

HEALTH & SAFETY POLICY AND PROCEDURE

Approving Body	Trust
Date of Last Review	September 2025
Statutory (Y/N)	Y
Responsible Officer	BMAT CEO for and on behalf of the Trust

I. STATEMENT OF INTENT

1. The BMAT Trustees recognise that they have overall responsibility for health and safety.

In keeping with their responsibilities under the Health and Safety at Work Act 1974

['HSA 1974'] and BMAT's Funding Agreement/Articles of Association, they will ensure that:

- a. Arrangements are in place to secure, so far as is reasonably practicable, the health, safety and welfare of students, employees and others using or visiting BMAT premises or participating in BMAT sponsored activities.
- b. Health and safety is on the agenda for Trust meetings and that this policy is reviewed annually and more frequently where necessary.
- c. Responsibilities are allocated to the appropriate people, who have sufficient experience, knowledge and training to manage them.
- d. Clear procedures are created to manage risks and produce safe systems of work.
- e. Sufficient resources are set aside with which to create and operate safe systems of work.
- f. Health and safety performance is measured actively *and* reactively.
- g. They work with Trust Executives and relevant BMAT employees to identify health and safety risks and, where these cannot be removed, to ensure that they are adequately controlled.

2. In keeping with the above, this policy aims to:

- a. Establish and maintain a safe, healthy environment throughout BMAT.
- b. Establish and maintain safe working procedures among staff and students.
- c. Provide clear guidelines on tackling health and safety issues effectively.

3. This policy was drafted in accordance with guidance from the DfE and the following legislation:

- a. [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- b. [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

- c. [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
 - d. [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
 - e. [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
 - f. [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
 - g. [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
 - h. [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
 - i. [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
4. This policy is supported by the following targeted policies and/or guidance documents:
- a. First-Aid Policies and Procedures (available on the BMAT website(s)).
 - b. Supporting students with medical needs (available on the BMAT website(s)).
 - c. Fire-reform Policy (available from the HSO).
 - d. Fire evacuation procedures (available from the HSO and located throughout BMAT premises, in all classrooms and high traffic areas e.g. corridors, reception areas and canteens);
 - e. Risk Assessment Policy and Procedure (available on the BMAT website(s)).
 - f. Accident Investigation Guidance (available on the BMAT website(s)).
 - g. Student conduct policies, procedures and guidance documents (available on the BMAT website(s));
 - h. Educational Visits (available on the BMAT website(s)).

- i. Lettings (available on the BMAT website(s)).
 - j. Hot Works Guidance (available from the HSO and/or BMAT premises staff).
5. Training: All new employees receive health and safety training during their induction (on fire safety, site safety practices/procedures and first aid). Specific training will be provided when identified in a risk assessment, as part of the performance management process or when an employee starts a new role. This will be organised by HR and/or the HSO, and the relevant line manager.

II. ROLES AND RESPONSIBILITIES

6. BMAT School Principals are responsible for overseeing and ensuring compliance with this policy. In collaboration with Trustees and BMAT employees, the BMAT School Principals must ensure:
- a. Compliance with legislation.
 - b. That this policy and the emergency procedures are communicated to all relevant persons, including visitors, hirers and contractors; and that all employees receive health and safety information, instruction and training.
 - c. That arrangements are in place for monitoring and auditing health, safety and welfare practice, including the activities of contractors, the compliance of machinery or equipment and BMAT activities undertaken off-site.
 - d. That risk assessments are carried out, that first-aid facilities are maintained in compliance with legislation and that emergency procedures are in place.
 - e. Maintain a liaison with local police.
 - f. Ensure that records are kept of all relevant health and safety activities (e.g. assessments, inspections, accidents and training).
 - g. That termly health and safety reports are provided to Local Governing Bodies on all matters relating to health and safety policy/procedure.
7. Employees Holding Positions of Special Responsibility (including the Health and Safety Officer ['HSO'], Catering Manager, the Premises Team and Senior or Middle Leaders) must ensure compliance with this policy within their department or area of work, by:
- a. Ensuring that all employees under their management are familiar with the health and safety procedures of BMAT and within their department or area of work.

- b. Ensuring that all health and safety checks, reviews and risk assessments are completed in their department/area of work, to identify and manage key risks; and that remedial work is undertaken.
- c. Ensuring that all accidents are investigated appropriately, in accordance with the [Accident Investigation Guidance](#) document and/or guidance from the HSO;
- d. Including health and safety matters in their reports to the School Principal, HSO or Trust Executive.
- e. Resolving health, safety and welfare issues that are referred to them; and referring issues to the HSO if they cannot resolve them alone.
- f. Ensuring the provision and use of personal protective equipment ['PPE'] where necessary (e.g. goggles if there is a risk of splashing to the face).
- g. Ensuring that employees only work at height with supervision and assistance from BMAT premises staff, who are responsible for the purchase and maintenance of ladders.
- h. Ensuring that significant manual handling tasks are always risk assessed; and performed by BMAT premises staff wherever possible.
- i. Ensuring that any hazardous substances are correctly used and safely stored; and that no hazardous substances are used without permission of the HSO.

8. Teachers have special obligations and must:

- a. Exercise effective supervision of students and be familiar with health and safety practice and procedure.
- b. Regularly check classrooms and surrounding areas for hazards.
- c. **Not** leave students unattended or with inadequate supervision.
- d. **Not** allow students to move or lift heavy equipment.
- e. Provide clear health and safety instructions to students as and when necessary; and incorporate relevant aspects of health and safety into lessons.
- f. Report accidents, defects and all other health and safety concerns (including near misses) to the HSO or School Principal.
- g. Ensure the use of PPE where necessary.

9. All employees must:

- a. Comply with health and safety training or instruction, this policy and emergency policies.
- b. Give due care for the health, safety and well-being of themselves, students, colleagues and visitors.
- c. Ask BMAT premises staff for permission and assistance with heavy lifting or working at height.
- d. Report all accidents and near misses in accordance with the procedures set out or referred to in this policy.
- e. Report all concerns regarding local health and safety arrangements to their line manager.
- f. Cooperate with others to enable them to fulfil their health and safety responsibilities.
- g. Consider the health and safety implications of their activities and the purchase of any equipment.

10. Students and parents/carers, in accordance with their age and aptitude, are expected to:

- a. Exercise personal responsibility for the health and safety of themselves and others by complying with health and safety rules/instructions.
- b. Observe safe standards of dress and personal hygiene.
- c. Use health and safety equipment appropriately.

11. Contractors and Hirers are responsible for:

- a. Agreeing health and safety practices with the HSO, a BMAT School Principal or an appropriate delegate, before starting work; and
- b. Providing evidence of an adequate risk assessment of planned work.
- c. Hirers should refer to the [BMAT Lettings Policy](#).

III. PROCEDURES

- 12.** The following procedures assist with the reduction and/or elimination of risks to health and safety; and promote compliance with health and safety requirements. More targeted policies and guidance documents are available on the BMAT website(s) and/or via the HSO.

13. Active Monitoring Systems check for compliance and provide essential feedback on performance before an accident, incident or ill health; and help to measure success and recognise good practice. The following systems are in place:

- a. The periodic examination of documents (e.g. risk assessments and training or induction records) to check that standards are met.
- b. The systematic inspection and maintenance of premises and equipment to ensure that they are suitable for their purpose and, as far as is reasonably practicable, free from risk of injury. Where the safety of workplaces and equipment is dependent on proactive inspection and maintenance, a programme will be established for a competent person to carry out the necessary works (e.g. portable appliance testing – PAT). Appropriate records and relevant test certificates will be maintained.
- c. Annual environmental monitoring and health surveillance to check the effectiveness of health control measures.
- d. The HSO will conduct periodic evaluations of all reported incidents, near misses and incidents of ill health, to identify and prevent patterns.
- e. Annual safety tours and audits (health and safety, HR, fire risk etc.)
- f. Regular reports to management/Trust/LGB meetings.

14. Risk Assessment: It is the responsibility of employees holding positions of special responsibility to complete risk assessments in their department/area of work; and the responsibility of the HSO and School Principal to ensure that risk assessments are completed for significant risks across Trust premises. Risk assessments are reviewed and treated as ‘living documents’ as circumstances in schools and public advice changes.

