Health and Safety Policy
including
First Aid and Educational Visits

Approved by Board of Directors:	**212 May 2026**
Revision date:	**May 2027**
Version:	**2.1**

Contents:

Health and Safety Policy

1. Context and Aims

This policy has been designed to promote consistently high standards of health and safety across all academies within Aspire Multi-Academy Trust. All Aspire academies are required to implement this policy in full, with any additional, academy-specific processes or protocols – as agreed at Local Governing Body level – detailed in Appendix 5.

The Board of Trustees maintains an oversight of health and safety practices within the Trust, with the CEO responsible for ensuring full legal compliance and escalating any Trust-wide or site-specific concerns to the Board. The CEO chairs half-termly meetings with academy headteachers and health and safety is a standing item on every agenda. Headteachers use the 'Compliance Tracker' resource from The Key for School Leaders, which provides both academy and MAT leaders with a clear overview of ongoing compliance. In addition, contracted health and safety support for Aspire academies – in terms of advice and inspections – is provided by Nottinghamshire County Council.

Each Aspire academy must:

- 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;
- Complete Appendix 5 to reflect local roles, emergency contacts, and risk-specific procedures.

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 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

PPE at Work (Amendment) Regulations 2022, which places a duty on every employer in Great Britain to ensure that suitable PPE is provided to 'employees' who may be exposed to a risk to their health or safety while at work.

Safety Signs and Signals Regulations 1996 Safety signs and signals are required where, despite putting in place all other relevant measures, a significant risk to the health and safety of employees and others remains

Each academy follows national guidance published by UK Health Security Agency (UKHSA) when responding to infection control issues.

This policy complies with our Funding Agreement and Articles of Association.

3. Roles and responsibilities

3.1. The MAT and the Local Governing Body

Aspire Multi-Academy Trust has ultimate responsibility for health and safety matters in each academy, but delegates responsibility for the strategic management of such matters to the school's local governing body [LGB]. The LGB delegates operational matters and day-to-day tasks to the headteacher and staff members.

The LGB has responsibility for health and safety matters in each academy but will delegate day-to-day responsibility to the headteacher.

The LGB 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 academy premises.

The LGB 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.
- Undertake H&S training and received a refresher every 3 years.

3.2. Headteacher

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

- Implementing the health and safety policy;
- Ensuring there are enough staff members 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;
- Ensuring that risk assessments consider situations where physical intervention or restrictive intervention may be required to maintain the safety of pupils or staff, and that appropriate training and preventative strategies are in place.
- Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary.
- Ensure contractors are informed of know hazards (e.g. asbestos and comply with site inductions.

NB The headteacher may wish to appoint a Health and Safety co-ordinator to assist with the above, although ultimate operational Health and Safety responsibility will always rest with the headteacher.

3.3 Staff

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

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 academy 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.

3.4 Pupils and parents

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

3.5 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 [see also Appendix 5]

Academy headteachers have overall responsibility for the security of the academy site in and out of school hours. Headteachers will delegate specific security-related responsibilities - i.e. for visual inspections of the site, and for the intruder and fire alarm systems – to staff members identified in Appendix 5.

See Appendix 5 for a list key holder able to respond to an emergency.

5. Fire [see also Appendix 5]

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be conducted annually as a responsibility of the LGB. These annual fire risk assessments will be forwarded to the Trust Board via the OHRO. Fire Risk Assessments must be reviewed annually, or sooner following any building changes, occupancy increases, or fire-related incident.

Emergency evacuations are practised at least once a term.
Fire alarm testing will take place once a week.

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

All staff and contractors must receive fire safety training appropriate to their role.

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 points. These are detailed in Appendix 5.

- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The School Business 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 academy will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A fire safety checklist can be found in Appendix 1.

6. COSHH

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

- chemicals
- products containing chemicals
- fumes
- dusts
- vapours
- mists
- gases and asphyxiating gases
- germs that cause diseases, such as leptospirosis or legionnaires disease

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

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.

