



Health and Safety Policy

June 2024

Vision:

We believe that every child is a gift from God, therefore, we aim to provide an outstanding and happy Catholic education which develops the 'whole child' whilst enabling them to reach their full potential.

Mission statement:

We love God ... so we follow the examples of Jesus

We love learning ... so we always do our very best in everything

We love each other ... so we treat each other as we want to be treated

Approved by:	Resources Committee	Date: June 24
Signed by:	(Chair of Resources Committee)	
Last reviewed on:	June 2024	
Next review due by:	June 2025	

Contents

1. Aims	2
2. Legislation	3
3. Roles and responsibilities	3
4. Site security.....	4
5. Fire and Invacuation.....	4
6. COSHH.....	5
7. Equipment.....	6
8. Lone working.....	7
9. Working at height	7
10. Manual handling	7
11. Off-site visits	8
12. Violence at work	8
13. Smoking	8
14. Infection prevention and control.....	8
15. New and expectant mothers	10
16. Occupational stress	10
17. Accident reporting.....	10
18. Training	11
19. Monitoring	12
20. Links with other policies	12
21. Covid-19	12
Appendix 1. Fire safety checklist	13
Appendix 2. Accident report	14
Appendix 3a. Asbestos record.....	15
Appendix 3b. Asbestos Register - Roller Shutters	22
Appendix 4. Recommended absence period for preventing the spread of infection	24
Appendix 5. Lone Working Checklist	27
Appendix 6. Accident Investigation	27
Appendix 7. Accident Investigation Form.....	30

1. Aims

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site

- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to 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 school follows [national guidance published by Public Health England](#) when responding to infection control issues.

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher (Carmel Ruane).

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

The governing body, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

The governor who oversees health and safety is Tony Cragg.

3.2 Headteacher

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

- Implementing the health and safety policy

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

In the headteacher's absence, the Deputy Headteacher (Chris Moore) assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Shelley King, School Business Manager.

3.4 Staff

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work.
- Co-operate with the school on health and safety matters.
- Work in accordance with training and instructions.
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken.
- Model safe and hygienic practice for pupils.
- Understand emergency evacuation procedures and feel confident in implementing them.

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the School Business Manager before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

The Headteacher and the caretaker are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Headteacher and caretaker are key holders and will respond to an emergency.

5. Fire and Invacuation

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. Planning and preparation in order to manage emergencies affecting the school has been undertaken by the Headteacher and Governing Body. A policy document has been produced and implemented and an emergency plan is available in every classroom. All staff are responsible for familiarising themselves with this document.

Emergency evacuations and Invacuations are practiced at least once a term.

The fire alarm is a loud buzzer and Invacuation alarm is a bell.

Fire alarm testing will take place once per week. Fire alarm test for whole pupil evacuation occur once per term.

New staff will be trained in fire and Invacuation safety and all staff and pupils will be made aware of any new 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.
- The Invacuation alarm will be raised by staff blowing whistles.
- 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 during a fire evacuation. Staff and pupils will make their way inside during an Invacuation.
- During fire evacuations and Invacuations, class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- Meggan Ramplin will take a register of all staff and visitors.
- During fire evacuations, staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

The school will have special arrangements in place for the evacuation and Invacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities. PEEPs are in place for all pupils with mobility needs which identify who is responsible for assisting them and their specific escape route.

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by Shazia Hashmi (Kitchen Supervisor) and Anthony Fearn (Caretaker) and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. Hazardous products are always kept in store rooms that are kept locked and pupils cannot access these substances.

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

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

6.1 Gas safety

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

6.2 Legionella

- A full water risk assessment has been completed by GMS Services Ltd. The caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.
- This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the regular monthly monitoring of all water outlets by GMS Services.

6.3 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it.
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work.
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe.
- A record is kept of the location of asbestos that has been found on the school site. Please see Appendix 3 for more details.

7. Equipment

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

7.1 Electrical equipment

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

7.2 PE equipment

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

- PE equipment is audited and checked for safety every six months by a competent person.
- Any concerns about the condition of the gym floor or other apparatus will be reported to Shelley King, School Business Manager.

7.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time.
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use).
- All staff identified will also complete DSE online training.

7.4 Specialist equipment

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

8. Lone working

Lone working may include:

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

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

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

The lone worker will ensure that they are medically fit to work alone and will refer to the lone working checklist for any actions to be completed. A copy of the checklist can be found in Appendix 5.

9. Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The caretaker, Ant Fearn, retains ladders for working at height.
- Pupils are prohibited from using ladders.
- Staff will wear appropriate footwear and clothing when using ladders.
- Contractors are expected to provide their own ladders for working at height.
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety.
- Access to high levels, such as roofs, is only permitted by trained persons.