- a. The [‘Risk Assessment Policy and Procedures’](#) document, which is available from the BMAT website(s) and/or the HSO, details how to conduct a risk assessment in more depth.
- b. Risk assessments should identify all defects/deficiencies and the remedial action/risk control measures required.
- c. High risk areas (e.g. science labs and DT classrooms) must have a regular programme for risk assessments. Other areas require annual risk assessments.
- d. Risk assessments are reviewed on regular cycles base on changing circumstances.

15. Risk Assessments for workers/employees under 18 but over 16 ('young persons'): Under the Management of Health and Safety at Work Regulations 1999, BMAT will ensure that young persons employed by the organisation are not exposed to risk due to their lack of experience, maturity or awareness of risks. When a young person is employed by BMAT, the employee with lead responsibility for the relevant team (with support from the HSO if necessary), will conduct a risk assessment. Young persons can carry out work involving identified risks if it is necessary for their training, supervised by a competent person, and if the risks are reduced to the lowest level, so far as reasonably practicable. Risk assessments for young persons will take into account:

- a. The layout of the young person's workplace.
- b. The physical, biological and chemical agents the young person will be exposed to, and how they will handle equipment.
- c. Whether the young persons' work will involve risks arising from extreme cold, heat, noise or vibration; or harmful exposure to toxic substances (including radiation exposure).
- d. The extent of training needed.
- e. How work and processes are organised for the young person and in his/her team.
- f. Whether the work a young person will do is within his/her physical or psychological capacity.
- g. Whether the work a young person will do involves risk of accidents that cannot reasonably be recognised or avoided by due to lack of experience or training.

16. Accident and Incident Reporting:

- a. All employees, students and visitors should report any sub-standard conditions or practices to the Premises Team and/or their Performance Manager and/or the HSO.
- b. All accidents, incidents and near misses/dangerous occurrences **must** be reported as promptly as possible by completing an Accident and Incident Report in Evolve Accident Book at reception.
- c. As much detail as possible will be supplied when reporting an accident

- d. 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.

17. Reporting to the Health and Safety Executive

- a. The HSO will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- b. The HSO 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.
- c. 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
- d. Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- e. Where an accident leads to someone being taken to hospital

- f. Where something happens that does not result in an injury, but could have done
- g. 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 – <http://www.hse.gov.uk/riddor/report.htm>

18. Accident Investigation:

- a. The '[Accident Investigation Guidance](#)' document, which is available from the BMAT website(s) and/or the HSO, details how to conduct an accident investigation in more depth.
- b. All accidents, however small, should be investigated and the findings recorded by the HSO.
- c. The time allocated to each investigation will depend on the seriousness of the accident.
- d. During or on completion of an investigation, a risk assessment should be carried out to avoid reoccurrence.

19. SEN/D Needs: Wherever possible, all risk assessments and curricular activities must be adapted to ensure the health, safety and wellbeing of children with SEN/D needs. Unless absolutely unavoidable, students with SEN/D needs should not be excluded from activities on health and safety grounds.

- a. The School Principal/Co-headteachers are responsible for ensuring that that there are adequate facilities and support staff to ensure the health, safety and welfare of SEN/D students.

- b. All teaching and support staff must ensure that they are fully aware of and responsive to the needs of SEN/D students.

20. Fire Precautions Statement:

- a. Emergency exits, assembly points, assembly point instructions and evacuation procedures are clearly identified by safety signs and notices throughout BMAT premises. Risk assessments of BMAT premises are reviewed regularly.
- b. All new employees are trained in fire safety on induction, and all staff and pupils will be made aware of any new fire risks.
- c. The HSO is responsible for the formal maintenance and regular testing of the fire alarm, emergency lighting and fire-fighting equipment; the maintenance of exit/escape routes and signage; and the supervision of contractors undertaking work with a significant fire risk.
- d. Procedures to be followed in the event of fire are circulated to all staff; and notices giving instructions are displayed in every classroom, by all fire alarm call points and in high traffic areas (e.g. canteens, reception areas and corridors).
- e. A fire drill is to be held once every term towards the beginning of term and relevant details recorded in the Fire Logbook.
- f. In the event of a fire:
 - i. The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately (as communicated in all classrooms and throughout BMAT premises).
 - ii. Employees with mobility needs will be evacuated in accordance with their Personal Emergency Evacuation Plans (PEEPs).
 - iii. 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.
 - iv. Staff and pupils will congregate at the assembly points, which are marked clearly on evacuation plans/posters in all classrooms, hallways and congregation points.