COSHH inventory must be updated annually and stored centrally (physical or digital).

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

PPE must be provided free of charge and suitable for the task. Training must be provided before PPE use, with refresher cycles as needed.

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

Water risk assessments are conducted at least annually. The site manager/caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the academy's water log book.

Additional water risk assessments will be conducted when significant changes have occurred to the water system and/or building footprint.

The risks from legionella are mitigated by the actions outlined in each academy's water risk assessment – e.g. regularly running taps, disinfecting showers etc.

6.3 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the academy and the action to take if they suspect they have disturbed it.

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work .

Contractors will be advised that if they discover material 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 academy 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 are labelled with the correct hazard sign and contents.

All statutory inspections must be logged and records retained.

Only competent personnel may carry out maintenance or testing of safety-critical equipment.

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. As an additional precaution, pupils will not plug in or unplug appliances from sockets.

Any potential hazards will be reported to the headteacher immediately.

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

Portable appliance tests (PAT testing) will be carried out annually by a competent person.

All isolator switches are clearly marked to identify their machine.

Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.

7.2 P.E. equipment

Pupils are taught how to carry out and set up P.E. equipment safely and efficiently. Staff check that equipment is set up safely.

Risk assessments for P.E. lessons involving apparatus will be conducted at each academy.

Any concerns about the condition of the gym floor or other apparatus will be reported to the headteacher.

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).

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.

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.

Lone working procedures must include call-in/out protocols and dynamic risk assessment.

See the Aspire Lone Working Policy for more detailed guidance.

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 site manager/caretaker retains ladders for working at height;
- Pupils are prohibited from using ladders;
- Staff will wear appropriate footwear and clothing when using ladders;
- Staff will not climb on equipment – such as classroom tables and chairs – which has not been designed for that purpose;
- 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.
- Only staff who have completed working-at-height training should access equipment such as ladders or towers.

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 clean.
- 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 for all off-site visits and activities.
- These risk assessments will be submitted to the academy's Educational Visits Co-ordinator for comment and then submitted to the headteacher for approval. Some will require input from the LA Healthy and Safety team, as explained below.
- Category A [local visit] risk assessments will generally start with a generic risk assessment from the Evolve Establishment Library, which is then adapted and submitted to the EVC and headteacher for approval before being securely stored at the academy.
- Category B [beyond local, but not 'adventurous'] risk assessments will be recorded using the Evolve system, but will not require LA input. They will be authorised at academy level.
- Category C risk assessments for residential visits and all visits including 'adventurous' or high risk activities will be sent for feedback from the Notts LA Outdoor Activities Adviser via the Evolve system in accordance with our current contract with Notts.
- All off-site visits will be appropriately staffed.
- Pupil to staff ratios for off-site visits are not prescribed in law. Whilst staffing ratios for visits will vary according to the requirements of each risk assessment, the following supervisory ratios are a minimum requirement for all Aspire academy off-site visits: 1 adult for every 8 children in Early Years, 1 adult for every 10 children in school years 1 to 3 and 1 adult for every 15 children in school years 4 to 6.
- 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 emergency paediatric first aider on school trips and visits.
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits involving Early Years children, 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 academy's site or any facilities will be made aware of the content of the academy'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 the headteacher immediately.
- Headteachers will, if necessary, exercise their right to ban aggressive parents, carers or other visitors from site.

14. Smoking and vaping

Smoking and vaping is not permitted anywhere on the school premises by staff, parents, contractors or visitors.

15. Infection prevention and control

We follow national guidance published by UK Health Security Agency (UKHSA) 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. 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 UKHSA, summarised in Appendix 4.

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

Academies must have an outbreak response protocol and isolation procedures for suspected infections.

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 stress through risk assessment.

Systems are in place within the school for responding to individual concerns and monitoring staff workloads. If an individual staff member feels that they are experiencing unreasonable levels of stress, they are encouraged, in the first instance, to share their concerns with their line manager, who will seek advice from the headteacher.

18. Accident reporting

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 in appendix 2.
- As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the pupil's educational record.
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

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

The headteacher 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.