10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help.
- Take the more direct route that is clear from obstruction and is as flat as possible.
- Ensure the area where you plan to offload the load is clear.
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable.
- Staff to complete manual handling training as part of induction.

11. Off-site visits

When taking pupils off the school premises, we will ensure that:

- Chris Moore is the Educational Visits Coordinator and she manages educational visits.
- Risk assessments will be completed where off-site visits and activities require them.
- All off-site visits are appropriately staffed.
- Staff will be contactable on their personal mobile phones. They will take a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details.
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate.
- For other trips, there will always be at least one first aider on schools trips and visits.
- For further information refer to the EVC Policy.

12. Violence at work

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Headteacher immediately. This applies to violence from pupils, visitors or other staff.

13. Smoking

Smoking is not permitted anywhere on the school premises.

14. Infection prevention and control

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

14.1 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.

14.2 Coughing and sneezing

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

14.3 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.

14.4 Cleaning of the environment

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

14.5 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.

14.6 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.

14.7 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.

14.8 Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

14.9 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

15. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

16. 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 including the use of staff questionnaires.

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

17. Accident reporting

17.1 Accident recording

- Any accidents or near miss's will be recorded on Medical Tracker
- As much detail as possible will be supplied when reporting an accident.
- Information about substantial injuries will also be kept on cpom's.
- Records will be held on Medical Tracker

17.2 Reporting to the Health and Safety Executive

Medical Tracker tracks and holds any reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7) and report this through to the Safety Team and Rochdale Local Authority and Medical Tracker.

The Head Teacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes.
 - Amputations.
 - Any injury likely to lead to permanent loss of sight or reduction in sight.
 - Any crush injury to the head or torso causing damage to the brain or internal organs.
 - Serious burns (including scalding).
 - Any scalping requiring hospital treatment.
 - Any loss of consciousness caused by head injury or asphyxia.
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days.
- Where an accident leads to someone being taken to hospital.
- Where something happens that does not result in an injury, but could have done.
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of 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:

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

17.3 Notifying parents

A member of staff will inform parents of any accident or injury sustained by a pupil and any first aid treatment given, on the same day, or as soon as reasonably practicable.

Any child involved in an accident at school will be reported on Medical Tracker and notifications sent straight to parents via app or email.

Parents will be notified via Medical tracker of any incident, illness, accident or any use of medication

17.4 Reporting child protection agencies

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

17.5 Reporting to Ofsted

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

17.6 Incident reporting and investigation

Accidents will be investigated in line with Local Authority guidance. See Appendix 6

Minor injuries will be investigated at the time by the person witnessing the injury. They will be recorded on Medical Tracker. Any issues with the playground, building or equipment will be reported to the School Business Manager who will investigate the incident and flag up any maintenance/ safety issues.

Minor incidents do not need reporting to the safety team. The safety team will be advised of the following incidents

- Ill health conditions connected with school
- Incidents due to disorganization (for example pupils not supervised)
- Incidents where pupils or staff trip or fall due to floor defects
- Incidents on the school premises during an event (even if pupil is accompanied by a parent)
- Incidents due to faulty equipment or machinery
- Verbal or physical assault
- Fires
- Near misses that have the potential to cause substantial physical harm
- All RIDDOR reportable incidents

18. Training

Our staff are provided with health and safety training as part of their induction process. Health and Safety training is provided annually to all staff in September.

19. Monitoring

This policy will be reviewed by the School Business Manager every year.

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

20. Links with other policies

This health and safety policy links to the following policies:

- First aid policy and First aid needs assessment
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- EVC Policy
- Lone Working Policy
- Covid 19 Risk assessment and recovery plan

21. Covid-19

During the Covid-19 pandemic we have organised school to allow pupils and staff to continue to work ensuring risks have been minimised. We have followed government guidance around social distancing and infection control.

For additional information on precautions taken please refer to the Covid 19 risk assessment and recovery plan. These have been quality assured by the local authority to ensure school remains as safe as possible.



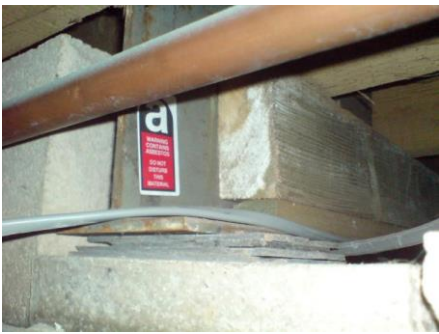
Appendix 1. Fire safety checklist


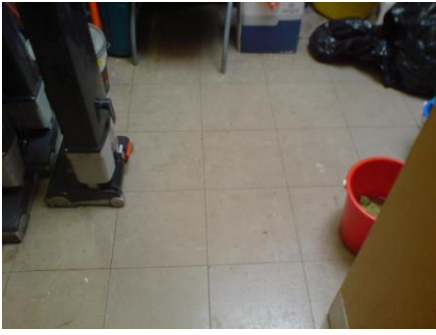
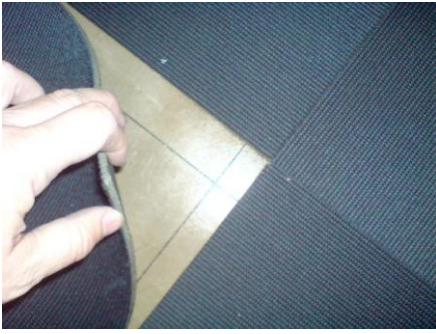
ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
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



Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
Action taken			
Follow-up action required			
Name of person attending the incident			
Signature		Date	


Appendix 3a. Asbestos record

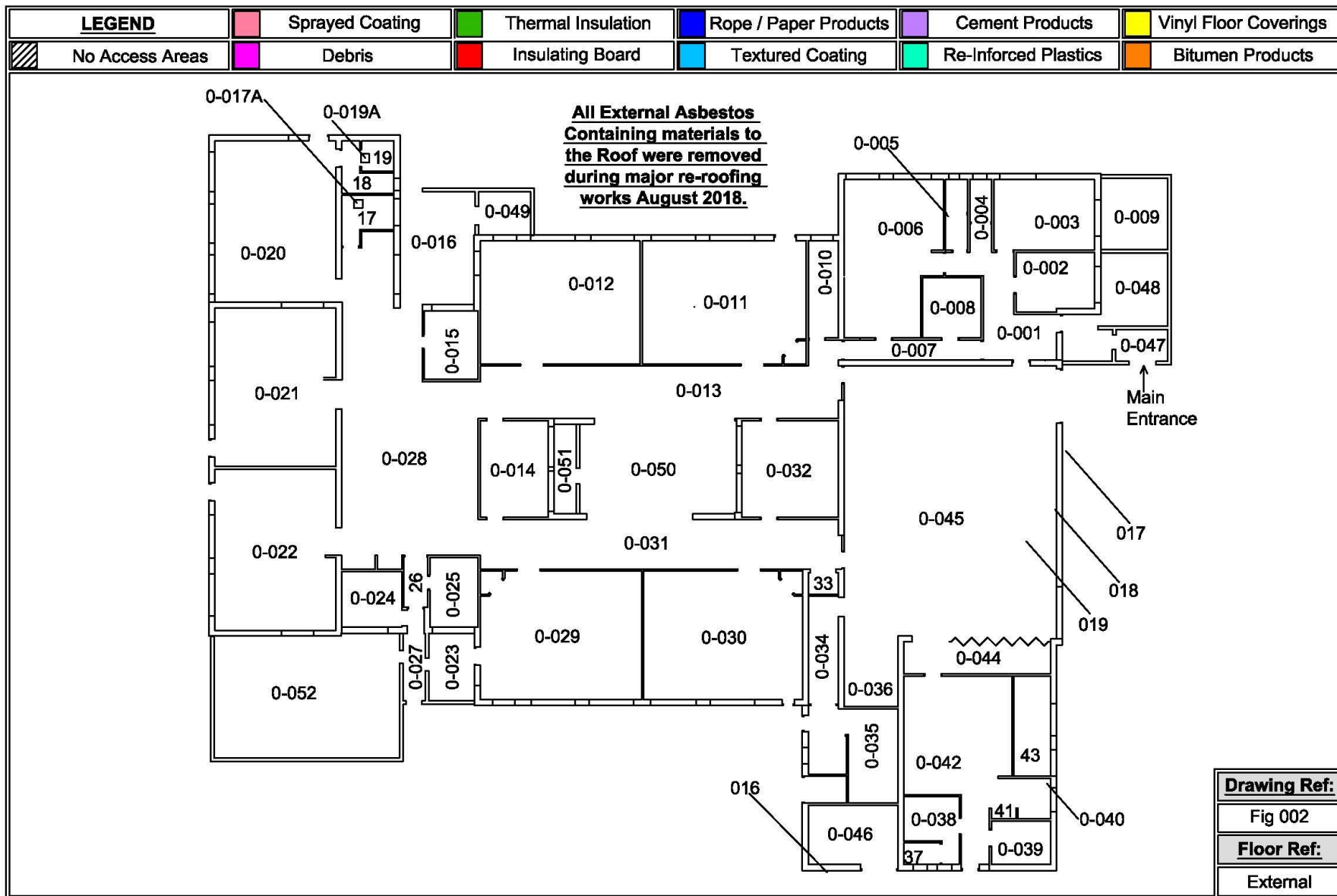
	Room Number: 0-001		Room Reference: Reception Lobby		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	001	Chrysotile	Cement Panel(s)	Cement
		Extent	Condition	Accessibility	Risk Score
		Number x 01	0 - Good	Difficult	3
	Comment:	The cement packers to the top of the block wall above the suspended ceiling were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the cement packers should be monitored.			
	Room Number: 0-002		Room Reference: Office		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As001	Chrysotile	Cement Panel(s)	Cement
		Extent	Condition	Accessibility	Risk Score
		Number x 01	0 - Good	Difficult	3
	Comment:	The cement packers to the top of the block wall above the suspended ceiling were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the cement packers should be monitored.			
	Room Number: 0-005		Room Reference: Ladies Toilet		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As001	Chrysotile	Cement Panel(s)	Cement
		Extent	Condition	Accessibility	Risk Score
		Number x 01	0 - Good	Difficult	3
	Comment:	The cement packers to the top of the block wall above the suspended ceiling were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the cement packers should be monitored.			

