Are up to date evacuation signs and notices clearly displayed in every room?				
Are all emergency exits and routes clearly signed, available for immediate use and unobstructed?				

Are the fire assembly points kept free from obstruction?				
Are internal fire doors in place in key areas, such as corridors and stairwells? Are they opening easily and closing fully, and are they kept unlocked?				
Do any electronic locking devices used on fire escape routes unlock automatically on operation of fire alarm or loss of power?				
Are fire drills conducted termly and recorded?				
Have any issues identified during fire drills been resolved?				
Is the fire alarm system audible throughout the building?				
Does the fire alarm system have a battery back up?				
Is a full test of the fire alarm, including call points, carried out weekly, and are these tests recorded?				

Has the fire alarm system been serviced by a competent engineer within the last year?				
Is the fire-fighting equipment checked weekly in-house and inspected by a contractor on an annual basis? Are records of checks kept?				
Are fire extinguishers accessible and clearly signed?				
Is the emergency lighting tested, and faults recorded, on a monthly basis?				
Are all stairwells and under-stairs areas kept clear of combustible materials?				
Are highly combustible materials stored and secured in their correct locations?				
Are classrooms and the areas near doors kept free from paper and other combustible materials?				

First aid and medication

Are first aid supplies restocked regularly and stored in an appropriate place?				
Is there an adequate number of first aiders on site, and are they appropriately qualified? Is their training up to date?				
Are the names of first aiders and the locations of first aid supplies clearly displayed?				
Are staff and pupils aware of the procedure for summoning first aid assistance?				
Are pupils with medical needs and allergies clearly identified?				
Is an annual review of care plans undertaken for those with more complex needs?				
Is there a procedure for the administration of medication?				
Is the medicine cabinet kept locked and in a secure place?				

Are all medicines in their original container and labelled with the details of the pupil they are meant for?				
Is the medicine cabinet regularly emptied of old or unwanted stock?				
Are records being kept of the administration of first aid and medicines?				
Are appropriate infection control procedures in place?				
Are all staff informed of infection control measures annually, and new staff upon induction?				
Is the Public Health Agency poster 'Guidance on infection control in schools and other childcare settings' posted in the school office and the staffroom?				
Lighting, heating and ventilation				
Are lighting levels adequate inside and outside the building?				

Is emergency lighting available on escape routes, and is it serviced every 6 months by a contractor?				
Is the heating suitable and sufficient in all parts of the school?				
Is ventilation (natural or powered) adequate?				
Are extractor fans clean and working?				
Have ventilation systems, including local exhaust ventilation (e.g. fume cupboards and wood dust extraction systems), been serviced within the last year?				
Have air conditioning systems been serviced within the last year?				
Windows				
Are windows, including window locks, checked for damage weekly?				
Have window restrictors been fitted and are they in good working order?				

If open windows pose an injury risk, are risk assessments and control measures in place?				
Is glazing inspected regularly and reinforced or protected in higher risk areas?				
Has a glazing risk assessment been conducted?				
Have measures been taken to reduce solar gain where necessary?				
Doors				
Are doors, including door locks and viewing panels, checked for damage regularly?				
Are finger guards in place and effectively maintained on vulnerable doors (e.g. toilets and classrooms in early years and Key Stage 1 areas and in special schools)?				
Have electronic powered gates or doors been serviced by a contractor within the last year?				

Do electronic powered gates and doors receive more regular safety checks by school staff?				
Classrooms, staffrooms and changing rooms				
Has all school furniture been checked for damage?				
Do cupboard doors close properly and have steps been taken to prevent the risk of head injury from open cupboard doors?				
Are overhead projectors secure and positioned to avoid forcing pupils and staff to look directly into the beam?				
Are there steps or a platform available to access high shelving?				
Is furniture located in a safe place, without presenting a trip hazard or blocking access?				
Are rooms large enough for teaching?				

Is specialist equipment and machinery properly fitted, regularly inspected and serviced?				
Is there sufficient protective equipment and clothing for staff and pupils, and is it kept in good condition or replaced when necessary?				
Are there areas in classrooms, staffrooms and changing rooms for the safe storage of personal belongings (e.g. bags and coats)?				
Are coat racks secure and positioned so that they do not present a fire hazard?				
Are hot surfaces, such as radiators and hot water pipes, covered or protected to prevent the risk of burns?				
Kitchen and catering				
Is the kitchen kept clean, in good condition and free from infestation?				
Have any outstanding items from the local authority environmental health				

officer's report for the school kitchen been dealt with?				
Do catering providers have a food safety management system compliant with the hazard analysis and critical control point (HACPP) system?				
Is the food operator aware of all food-related allergies, and is information readily available about the allergens present in food served in school?				
Is kitchen equipment, including ventilation systems, regularly checked and cleaned?				
Has catering equipment been serviced within the last year?				
Are fridges and freezers clean and at the correct temperature?				
Hazardous substances, including asbestos				
Is there an inventory of chemicals (e.g. cleaning and maintenance products), and has it been reviewed within the last year?				

Has a control of substances hazardous to health (COSHH) risk assessment been conducted of all substances identified as presenting a significant risk (for example, swimming pool chemicals, laboratory chemicals and cleaning materials)?				
Are there warning notices about dangerous chemicals?				
Are all hazardous substances stored appropriately and out of the reach of children, in clearly-labelled containers (e.g. irritant, flammable)?				
Is there a procedure in place for dealing with spillages or accidents involving hazardous substances?				
Is hazardous waste collected by a specialist contractor in accordance with current regulations?				
Has a radon sump been installed, and is it checked regularly?				
Is an asbestos management plan, containing an asbestos register, type two asbestos survey, site plans and a site-specific management plan, kept up to date and readily available?				

Has a licensed asbestos surveyor re-inspected the premises within the last year, and have the results of the survey been recorded?				
Has all old data concerning asbestos been effectively segregated or archived? There is a legal duty to keep such data for 40 years.				
Is the asbestos 'permission to work' system used on every occasion before any work is conducted on building fabric? This applies equally to the site manager or caretaker as to external contractors.				
Is the asbestos 'permission to work' log well maintained, signed and dated?				
Are there a minimum of two asbestos authorised officers within the school, and is their training up to date?				
Are asbestos authorised officers clear on the location of asbestos containing materials (ACM) remaining on the site and the limitations of their management survey?				
Has the location of known ACM remaining on the site been				

communicated effectively to staff, pupils and visitors?				
Lifts and hoists				
Are building lifts and hoists for moving and carrying people checked and serviced regularly, and are checks and services recorded?				
Have any goods lifts or hoists been serviced within the last year?				
Are maximum loads marked clearly on hoisting and lifting equipment?				
Is a procedure in place for responding to passenger alarms?				
Are commissioning, testing and inspection certificates held on site for all lifting and hoisting equipment?				
Swimming pool				
Has a swimming pool risk assessment been carried out and all identified actions addressed?				

Is there a written operating procedure and emergency action plan for the swimming pool?				
Are staff who operate and maintain the swimming pool appropriately qualified?				
Do staff who teach swimming hold an appropriate qualification?				
Have swimming staff received rescue training, or is a lifeguard present?				
Is the pool area secure when unsupervised to prevent unauthorised access?				
Have risk assessments been conducted and qualifications verified for any external lettings of the pool?				
Is a regular microbiological water test conducted of the swimming pool water?				
Tools and equipment				
Have task-specific work at height risk assessments been conducted?				

Are all ladders in good condition?				
Is a ladder register and checklist in place and reviewed regularly?				
Where a scaffolding tower is used, have the staff erecting it and using it undertaken appropriate training and has its use been risk assessed with control measures put in place?				
Are tools and equipment kept secure and out of the reach of pupils and unauthorised adults?				
Are operating instructions available for work equipment?				
Where there is significant use of power tools or machinery, is a register of equipment in place which identifies any significant safety issues?				
Is a preventative maintenance and servicing schedule in place for all tools and equipment, including workshop machinery?				
Is there sufficient equipment to assist staff with manual handling tasks (e.g. trolleys)?				

Is any damaged or faulty item of access equipment clearly labelled and removed as soon as possible to prevent use?				
E-safety				
Have pupils and staff received appropriate instruction about safe internet and email use?				
Is there a firewall in place to block access to inappropriate websites?				
Is school Wi-Fi password-protected, and is the password changed regularly?				
Are staff accounts and school databases password-protected, and are passwords changed regularly?				
Are school email accounts appropriately monitored or filtered?				
Where monitoring takes place, is an acceptable use policy in place?				
Staff training and welfare				

Have all staff received an effective and documented health and safety induction, and have their training needs been assessed?				
Have staff with emergency response roles (e.g. fire warden) received training?				
Is all health and safety training recorded?				
Are all staff aware of the health and safety issues particular to their role?				
Have staff who need it been provided with appropriate protective clothing, and have they been shown how to use and look after it?				
Have all display screen equipment users been identified and their workstations assessed?				
Have any additional measures been put in place for the safety of disabled or pregnant people on site?				
Has a risk assessment of staff stress, based on the Health and Safety Executive's management standards for				

work-related stress, been carried out? Are adequate systems in place to mitigate staff stress as a result?				
Have health and safety implications for lone working been considered?				
Are risk assessments and control measures in place for personal security and lone working?				
Are “no smoking” signs in place?				
Are staff, including union health and safety representatives, consulted on health and safety arrangements?				
Trips and visits				
Is a member of staff designated as an educational or external visits coordinator and have they received training?				
Does the school comply with DfE guidance in relation to trips and visits?				
Are risk assessments completed for all proposed trips and visits and kept centrally? Are all staff accompanying				

the trip/visit fully aware of the contents of the risk assessments?				
Work experience				
When students are to go on work experience, are all potential placements inspected and risk assessed, with records stored centrally?				
When work experience placements are offered in the school are those taking up the placement vetted appropriately and a risk assessment carried out?				
Manual handling				
Have staff required to undertake manual handling received training, and is this training up to date?				
Are risk assessments carried out in relation to manual handling tasks?				
Crisis and emergency management				
Is there crisis management team, and have they created a recovery plan to				

be followed in the event of a serious accident or incident?				
Are procedures in place for handling emergency situations and for communicating these to all staff?				
Is equipment necessary for the execution of emergency plans, including communications equipment and building plans, readily available for use in the event of a crisis?				
Are these plans and procedures tested through an annual emergency exercise?				
Are these plans and procedures reviewed after the annual emergency exercise?				