All RIDDOR-reportable incidents must be submitted via the HSE online portal within statutory deadlines.

Reportable injuries, diseases or dangerous occurrences **involving workers** 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 from the academy site. Pupils are defined by the Health and Safety as "not at work", which means that the reporting to the HSE requirements only apply to them if they have been taken to hospital from the place of work – i.e. the academy or educational visit location.

All near-misses must be reported and reviewed to prevent future risk.

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 academy 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 Notts Child Protection 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. Training logs must be retained for inspection and include induction, refresher, and role-specific training.

Annual audits and termly compliance checks should be completed and logged by the H&S Coordinator.

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. First Aid [+ see Appendix 5]

- Aspire academies will ensure that there is always a qualified paediatric first aider present when there are EYFS children on site or on an off-site educational visit.
- Each headteacher will conduct a First Aid risk assessment to determine numbers of first aiders required – see Appendix 5.
- As a minimum, all academies will ensure that 50% of employed staff are qualified in Level 3 Emergency Paediatric First Aid [1-day course].
- In addition, academies with an EYFS setting will ensure that at least 3 members of staff are qualified in Level 3 Paediatric First Aid [2-day course].
- In accordance with HSE non-statutory advice, academies with 25-50 adult employees will ensure that at least 1 member of staff is qualified in Level 3 Emergency First Aid at Work [1-day course].
- In accordance with HSE non-statutory advice, academies with 50+ adult employees will ensure that at least 1 member of staff is qualified in Level 3 First Aid at Work [3-day course]

- Each academy headteacher will appoint one of the qualified first aiders to take responsibility for ensuring that first aid kits are kept fully stocked.
- Lead first aider must monitor expiry of kits, training certificates and reporting procedures.
- Each academy may keep spare adrenaline auto-injectors[1] [AAIs] and spare salbutamol inhalers[2] for acute asthma, which, at the headteacher's discretion, may be taken off site for educational visits, in line with Department of Health guidance
    1. AAI guidance, 2. Salbutamol guidance
- All first aid incidents must be logged with a copy sent to the Trust via the OHRO where serious.

21. Monitoring

This policy will be reviewed by the OHRO every 3 years.

At every review, the policy will be approved by the MAT Board.

Academy-specific Appendix 5 will be reviewed and approved by the LGB, following consultation with the OHRO.

22. Links with other policies

This health and safety policy links to the following policies:

- Supporting Pupils with Medical Conditions Policy [MAT-wide]
- Lone Working Policy (MAT-wide)
- Accessibility plan [Academy-specific]

Appendix 1. Fire safety checklist

Issue to check	Yes/No
Is the Fire Risk Assessment in date and valid?	
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	
Are all Fire doors unobstructed and closed?	
Emergency lighting working and tested monthly?	
Are all required Personal Emergency Evacuation Plans (PEEPs) in place and reviewed	
Have all staff and contractors received basic fire safety induction	

Appendix 2. Accident report [this is a suggested format for all but minor injuries to staff and pupils]

Name of injured person		**Role/class**	
Date and time of incident		**Location of incident**	
Incident details			
Describe in detail what happened, how it happened and what injuries the person incurred			
Action taken			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
Follow-up action required			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
RIDDOR Reportable	**YES / NO** *if yes please log report number:*	Near miss identified	**YES / NO** *If yes please action review*
Name of person attending the incident			
Signature		**Date**	
If reportable to Trust date report sent:			

Appendix 3. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to each academy's specific circumstances.

Location	Product	How much	Surface coating	Condition	Date of last inspection	Ease of access	Asbestos type	Comments
Roof	Asbestos cement	Whole roof	None	Fairly good		Difficult	White	
Storeroom	Pipes	6 x 3m	Metal case	Good		Medium	Unknown	

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

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from UKHSA For each of these infections or complaints, is further information available at: Health protection in schools and childcare settings (UKHSA). More common serious infections found in schools are **highlighted**

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Conjunctivitis	None	If an outbreak or cluster occurs contact your local UKHSA health protection team.
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting *(Staff and pupils)*	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice. For more information, see Managing outbreaks and incidents.
Diptheria*	Exclusion is essential.	Contact your local UKHSA health protection team immediately.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local UKHSA health protection team.
Glandular fever	None	
Hand foot and mouth	None	Contact your local UKHSA health protection team if a large number of children are affected. Exclusion may be considered in some circumstances.