	Room Number: 0-006		Room Reference: Staff Room		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As001	Chrysotile	Cement Panel(s)	Cement
		Extent	Condition	Accessibility	Risk Score
		Number x 01	0 - Good	Difficult	3
	Comment:	The cement packers to the top of the block wall above the suspended ceiling were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the cement packers should be monitored.			
	Room Number: 0-008		Room Reference: Caretakers Room		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	002	Chrysotile	Floor Tiles	Floor Tiles.
		Extent	Condition	Accessibility	Risk Score
		1-5m ²	0 - Good	Easy	2
	Comment:	The beige floor tiles (inclusive of the bitumen adhesive) were seen to be in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the floor tiles should be monitored.			
	Room Number: 0-021		Room Reference: Classroom		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	006	Chrysotile	Floor Tiles	Floor Tiles.
		Extent	Condition	Accessibility	Risk Score
		20-25m ²	0 - Good	Difficult	2
	Comment:	The beige floor tiles (inclusive of the bitumen adhesive) beneath the carpet were seen to be in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the floor tiles should be monitored.			

	Room Number: 0-022		Room Reference: Classroom		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As006	Chrysotile	Floor Tiles	Floor Tiles.
		Extent	Condition	Accessibility	Risk Score
		20-25m ²	0 - Good	Difficult	2
	Comment:	The beige floor tiles (inclusive of the bitumen adhesive) beneath the carpet were seen to be in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the floor tiles should be monitored.			
	Room Number: 0-029		Room Reference: Classroom		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	008	Chrysotile	Bitumen Adhesive	Bitumen
		Extent	Condition	Accessibility	Risk Score
		40-50m ²	0 - Good	Difficult	2
	Comment:	The bitumen adhesive to the floor beneath the carpet and vinyl was seen to be in good condition and enclosed at the time of the re-inspection.			
	Recommendation:	The condition of the bitumen adhesive should be monitored.			
	Room Number: 0-030		Room Reference: Classroom		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As008	Chrysotile	Bitumen Adhesive	Bitumen
		Extent	Condition	Accessibility	Risk Score
		40-50m ²	0 - Good	Difficult	2
	Comment:	The bitumen adhesive to the floor beneath the carpet and vinyl was seen to be in good condition and enclosed at the time of the re-inspection.			





	Room Number: 0-033		Room Reference: Cleaners Store		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As006	Chrysotile	Floor Tiles	Floor Tiles.
		Extent	Condition	Accessibility	Risk Score
		1-5m ²	0 - Good	Easy	2
	Comment:	The beige floor tiles (inclusive of the bitumen adhesive) were seen to be in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the floor tiles should be monitored.			
	Room Number: 0-042		Room Reference: Main Kitchen		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	009	Chrysotile	Textiles	Rope/Textiles
		Extent	Condition	Accessibility	Risk Score
		Number x 01	0 - Good	Difficult	5
	Comment:	The textile fuse flash guards to the electrical system were seen to be enclosed, in good condition and were labelled correctly at the time of the reinspection.			
	Recommendation:	The condition of the electrical system should continue to be monitored.			
	Room Number: 0-042		Room Reference: Main Kitchen		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	011	Amosite	Insulating Board (Sealed)	Insulating Board (sealed)
		Extent	Condition	Accessibility	Risk Score
		1-5m ²	0 - Good	Difficult	5
	Comment:	The insulating boards to the wall behind the food warmer were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the insulating boards should be monitored.			

	Room Number: 0-044		Room Reference: Servery		Review Date: 07-06-2020
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	010	Amosite	Insulating Board (Sealed)	Insulating Board (sealed)
		Extent	Condition	Accessibility	Risk Score
		1-5m ²	0 - Good	Difficult	5
	Comment:	The insulating board packers to the wooden joists above the suspended ceiling were seen to be sealed, labelled and in good condition at the time of the re-inspection.			
	Recommendation:	The condition of the insulating boards should be monitored.			



THIS FLOORPLAN IS NOT TO SCALE AND IS REPRESENTATIVE OF THE LOCATION AND PRODUCT TYPE OF ASBESTOS CONTAINING MATERIALS NOTED WITHIN THE BODY OF THE REPORT

Appendix 3b. Asbestos Register - Roller Shutters



Ceilings: Wood roof decking boards above suspended ceiling	Walls: Solid block	Floors: Concrete beneath modern vinyl	Other: No visible packers above roller shutters only seen above the doorway
			

Survey Intrusion Pictures

Ceilings: Lifted suspended ceiling	Walls: N/A	Floors: N/A	Other: N/A
	No Image Available	No Image Available	No Image Available

Asbestos Confirmed

Asbestos containing materials have been identified in this area. Please see the full asbestos register for further details.

	Room Number: R-001		Room Reference: Roller Shutter		Review Date:
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	003	Amosite	Insulating Board (Sealed)	Insulating Board (sealed)
		Extent	Condition	Accessibility	Risk Score
		Small Amounts	0 - Good	Difficult	5
	Comment:	The sample of the insulating board packers to the wooden framework above the doorway and front wall (NOT above the roller shutters) has been identified as containing Amosite (Brown) asbestos.			
	Recommendation:	The insulating boards should be removed prior to any refurbishment works at the site, should the materials not be disturbed during the planned refurbishment works or removed within the 3 months period stated within HSG264, then provision should be made for the continued management (re-inspection) of the insulating boards.			
	Room Number: R-001		Room Reference: Roller Shutter		Review Date:
	Asbestos Detected	Sample Reference	Asbestos Type	Product Type	Surface Treatment
	Asbestos Confirmed	As003	Amosite	Insulating Board (Sealed)	Insulating Board (sealed)
		Extent	Condition	Accessibility	Risk Score
		1-5m ²	0 - Good	Difficult	5
	Comment:	The sample of the insulating board panels to the low level wall beneath the roller shutters has been identified as containing Amosite (Brown) asbestos.			
	Recommendation:	The insulating boards should be removed prior to any refurbishment works at the site, should the materials not be disturbed during the planned refurbishment works or removed within the 3 months period stated within HSG264, then provision should be made for the continued management (re-inspection) of the insulating boards.			

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

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check](#).

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.

Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.

Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Appendix 5. Lone Working Checklist

Use this checklist to develop a safe working procedure for *medium and high risk tasks/activities* undertaken by employees whilst working alone identified during the risk assessment process.

Task / Activity (include date, time, location)	One off / Frequent:
Name of Lone Worker	

THE WORKPLACE AND WORK RISKS

QUESTION	YES	NO	COMMENTS
Does the workplace present any special risks to a person working alone?			
Is there safe access and egress?			
Can all plant and equipment be safely handled and used by the lone worker?			
Can all substances be safely handled and used by the lone worker?			
Can any manual handling be carried out safely by the lone worker?			
Is there a risk of violence?			
Are there adequate travel arrangements? (if applicable)			

EMERGENCY ARRANGEMENTS

QUESTION	YES	NO	COMMENTS
Are adequate first aid facilities available?			
In an emergency can help easily find and reach the lone worker?			
Does the lone worker have access to a means of two way communication?			

SUPERVISION

QUESTION	YES	NO	COMMENTS
Are there arrangements for regular contact between lone worker and supervisor?			
Are signing in and out arrangements in place?			

THE LONE WORKER

QUESTION	YES	NO	COMMENTS
Is the employee suited to lone work? (medical/pregnancy/inexperienced etc)			
Is the lone worker provided with information, instruction and training?			

***Records of this checklist to be maintained by the school

Appendix 6. Accident Investigation – Rochdale Local Authority

ACCIDENT INVESTIGATION

The main purpose of an accident investigation is to help prevent similar incidents by learning from mistakes and improving safety standards. Investigations should be carried out in an impartial, objective and non-threatening manner.

Why investigate?

Investigations should aim to:

- identify the reasons for the accident / incident;
- identify faults in systems, equipment or behaviour;
- prevent recurrences; and/or
- satisfy legal and reporting requirements.

Investigations should be led by the relevant senior member of staff with responsibility for the employee, pupil or area.

The amount of time and effort spent on investigating should be in proportion to the level of risk indicated below. For the more complex incidents it may be appropriate to set up an investigation team to assist you. Such a team could include some, or all of the following people:

- Headteacher
- Department Head
- Safety Representative
- Safety Adviser

Levels of investigation

Once an on-line incident report form has been processed the Headteacher will receive an e-mail outlining the most appropriate level of investigation to carry out.

Level	Significance	Action
0	Near miss / no injury	Unless your accident investigation shows otherwise, there is unlikely to be any remedial action required following this incident.
1	Minor injury	Remedial action is likely to be minimal following this incident but it must not be ignored. An investigation should be carried out. You must now watch for any similar incidents which create a trend at which point additional control measures should be put in place.
2	Injury requiring medical attention or resulting in over 7 days' incapacity	Remedial action must be taken following this incident. A thorough investigation must be conducted and it is likely that significant improvements in your control measures are required.
3	Major / fatal / complex incident or dangerous occurrence / sickness absence due to work cause	This is a serious incident and a formal investigation must be conducted immediately. It is likely that there has been a significant failure in your safety management systems and the control measures you have in place must be reviewed and improved urgently. A report should be produced with recommendations for additional risk control measures to be taken.

Steps in the investigation - Immediate action

In the event of an incident, action to be taken immediately may include making the area safe, preserving the scene and notifying relevant parties.

The investigation begins even at this early stage, by collecting perishable evidence, e.g. CCTV, samples, etc.

► Plan your investigation

Planning ensures that the investigation is structured and thorough.

- What resources will be required?
- Who will be involved?
- How long will the investigation take?

A form is available on the intranet to act as a prompt to assist you with the investigation. For complex incidents, an investigation team will be more effective than a single person.

► **Collect the facts about what happened**

Incidents should be investigated as soon as possible, whilst still fresh in peoples' minds - preferably on the same day.

You are looking for the facts of the incident, not opinions. Pre-conceived notions may result in wrong paths being followed whilst leaving some significant facts undiscovered. All possible causes should be considered.

The investigation should examine evidence in the following categories:

- **Direct observation** - scene of the incident i.e. photographs, sketches, drawings.
- **Documents** - to help establish what should have happened, as well as providing evidence (risk assessments, procedures, maintenance records, previous incident forms, etc.).
- **Interviews** - take statements from those involved, their line management, witnesses or those observing or involved before the event.

► **Determine the causes**

Once you have collected your information the next step involves determining what happened and why. The information collected should be examined to identify what is relevant and decide if any details are missing. As the analysis progresses, further lines of enquiry may develop. Consider analysing the following factors:

- **Documentation** – were safe working procedures followed and maintenance records in place?
- **Supervision** – was inadequate instruction, training or supervision a factor?
- **Job factors** – did equipment, controls, lack of maintenance, the environment contribute?
- **Personal factors** – was the behaviour, suitability and competency of those involved appropriate, was training adequate?

► **Recommend corrective action and improvements**

Many investigations make the mistake of raising actions which deal only with the direct causes - a quick fix, putting existing procedures back in place.

By ignoring the root and underlying causes, not only do they miss an opportunity to reduce the risk of recurrence of the incident, but they also leave open the possibility that other, similar incidents may also occur, arising from the same common root cause.

Recommendations need to be clear and constructive so that they can be put into place and then monitored to ensure they are having the desired effect.

► **Report**

Once all the information has been analysed, a written report should be completed. The report should contain a summary of the incident, any analysis and an action plan with recommendations for improvement. Ensure you save your investigation report where it can be easily retrieved. The Insurance Team may request a copy of your report in the future.

► **Review**

Risk assessments should be reviewed following any investigation. Remember to implement the required actions and to inform staff, or anyone else affected, of the changes.

Additional information

If you need any further information or advice on a health and safety matter, or require this document in an alternative format, the Safety Team can be contacted on 01706 92 5087 / 5082.

Headteacher Essentials

ACCIDENT / INCIDENT REPORTING

Schools need to ensure that all accidents and incidents are reported promptly and properly. As well as being a legal requirement, incident records can prevent similar incidents from happening again by showing where measures can be put in place to prevent a re-occurrence.

This guidance is for Headteachers and school staff responsible for the processing of incident reports including administrative staff, first aiders, etc.

Incidents involving any employee including casuals, temporary agency staff and trainees and incidents involving pupils, visitors, members of the public and contractors should all be reported. You should also report serious incidents to pupils during educational visits.

Note: *The term 'incident' is used to describe either an accident or incident throughout this guidance.*

Reporting procedure

The procedure for reporting incidents at Rochdale BC is through the on-line incident reporting system on the Schools Intranet site under the 'Safety and Insurance tab'. For those schools that do not have access to Rochdale BC Schools intranet, incidents should be reported through the link below.

On-line connection: <http://applications.rochdale.gov.uk/SchoolsIncidentReporting>

Each school should have a clear procedure in place for their staff to report incidents, which includes inputting the incident onto the on-line system. Staff should be informed of this on their first day of employment, and all staff be given easy access to the system and be given the time to complete forms.

The on-line incident reporting system should be completed **within two working days**. Do not delay in order to complete details or to carry out your investigation; additional information can be forwarded later if necessary. Take a working copy of the form if you need to.

Reportable incidents (RIDDOR)

Certain incidents that happen in schools or during educational visits must be reported to the Health and Safety Executive (HSE) under the requirements known as RIDDOR (*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013*).

Reportable incidents include:

- **Major injury** e.g. broken bone, amputation, dislocation, eye injury likely to result in loss or reduction in sight, loss of consciousness, serious burns, etc.;
- **Sickness absence** – an injury that results in the employee being incapacitated from work for seven days or more;
- Injury causing a **member of public to be taken to hospital** from the school – e.g. pupil, parent, contractor, visitor;
- **Occupational disease** – as diagnosed by a doctor;
- **Dangerous occurrence** e.g. collapse of load bearing equipment e.g. hoist, scaffold, etc;
- **Fatality**.

You should phone any potentially reportable incidents to the Safety Team who will report these on behalf of the school. These must be reported to the HSE as soon as possible after the incident. If you are unsure whether an incident is reportable, contact the Safety Team on 01706 92 5087 / 5082.

Note: *Fatalities should be phoned through to the Safety Team immediately. The Safety Team will report these to the Health and Safety Executive. The Head of Schools Service and the Chief Executive of Rochdale Council should also be notified as soon as possible. The Safety Team will do this on the schools behalf if required.*

The on-line system

The Headteachers e-mail address must be inserted on the form. As the person with overall responsibility for health and safety at the school, Headteachers have to be made aware of all incidents. Once the on-line form is completed, **DO NOT** also send a paper copy to the Safety Team.

provide an accurate but brief description of the incident, enough for the Safety Advisers to fully understand exactly what happened. You will receive confirmation via e-mail to say your form has been received. All incident forms are checked by the Safety Team who will contact you if details are missing and further information is required. Once a Safety Adviser has dealt with the form, you will receive an e-mail giving details of the appropriate investigation to be carried out.

Minor incidents do not need reporting. See the table below for more details on what should and should not be notified.

WHAT TO REPORT AND WHAT NOT TO REPORT	
Incidents we do want informing about	Incidents we don't want informing about
Ill-health conditions connected with the school e.g. carbon monoxide poisoning due to faulty boiler, contact with chemicals, etc.	Ill-health conditions unconnected with the school e.g. epileptic fit, fainting, vomiting, etc.
Incidents due to the way work is organized, (e.g. pupil injuries due to lack of adequate supervision, staff incidents due to lack of training, supervised curriculum activity, etc.).	Playground incidents where pupils fall or trip over their own feet.
Incidents where pupils or staff slip or fall due to defects in the floor surface e.g. pothole, uneven paving, damaged carpet, wet floor.	Incidents to pupils or staff on their way to or from school outside of the school premises.
Incidents to pupils on school premises during an event, even if accompanied by parent.	Incidents outside the school site unless part of a supervised off-site activity.
Incidents due to faulty plant, equipment or machinery (e.g. bench tools, lifts, chairs, etc.).	Horse-play between pupils – unless due to inadequate supervision.
Verbal or physical assault.	Playground incidents due to pupil collisions.
Fires – however large or small.	Insect bites or stings.
Near-miss – an incident that did not result in an injury but which had the potential to cause significant harm.	
All RIDDOR reportable incidents.	

Minor incidents

Minor incidents which are not serious enough for an incident report form to be completed should still be logged. This can be via a first aid log or by using a sheet similar to the attached example - First aid log / minor injury form (see appendix 2).

Monitoring

Headteachers are responsible for monitoring incidents. Monitoring incidents will help to determine if there are trends which need addressing, and to prevent re-occurrence. Although the Safety Team collates incident information, it is the Headteachers responsibility to control the risks on site.

In addition, incident statistic reports are collated and considered at the Service Consultation Group and the Joint Consultation and Negotiating Group for monitoring purposes. Minutes of Service Consultation Groups should be available from your schools union or safety representative.

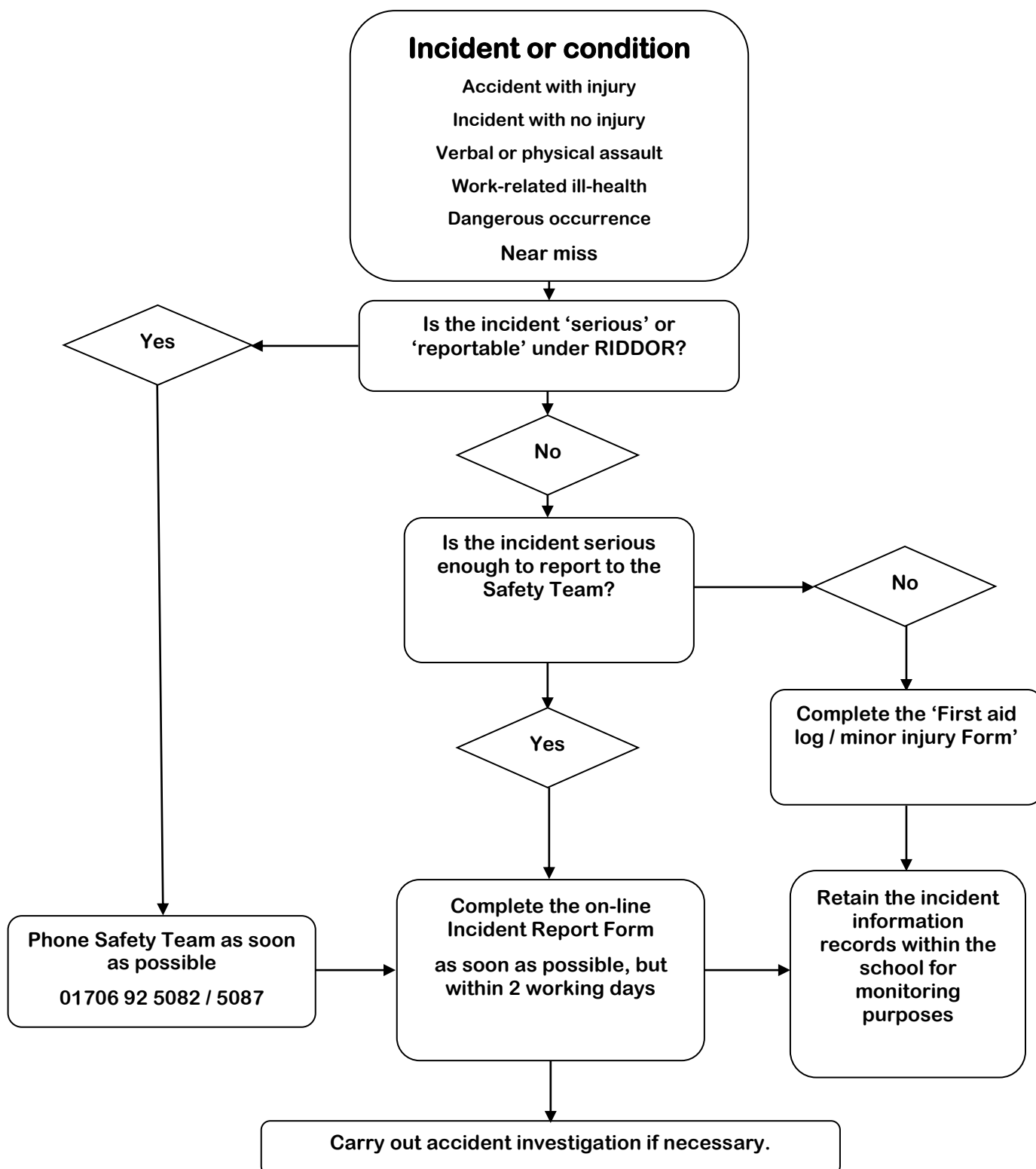
Additional information

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Social Security (Claims and Payments) Regulations 1987

If you need any further information or advice on a health and safety matter, or require this document in an alternative format, the Safety Team can be contacted on 01706 92 5087 / 5082.

Incident & accident reporting procedure



Appendix 7. Accident/Incident Investigation Form

ACCIDENT / INCIDENT INVESTIGATION FORM

This form has been designed to assist in accident and incident investigations. Dependent upon the severity of the incident, more detailed information may be required. If you require assistance in carrying out an investigation, contact the Safety Team. Telephone 01706 92 5087 / 5082 or email any member of the Safety Team.

Name of person involved:	Incident No:
Date of incident:	
Date of investigation:	
Person(s) carrying out investigation: Position: Tel:	
Severity of incident: Major injury <input type="checkbox"/> Fatality <input type="checkbox"/> Gas incident <input type="checkbox"/> Over 7-day injury <input type="checkbox"/> Dangerous occurrence <input type="checkbox"/> Occupational disease <input type="checkbox"/> Member of public taken to hospital <input type="checkbox"/>	
Was the injured person carrying out their usual duties / activities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, give brief description of task;	
Was the person authorised to be in this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the person authorised to carry out this work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the safe system of work / safe working procedures being followed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was appropriate personal protective equipment (PPE) being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was first aid treatment given? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the injured person referred to hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of any medical treatment received.	

<p>If applicable, what were the environmental conditions at the time of the incident (i.e. weather, housekeeping, temperature)?</p>	
<p>What, if any machinery / equipment / substances were involved?</p>	
<p>Say how the incident happened (e.g. what caused incident and who was in control at the time). Attach drawings, photographs, sketches where applicable.</p>	
<p>Contributory cause (e.g. inadequate risk assessment, lack of training, inadequate guarding).</p>	
<p>Further remedial action to prevent recurrence (include references to reports, minutes, etc).</p>	
<p>Remedial action to be taken by:</p>	<p>Date remedial action to be completed:</p>
<p>Name of Headteacher (please print)</p>	<p>Date:</p>