- v. Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- vi. The [named individual] will take a register of all staff
- vii. Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

21. Security:

- a. Site specific premises teams are responsible for the security of BMAT school sites, including visual inspections, daily lockups and security checks.
- b. All visitors will be signed in and issued with a visitor's badge.
- c. DBS Verified visitors will be issued with a green lanyard.
- d. Non-DBS verified visitors will be issued a red lanyard and will always be accompanied.
- e. For further details e.g. on personal belongings and how to handle troublemakers, please see the '[Security Policy](#)' on the BMAT website(s).

22. Contracted Works:

- a. Contractors are signed in at reception and issued with a Visitors Pass.
- b. Contractors must be aware of and act in compliance with this policy, the Management of Contractors Policy, and any additional guidance.
- c. They will be advised of any site-specific safety rules and informed of any hazards that they may be exposed to.
- d. Contractors have a legal responsibility to ensure that they carry out their work in a manner that ensures, so far as is reasonably practicable, the health, safety and welfare of themselves and anyone else that may be affected by their acts or omissions.
- e. They will, as visitors to the premises, be entitled not to be put at risk by circumstances relating to the premises that are outside their control.
- f. The School Principal and/or HSO will ensure that a clear understanding of what work the contractors will undertake and what standards they must work to is agreed; that hazards and risks of injury and loss are identified; and that measures are put in place to eliminate or manage those risks.

23. Off-site visits: When taking students off the school premises, we will ensure that:

- a. Risk assessments will be completed where off-site visits and activities require them.
- b. All off-site visits are appropriately staffed.
- c. Staff will take a school mobile phone (if available), portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.
- d. There will always be at least one first aider on school trips and visits where risk assessment justifies need.
- e. Staff act in compliance with the [BMAT External Trips Policy](#).

24. Premises Hire: Hirers of BMAT premises will be provided with a copy of the '[Lettings Policy](#)' and are responsible for ensuring that they use the premises correctly. BMAT recognises its duties as controller of premises and will ensure that:

- a. Premises hired are in a safe condition for the purpose of hire.
- b. Arrangements for emergency evacuation are adequate.
- c. Fire-fighting equipment is in place and in operational condition.
- d. Proper physical security arrangements are made.
- e. Insurance requirements are met.
- f. All hirers are provided with a copy of this policy.

25. Records and Notices: A list of the information to be held on file by BMAT is provided in [Appendix A – Records and Notices](#). It is the responsibility of the HSO, School Principal/Co-headteacher and Trustees to ensure that records are kept. However, all employees should be aware of the information which must be recorded.

26. Asbestos: Asbestos surveys have been undertaken in all Trust premises, in compliance with the [Asbestos Regulations 2006](#). The asbestos register (available at reception) must be checked before commencing any work. If asbestos is identified:

- a. A decision must be made as to whether it should be removed. If the asbestos was not deemed to be a risk due to its location and/or condition, the School Principal/Co-headteacher and HSO will become responsible for its management.
- b. A monthly inspection system must be set up to monitor the condition of the asbestos (where it is accessible) and the findings will be recorded.

- c. If any damage or flaking is noticed to an asbestos containing material, either during an inspection or otherwise, it should be reported immediately to the, HSO, School Principal/Co-headteacher
- d. Material known to contain asbestos must never be drilled or screwed into, nor must any item be affixed to it.
- e. Further details on working with asbestos/asbestos risks are available with the asbestos register.

27. Hygiene/Disease and Infection Prevention: The maintenance of good hygiene standards is important. The risk from infection from bodily fluids etc. will be adequately controlled providing the hygiene procedures outlined below are followed:

- a. Recommended exclusion periods outlined by Public Health England for infectious diseases.
- b. Recommended action from Public Health England in the event of an epidemic/pandemic.
- c. Disposable gloves - Vinyl disposable gloves (polythene disposable gloves with seams are unsuitable).
- d. Resuscitate aids (for use in mouth-to-mouth resuscitation)
- e. Disposable aprons.
- f. Assume body fluids (blood, vomit, urine etc.) may be infectious and always follow hygiene procedures.
 - a. Always wash hands before and after applying dressings.
 - b. Cuts and abrasions on exposed skin of the first aider should be covered with a waterproof plaster before treating the casualty.
 - c. Disposable gloves must be worn if contact with body fluids likely.
 - d. Resuscitate aids must be used for mouth-to-mouth resuscitation.
 - e. The type of mouthpiece known as a “rigid airway” must only be used by First Aiders specifically trained in its use.
 - f. Skin that has been in contact with another person's blood, vomit etc. should be washed with soap as soon as possible.
 - g. Splashes into eyes or mouth should be rinsed freely with clean cold water.
 - h. Puncture wounds should be encouraged to bleed freely. They should be washed with soap (not around eyes) and water and covered with a sterile dressing.

- i. Blood and other body fluid spillages should be cleaned using whatever absorbent materials are available e.g. toilet paper, paper towels
- j. Disposable gloves and aprons should be worn when cleaning such spills
- k. Disinfect spillage area with bleach or other chlorine-releasing compound.
- l. Disposable gloves and aprons, together with contaminated absorbent material and dressings, should be disposed of in sealed yellow plastic bags marked clinical waste biohazard and disposed of as clinical waste.

28. Working at height: BMAT 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:

- a. BMAT Premises Teams retains ladders for working at height.
- b. Students are prohibited from using ladders.
- c. Staff will wear appropriate footwear and clothing when using ladders.
- d. Contractors are expected to provide their own ladders for working at height.
- e. Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety.
- f. Access to high levels, such as roofs, is only permitted by trained persons.

29. Manual Handling: It is up to individuals to determine whether they are fit to lift or move equipment and furniture.

- a. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.
- b. BMAT will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.
- c. Staff and pupils are expected to use the following basic manual handling procedure:
 - i. 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.
 - ii. Take the more direct route that is clear from obstruction and is as flat as possible.
 - iii. Ensure the area where you plan to offload the load is clear

- iv. 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.

30. COSHH: Schools are required to control hazardous substances, which can take many forms (chemicals, fumes, dusts, vapours, mists, gases, disease causing germs).

- a. Control of substances hazardous to health (COSHH) risk assessments are completed by the HSO and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- b. 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.
- c. Any hazardous products are disposed of in accordance with specific disposal procedures.
- d. Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

31. Gas Safety:

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

32. Legionella: Monthly legionella and water service temperatures are completed by H2O Legionella Control Services; and local records are maintained by the HSO.

33. Lone Working is defined as "work in any situation in which the ability to summon assistance may be impaired".

- a. It is the responsibility of managers to ensure that lone workers are monitored via regular visits, check-ins or contact.

- b. Lone workers should not undertake any activities which present a significant risk of injury, such as those where there is a risk of falling from height.
- c. If employees are required to work on-site outside normal working hours, they should give prior notice to the Premises Team and ensure that they have a telephone with them.
- d. Significant risks associated with lone working should be risk assessed. Risk assessments should be reviewed annually or whenever there is a significant change in working practice. If required, the 'Checklist for Lone Working Risk Assessment' is available on the BMAT intranet system and/or via the HSO.
- e. Control measures are in place (e.g. instruction, training, supervision and issuing PPE).

34. Equipment:

- a. All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- b. When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- c. All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

35. Electrical equipment

- a. All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- b. Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- c. Any potential hazards will be reported to the HSO immediately
- d. Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- e. Only trained staff members can check plugs

- f. Where necessary a portable appliance test (PAT) will be carried out by a competent person
- g. All isolator switches are clearly marked to identify their machine
- h. Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- i. Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

36. PE equipment

- a. Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- b. Any concerns about the condition of the gym floor or other apparatus will be reported to a member of the Premises Team.

37. Specialist Health/Mobility Equipment:

- a. Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.
- b. Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

38. Display Screen Equipment ['DSE']: The Health and Safety (DSE) Regulations 1992 came into effect from January 1993. The Regulations apply where employees habitually use DSE equipment as a significant part of their normal work. Employees who use DSE equipment occasionally are not covered by the Regulations. The Regulations require employers to minimise the risks in DSE work by ensuring that:

- a. DSE users are identified, and workstations are risk assessed. The 'Checklist for Lone Working Risk Assessment' is available on the BMAT intranet system and/or via the HSO.
- b. Work is planned such that there are breaks or changes of activity.
- c. On request, eye tests are arranged at BMAT's expense, and corrective glasses provided if required specifically for DSE use.
- d. Health and safety training/information is provided where appropriate.

39. Violence at work

- a. We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.
- b. All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Principal/Co-headteacher immediately. This applies to violence from pupils, visitors or other staff.

40. Smoking

- a. Smoking is not permitted anywhere on the school premises.

41. Allergies

- a. The Trust will protect the health and safety of its employees by removing or reducing workplace risks so far as is reasonably practical.
- b. Allergen training for first aid trained staff will be part of their induction and refreshed annually.
- c. Please refer to the Trust Supporting Students with Medical Needs [BMAT Policies](#) for further specific information regarding allergies.

42. General Condition and Maintenance

- a. The Trust will ensure the general condition and maintenance of the buildings and grounds are acceptable.
- b. The Trust will address high-priority items identified through survey and visual inspections.
- c. The Trust will refer to CDC survey for all Trust buildings

Please refer to the Trust First Aid policy [BMAT Policies](#) for further information regarding first aid training.

Appendix A - Health and Safety Records and Notices

The following information should be held on file. Asterisks denote a statutory duty to retain records and keep them up to date. It is good practice to retain and update the remaining records.

Policy

- Establishment's Health & Safety Policy including its Health & Safety Organisation and Arrangements *.
- Any local procedures.

Workplace

- Establishment's Asbestos Register*.
- Establishment's Workplace/Premises Inspection Records & Action Plans.
- Copies of documents verifying the competence of contractors hired by the Establishment.
- Lettings:
 - Forms completed by the lettees acknowledging the receipt of health & safety information.
 - Copies of documents verifying competence of commercial and higher risk lettees.

Risk Assessments*

- Risk assessments covering all the activities identified by BMAT's hazard register & for all educational visits.
- Specific risk assessments to cover new and expectant mothers
- Specific risk assessments to cover young persons.

Reference Material

- Safe Practice in Physical Education and Sport – 8th Edition 2012, Association for Physical Education, ISBN 978 1 90554 094 5

- ASE “Be Safe” – Fourth Edition – Health and safety in school science and technology for teachers of 3 to 12-year-olds, ISBN 978 0 86357 426 9
- “Make it Safe: Safety Guidance for the Teaching of Design and Technology at Key Stage 1 and 2, ISBN 978 0 90645 707 8
- CLEAPSS Handbook – Secondary Establishments (annotated to suit Establishment).

Maintenance, Inspection and Repair Records*, for example:

- Air Conditioning – Annual maintenance records.
- Air Receivers >250 bar/litres – Annual inspection records:
- Asbestos – Condition monitoring records.
- Autoclaves – Annual inspection records.
- Boiler – Annual contractor maintenance/inspection records.
- Design & Technology Equipment – Annual maintenance records.
- Design & Technology Equipment – Annual safe condition records.
- Drama Equipment – Annual inspection records.
- Electrical (mains wiring) – Five yearly inspection records.
- Electrical (Portable Electrical Equipment – PAT records and electrical equipment inventory.
- Emergency Lighting – Annual inspection/battery test records.
- Emergency Lighting - Quarterly contractor’s maintenance records.
- Emergency Lighting – Establishment monthly checks.
- Entrance Barrier/Gates – Annual inspection records.
- Extraction Systems (Dust) – Annual inspection records.
- Extraction Systems (Heat Processes) – Annual inspection records.
- Extraction Systems (Fume Cupboards) – Annual inspection records.
- Fall Arrest Systems – Annual inspection records.
- Fire Alarm System – Quarterly contractor’s maintenance records.
- Fire Alarm Call Points – Establishment weekly test records (Each call point to be individually checked a minimum of every 3 months).
- Fire Doors (Magnetic Catches) – Establishment weekly checks.
- Fire Doors (Independent Door Release Devices) – Annual battery change records.

- Fire Escapes (External Staircases, Ladders) – Inspection records (Five years after installation and every three years thereafter).
- Fire Fighting Equipment (Fire extinguishers, Fire Blankets) - Annual inspection records.
- Fire Shutter Door Systems – Annual inspection records:
- Heating Systems – Annual maintenance & inspection records.
- Hoists (Engine) – Annual inspection records.
- Hoists & Slings (Patient) – Six monthly inspection records.
- Intruder Alarm – Annual inspection records.
- Kiln – Record of firings, maintenance and annual inspection records.
- Ladders & Stepladders – Annual establishment inspection records.
- Lifts – Six-monthly contractor’s inspection records.
- Lifting Equipment – Annual contractor’s inspection records (equipment for lifting people – six-monthly records).
- Lightning Conductor – Annual contractor’s inspection records.
- Machinery & Plant – Maintenance records.
- Mobile Elevated Working Platforms (MEWPs) – Six monthly inspection records.
- Minibuses – Pre-use checks, maintenance and servicing.
- Minibuses - Annual MOT records.
- P.E. Equipment – Annual maintenance records.
- P.E. Equipment – Establishment inspection records
- Personal Protective Equipment – Pre-use checks, maintenance and repair records
- PE Equipment – Annual inspection records.
- Playground Equipment – Annual contractor’s maintenance records.
- Playground Equipment – Weekly establishment inspection records.
- Pressure Systems (including Steam Engines) – Annual inspection records.
- Pug Mill – Annual inspection records.
- Tower Scaffolds – Annual inspection, pre-use and subsequent weekly (when erected) inspection records.
- Tie-in Bolts – Annual inspection records
- Trees– Annual inspection records
- Water Systems – Annual/6 monthly cleaning, sampling and disinfection records

- Water Systems – Records of weekly flushing regime for unused or infrequently used taps/showers etc.
- Water Systems (temperature) - Monthly limitation check records (for Nursery/Infants).
- Please note this list is not exhaustive.

Control of Substances Hazardous to Health

- COSHH Assessments – in date and signed. *

RIDDOR, First Aid & Communicable Disease

- Accident and incident reporting forms*.
- “Access to Education for children and young people with Medical needs” DFES 0732/2001.
- [Managing medicines in schools and early years settings](#), DfES/Department of Health, 2005.
- “[Guidance on infection control & communicable diseases in schools, colleges and other childcare settings](#)”, Health Protection Agency, July 2012 plus an assessment of those who may be at risk.*

Fire Regulations

- Fire Register Folder - containing the following documents:
 - Fire (Workplace) Risk Assessment* and supporting fire risk assessment checklists
 - Emergency Evacuation Plan*
 - Personal Evacuation Plan(s) as appropriate*
 - Plan of the site indicating location of fire exits and fire fighting equipment*
 - Fire Drill records*
 - Records of quarterly fire alarm, emergency lighting and magnetic door catch inspections*
 - Records of Site Manager/Caretaker/School Keeper weekly fire alarm call point, emergency lighting and magnetic door catch checks
 - Details of staff fire safety training*

- Details of any work being undertaken that may affect the fire risk assessment
 - Copies of any notifications from the London Fire Brigade.
- Guidance on writing an Emergency Evacuation Plan

Training

- Training Records - details and dates of training courses attended by staff i.e. first aid, manual handling, risk assessment, violence and aggression etc. – including certificates (or copies thereof) as applicable, preferably in a single file.
- It is also recommended that a record be kept of any health and safety briefings given to staff, for example during staff meetings etc.

APPENDIX B. 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
Pandemics	Health and Safety Executive's guidance and the UKHSA guidance for public health incidents.	
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.
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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