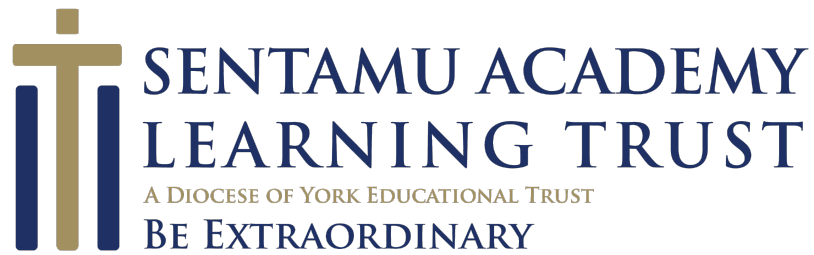


# Health and Safety Policy

## Sentamu Academy Learning Trust



<b>Approved by:</b>	Trust Board	<b>Date:</b> 09/06/2020
<b>Reviewed by LGC:</b>	5/10/2020	
<b>Next review due by:</b>	09/06/2021	

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**Health and Safety Policy Statement of Intent**

Sentamu Academy Learning Trust recognises its health and safety duties under the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and accompanying protecting legislation. The Executive Principal, Mr Andrew Chubb recognises that he has a responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice.

Sentamu Academy Learning Trust, so far as is reasonably practicable, proposes to pay particular attention to:

- a) The provision and maintenance of a safe place of work, a safe system of work, safe appliances for work and a safe and healthy working environment
- b) The provision of such information and instruction as may be necessary to ensure the health and safety of its employees and others and the promotion of awareness and understanding of health and safety throughout the workforce
- c) Ensuring the safety and absence of health risks in accordance with use, handling, storage and transport of all articles, substances and equipment
- d) Making regular assessments of risks to employees
- e) Taking appropriate preventative/ protective measures as identified by risk assessment
- f) Appointing a competent person to secure compliance with statutory duties

In order that Sentamu Academy Learning Trust can achieve those objectives, it is important that employees recognise their duty, whilst at work, to take reasonable care for the health and safety of themselves and of other persons. Employees should also co-operate fully with the Trust or anyone else concerned, to ensure that their obligations are performed or complied with.

Sentamu Academy Learning Trust will ensure adequate resources, both time and money, are made available to the necessary people to ensure that the items listed above are implemented and all employees are provided with the necessary instruction, information, training and supervision to enable them to carry out their work without risk to themselves or others. An annual review of the Health and Safety Policy will also be undertaken to ensure it is relevant to the work being undertaken by the Trust and all legislation quoted is up to date, where necessary the policy will be developed and expanded.

Sentamu Academy Learning Trust is also committed to the continuous development and improvement of the Trust's Health and Safety Management System. The Trust will ensure that the health, safety and welfare of any employee or subcontractor is not compromised for financial or commercial gain.

All employees of the Trust agree, as a term of their contract of employment, to comply with their individual duties under the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations 1999 and other legislation and to generally co-operate with the Trust so as to enable it to carry out its duties towards them. The attention of all employees is drawn to the safety rules and procedures and employees should recognise the failure to comply with their health and safety duties and obligations can lead to dismissal from employment. In the case of serious breaches, such dismissal may be instant without prior warning.

This policy has been prepared in furtherance of section 2(3) of the Health and Safety at Work Act 1974 and binds all staff. We request that our customers and visitors respect this policy, a copy of which can be obtained on demand.

**Signed by:**

<b>Chief Executive:</b>	<b>Date:</b>
<b>Chair of Trustees:</b>	<b>Date:</b>

**Heads/ Principles**

<b>Archbishop Sentamu Academy:</b>	<b>Date:</b>
<b>Aspire:</b>	<b>Date:</b>
<b>Compass:</b>	<b>Date:</b>
<b>Newland St Johns:</b>	<b>Date:</b> 2/10/2020
<b>St James Academy:</b>	<b>Date:</b>

## 1. Aims

Our trust aims to:

Provide and maintain a safe and healthy environment

Establish and maintain safe working procedures amongst staff, pupils and all visitors to the trust's property

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 make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

[The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test

[The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register

[The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff

[The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

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

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

## 3. Roles and responsibilities

### 3.1 The trust board

The trust board has ultimate responsibility for health and safety matters within the trust, but will delegate day-to-day responsibility to the CEO.

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

The academy trust as the employer also has a duty to:

Assess the risks to staff and others affected by trust activities in order to identify and introduce the health and safety measures necessary to manage those risks

Inform employees about risks and the measures in place to manage them

Ensure that adequate health and safety training is provided

The trust board has overall responsibility for health and safety and each academy's LGC should appoint a link governor to oversee health and safety arrangements at their academy.

### 3.2 CEO

CEO holds overall responsibility for the day to day management of Health & Safety

### **3.3 CFO**

CFO works with the Facilities Manager to ensure structure and support for all academies is in place

### **3.2 Health and safety lead**

The nominated health and safety lead for the Trust is the Facilities Manager. The Facilities Manager is responsible for monitoring, preparing and updating H&S policies and internally auditing the trust to ensure compliance.

### **3.3 Principal**

The Principal 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 their buildings and premises are safe and regularly inspected

Providing adequate training for 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 Principal's absence, a capable person should assume the above day-to-day health and safety responsibilities.

### **3.4 Staff**

Trust employees 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 trust 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**

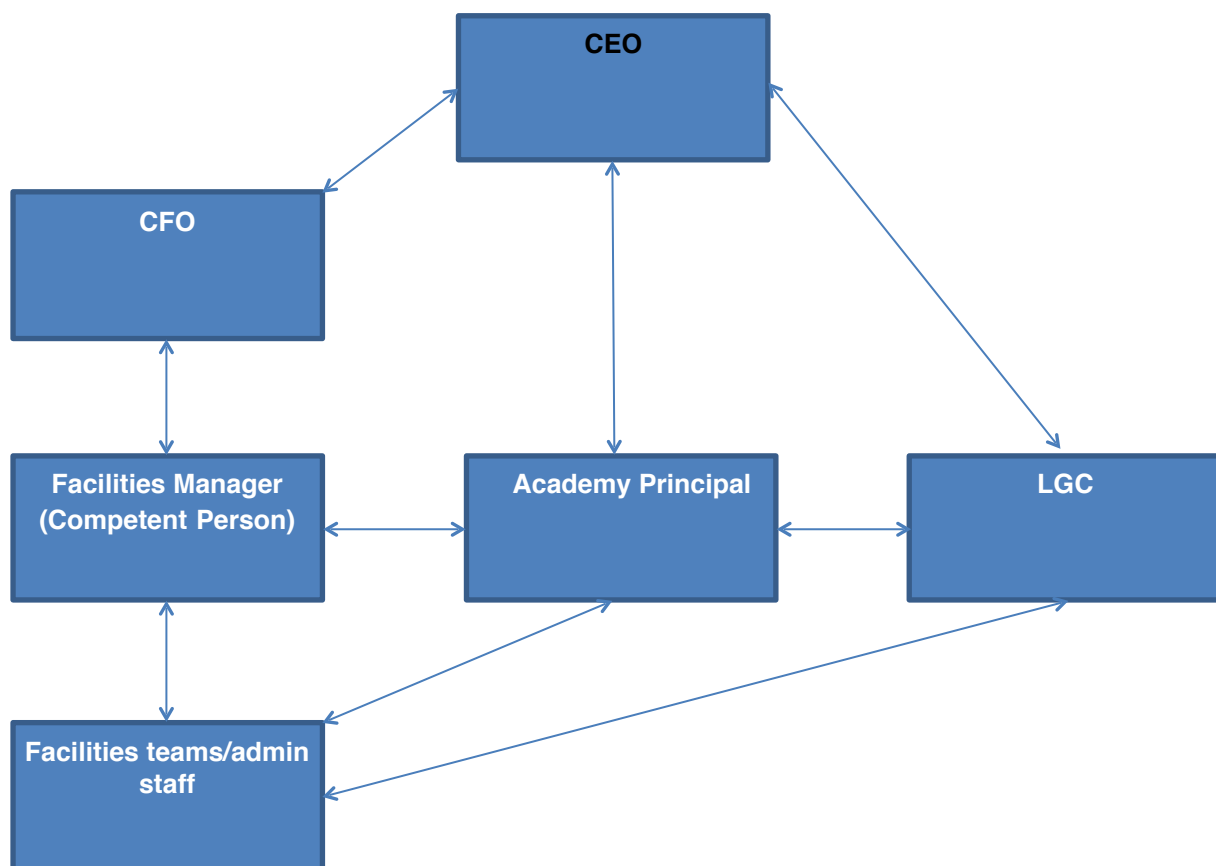
Pupils and parents are responsible for following the trust's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

### **3.6 Contractors**

Contractors will agree health and safety practices with the Facilities Manager /Principal or site team before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work and will comply with the site induction process.

### **3.7 Structure**

**The trust board**



- CEO holds overall responsibility for Health & Safety
- CFO works with competent person to ensure structure and support for all academies is in place.
- Competent Person is responsible for preparing and updating H&S policies and internally auditing the trust to ensure compliance.
- LGC must have link H&S governor
- Principals ensure facilities teams and administration staff have the knowledge, structure and support to ensure that all sites are H&S compliant. This can be done through collaboration with the competent person and if necessary, through board assistance.
- The H&S policy must be communicated to staff annual. A record, either electronic or on paper, must be kept for three years showing all employees have read and understood their rights and responsibilities.

#### 4. Site security

The academy site teams are responsible for the security of the Academy sites in and out of Academy hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

There are nominated team members who are key holders and will respond to an emergency.

## **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 continuous sound which notifies people in the building to evacuate immediately.

Fire alarm testing will take place once a week, a log of who tested the alarm and when will be kept on-site

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 on the playground

Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.

The designated administration staff will take a register of all employees.

Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

Each 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.

Anyone with a disability should complete a PEEP (Personal Emergency Evacuation Plan) and these should be followed in the event of an alarm activation.

A fire safety checklist can be found in appendix 1.

## **6. COSHH**

Academies 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 Facilities Manager or lead science technician and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

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

All COSHH sheets containing emergency procedures, including procedures for dealing with spillages, are located within the cleaning folder on site.

## **7. 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

## **8. Legionella**

A water risk assessment has been completed on 11<sup>th</sup> May 2020 by STL. The caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the Academy'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 following the schedule for flushing outlets, temperature checking and water sampling as set out in the risk assessment and recording them appropriately

## **9. Asbestos**

Where applicable a Site Pack containing hazards of asbestos, the location of any asbestos in the workplace and the action to take if anyone suspects they have disturbed it is located in the site log book.

Contractors and staff are to sign the site pack to confirm they acknowledge and understand their responsibilities.

A record is kept of the location of asbestos that has been found on each academy property which is included in the Asbestos Management Plan and is located in the site pack. A copy of this must be shown to all contractors before they undertake any work. They must also sign a register to confirm they have been made aware of the locations of asbestos.

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

## **10. Equipment**

All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules will 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

### **10.1 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 Facilities Manager or the site team 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

### **10.2 PE equipment**

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

Any concerns about the condition of the gym floor or other apparatus will be reported to the Facilities Manager of the site team

### **10.3 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 financial assistance for 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)

*\*refer to Eyesight policy and procedure for further details*

#### **10.4 Specialist equipment**

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

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

This advice is not exhaustive and may need expanding depending on each academies needs

### **11. 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.

### **12. 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 team 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

### **13. 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.

Each academy will ensure that proper mechanical aids and lifting equipment are available, and that relevant 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

## **14. Off-site visits**

When taking pupils off the site, 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 on trips and visits

## **15. Lettings**

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

## **16. 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/Principal immediately. This applies to violence from pupils, visitors or other staff.

## **17. Smoking**

Smoking is not permitted anywhere on the any of the trust's premises.

## **18. 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.

### **18.1 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

### **18.2 Coughing and sneezing**

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is discouraged

### **18.3 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

#### **18.4 Cleaning of the environment**

Clean the environment frequently and thoroughly

#### **18.5 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

#### **18.6 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

#### **18.7 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

#### **18.8 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

#### **18.9 Pupils vulnerable to infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. An academy 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.

#### **18.10 Exclusion periods for infectious diseases**

The academy 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.

## **19. New and expectant mothers**

Risk assessments will be carried out whenever any employee or pupil notifies their academy 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

## **20. 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.

We encourage any employee to approach their line manager, principal, Chair of LGC or the trust's Director of HR should they feel they need support to deal with stress or any mental health issue. We also encourage individuals to raise concerns through the same channels should they suspect a colleague is in need of support. The trust will treat each individual on a case by case basis and is committed to supporting all staff.

## **21. Accident reporting**

### **21.1 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 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

### **21.2 Reporting to the Health and Safety Executive**

The academy 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 Chief Financial Officer or the Director of HR 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:

- o Fractures, other than to fingers, thumbs and toes
- o Amputations
- o Any injury likely to lead to permanent loss of sight or reduction in sight
- o Any crush injury to the head or torso causing damage to the brain or internal organs
- o Serious burns (including scalding)
- o Any scalping requiring hospital treatment
- o Any loss of consciousness caused by head injury or asphyxia

- o 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 academies include, but are not limited to:

- o The collapse or failure of load-bearing parts of lifts and lifting equipment
- o The accidental release of a biological agent likely to cause severe human illness
- o The accidental release or escape of any substance that may cause a serious injury or damage to health
- o An electrical short circuit or overload causing a fire or explosion

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

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

## 22. Training

Our staff are provided with health and safety awareness 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.

## 23. Monitoring

This policy will be reviewed by the Chief Financial Officer every year.

The structure of the policy will be approved by the trust board. Each academy must then add additional content and information specific to the operation of their academy which must then be approved by their LGC.

## Appendix 1. Fire safety checklist

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

## Appendix 2. Accident report

**This form should only be completed by a Manager or Supervisor. All personal information in this form will be treated in the strictest confidence.**

Site:	Site Address:	
Date of Accident:	Time of Accident:	
Date Reported:	Time Reported:	
Reported By:	Reported To:	
Contact Telephone Number:	Job Title of Contact:	
Describe Event:		
Nature of Injury:	Treatment Given:	
Exact Description of Location of Incident:	Address of Hospital if Treated in Hospital:	
Number of People Injured:	<i>If more than one person injured, provide details on separate sheets.</i>	
<b>INJURED PERSON DETAILS</b>		
<b>First Name:</b>	Middle name(s):	<b>Surname:</b>
Date of Birth:	Employee number:	National Insurance Number:
Home Address:		
Male:    Female:	Occupation:	
Date Stopped Work:	Date Returned to Work:	
Length of Service in this Occupation:	Length of Service on this Site:	
<b>THE RIDDOR SECTION IS TO BE COMPLETED BY QUALIFIED COMPETANT PERSON</b>		
<b>Is this a RIDDOR Reportable Accident?</b> Yes: No:	Regulatory Authorities Contacted? HSE: EHO: Local Authority: Environment Agency/ SEPA: Other:	
<b>Is this a Dangerous Occurrence under RIDDOR?</b> Yes: No:	<b>Type of Dangerous Occurrence?</b>	
If Regulatory Authorities have been contacted, please specify how, when and by whom and attach a copy of the F2508 Form: F2508 attached? Yes: No:		



Was another company directly involved? Yes: No:	Employer of other party involved (if not Sentamu):
Appropriate PPE used? Yes: No:	What PPE was being used?
If the incident was a slip, trip or fall provide description of footwear worn at the time:	
Equipment Involved:	Operation(s) in Progress:
Does the incident relate to driving on company business: Yes: (complete Appendix below) No: (not commuting)	
Skill Card qualification of person involved:	
Reactive Work Planned Work	Risk Assessment carried out? Yes: No:
Date when a risk assessment was completed for this task? (Please attach a copy of the Risk Assessment to this form): Has Risk Assessment been reviewed and documented: Yes No	
Task briefing carried out? Yes: No:	Induction training received? Yes: No:
Do staff have a method statement or local operating procedure for completing this task safely:	
Please state the date and topics of any recent safety training that has been given to the injured person:	
<b>INVESTIGATION AND REMEDIAL ACTIONS</b>	
Name, address and employer of witnesses (please attach statements if available):	
Date of investigation / post-accident discussion with Manager/Supervisor?	
Outcome of post-accident discussion?	
What were the exact details / factors that caused this accident?	
Immediate remedial actions taken:	
Further comments:	
Form completed by:	
Job Title:	Date:

### APPENDIX – Vehicle Details

Who owns the vehicle being used by Workplace employee?    Workplace    Private
Note: Check the Workplace box if provided by company (i.e.: includes hire cars). Private includes vehicles subject to a private lease agreement regardless of whether the employee receives a company allowance in place of a company car.
<b>Make:</b>
<b>Model:</b>
<b>Vehicle Registration No:</b>
Damage to Vehicle:
Damage and/or injury to third party:    Yes:                      No:
Third Party Name:
Third Party Address:
Third Party Contact Number:
Third Party Vehicle Details (Make / Model & Registration No):
Damage to Third Party Vehicle:
<b>Details of Injury to third party:</b>

<b>Form Completed By:</b>	PRINT NAME (& SIGNATURE if hard copy)
Job Title:	Date:

### Appendix 3. Asbestos record

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

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	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 Academics and other childcare settings](#) from Public Health England (PHE).

### Rashes and skin infections

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chickenpox</b>	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.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
<b>German measles (rubella)*</b>	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	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.
<b>Hand, foot and mouth</b>	None	
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	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.
<b>Molluscum contagiosum</b>	None	A self-limiting condition.
<b>Ringworm</b>	Exclusion not usually required	Treatment is required.
<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts require treatment.

<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	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.
<b>Shingles</b>	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.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

## Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from academy or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	
<b>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b>	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
<b>Cryptosporidiosis</b>	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

<b>Infection or complaint</b>	<b>Recommended period to be kept away from academy or nursery</b>	<b>Comments</b>
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<b>Flu (influenza)</b>	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.
<b>Tuberculosis*</b>	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.
<b>Whooping cough*</b>	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

<b>Infection or complaint</b>	<b>Recommended period to be kept away from academy or nursery</b>	<b>Comments</b>
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local PHE centre.
<b>Diphtheria*</b>	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.
<b>Glandular fever</b>	None	
<b>Head lice</b>	None	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A*</b>	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.
<b>Hepatitis B*, C*, HIV/AIDS</b>	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.

<b>Meningococcal meningitis*/ septicaemia*</b>	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 academy contacts. Your local PHE centre will advise on any action is needed.
<b>Meningitis* due to other bacteria</b>	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.
<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	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.
<b>Mumps*</b>	Exclude child for five days after onset of swelling	Preventable by vaccination
<b>Threadworms</b>	None	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	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.