Infection	Exclusion period	Comments
Head lice	None	Treat at home; no need to exclude unless live lice are visible
Hepititis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local UKHSA health protection team will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Highly contagious – cover exposed lesions. Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia* or meningitis* due to other bacteria	Until recovered	
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread.
Mumps*	5 days after onset of swelling	Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.

Infection	Exclusion period	Comments
Scabies	None (to avoid close physical contact with others until 24 hours after the first dose of chosen treatment). Those unable to adhere to this advice (such as under 5 years or additional needs), should be excluded until 24 hours after the first dose of chosen treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases contact your local UKHSA health protection team.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection.	Always contact your local UKHSA health protection team before disseminating information to staff, parents and carers. Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 14 days from onset of coughing if no antibiotics and feel well enough to return.	After treatment, non-infectious coughing may continue for many weeks. Your local UKHSA health protection team will organise any contact tracing.

***denotes a notifiable disease.**

Appendix 5. Site Specific H&S Responsibilities and Emergency Contacts

All Aspire academies are required to implement this policy in full, with any additional, academy-specific processes or protocols – as agreed at Local Governing Body level – detailed in Appendix 5.

Site Security Named keyholders (min 2 persons main and deputy to be listed)			
Key Holder Name:	Role	Emergency responder Y/N	Emergency contact number
			If displaying on website
			DO NOT list
			Personal numbers
Academy headteachers have overall responsibility for the security of the academy site in and out of school hours. Headteachers will delegate specific security-related responsibilities - i.e. for visual inspections of the site, and for the intruder and fire alarm systems – to staff members identified here:			
Security related responsibility	Staff Member Responsible		Date
e.g. Intruder alarms			
e.g. perimeter security check			
e.g. CCTV			
e.g. Emergency lighting			
Add as required			
Named Roles			
Health & Safety Coordinator			
Site Manager / Caretaker			
Educational Visits Coordinator			
Fire - Please detail the assembly points for Staff and pupils.			
Fire assembly points	1. 2. 3. 4.		

A fire safety checklist can be found in Appendix 1.			
Are PEEPs in place for staff or pupils requiring assistance during evacuation?			YES / NO
Date of last Fire Risk Assessment:			
First Aid - Each headteacher will conduct a First Aid risk assessment to determine numbers of first aiders required. Further guidance for Risk Assessments can be found at The Key for School Leaders.			
Date of last First Aid Risk Assessment:			
Number of First Aiders Required:			
Named First Aiders			Expires date
Level 3 Emergency First Aid at Work [1-day course]			
Level 3 First Aid at Work [3-day course]			
Level 3 Emergency Paediatric First Aid [1-day course]			
EYFS settings only: Level 3 Paediatric First Aid [2-day course]			
Person responsible for ensuring that first aid kits are kept fully stocked			Review date log:
Spare adrenaline auto injectors [AAIs] and spare asthma reliever inhalers			
Staff trained in use of AAIs and inhalers	YES / NO	Date of training:	
Spare adrenaline auto injectors [AAIs], number in school and location			Expiration date:
Spare asthma reliever inhalers, number in school and location			Expiration date:
Monitoring *The appendix must be updated **at least annually** or following any staffing change or serious incident.* **NEXT REVIEW DATE:** Academy-specific Appendix 5 will be reviewed and approved by the Headteacher and LGB and shared centrally.			
Reviewed and approved by Headteacher:			
Name:			Date:
Reviewed and approved by LGB:			
Name:			Date:
Reviewed and approved by CEO/OHRO:			
Name:			Date: