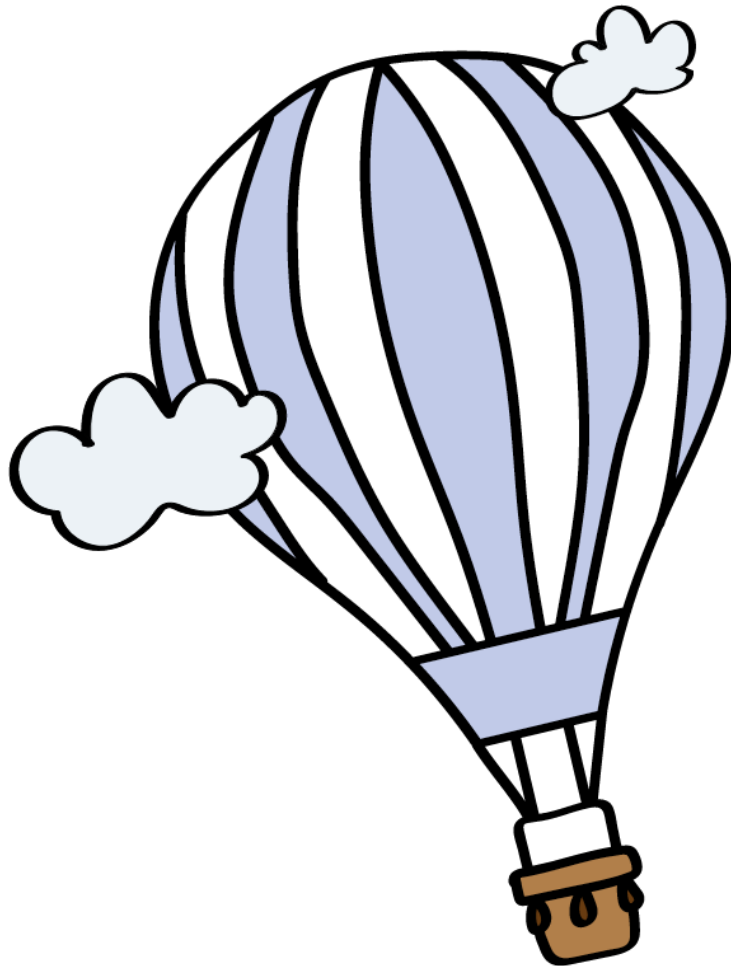




# storybrook

## Health and Safety Policy





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## 1. Aims

Storybrook School is committed to ensuring health and safety good practice across all areas of school life. We take our responsibility for the health and safety of staff, students, volunteers, and any other visitors to the school very seriously and use this policy, in line with our risk assessment documents and in accordance with the 1974 Health and Safety Act, to maintain the highest possible level of health and safety around the school.

Health and safety in school is a priority as well as a legal requirement, and all members of the school community have a part to play in making sure that the school environment is safe, which we encourage by promoting a positive health and safety culture within the school. The school commits adequate and appropriate resources to making sure that the best equipment, risk assessments, advice, and training are applied both on school grounds and during off-site activities and visits.

All school staff will ensure that they are up to date and familiar with the school health and safety policy, as well as health and safety regulations that apply specifically to their own classroom activities. All activities, both on and off-site, should be planned by staff with consideration for the safety of themselves, their colleagues, students, and members of the public.

This policy will be brought to the attention of all members of staff on induction, as an annual reminder at the beginning of each academic year, a master copy will be held in the main office. The importance of good health and safety practice is promoted throughout the school, but members of school staff, the Headteacher, the Proprietor and Governing body carry the key responsibilities for assessing, recording, and implementing the correct health and safety procedures.

The Proprietor, Governing body and Headteacher recognise that it is their responsibility to provide the safest school environment as is reasonably practicable.

### **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

### **Storybrook School health and safety organisational structure:**

Proprietor & Governing body

Headteacher

School Employees

Students





## 2. Safeguarding alignment

In line with Storybrook's Safeguarding and Child Protection Policy, health and safety is intrinsically linked to safeguarding and forms part of the school's "golden thread" of keeping children safe.

In a specialist SEMH setting, risks to health and safety may also indicate underlying safeguarding concerns. Therefore, all incidents, hazards and behaviours are considered within a safeguarding context.

**This policy must be read alongside:**

- Safeguarding and Child Protection Policy
- Behaviour and Relationships Policy
- Use of Reasonable Force and Restrictive Interventions Policy

This policy reflects the principles of Keeping Children Safe in Education (KCSIE), recognising that safeguarding and health and safety are closely linked. All staff must consider whether health and safety concerns may indicate wider safeguarding risks and act in accordance with safeguarding procedures.

## 3. Legislation

This policy is based on advice from the Department for Education (DfE) on health and safety in schools, guidance from the Health and Safety Executive (HSE), and relevant statutory safeguarding guidance.

**It has due regard to the following legislation and guidance:**

Legislation

- The Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- The Regulatory Reform (Fire Safety) Order 2005
- The Work at Height Regulations 2005
- The Gas Safety (Installation and Use) Regulations 1998

Statutory Guidance

- DfE: Health and Safety: Advice on Legal Duties and Powers for Schools
- DfE: Keeping Children Safe in Education (KCSIE) (most recent version)

In line with KCSIE, health and safety systems are closely aligned with safeguarding systems to ensure that all risks to pupils are identified, assessed and managed within a child-centred framework.





#### **4. SEMH context and behaviour-related risk**

##### **SEMH Context**

Storybrook is a specialist SEMH provision where pupils may present with a range of social, emotional and mental health needs. **These may include:**

- difficulties with emotional regulation
- impulsivity and risk-taking behaviours
- trauma-related responses
- heightened anxiety or distress
- challenges in forming safe and secure relationships

As a result, risks to health and safety within the school environment may arise not only from physical hazards, but also from behaviour and emotional dysregulation.

##### **Behaviour as a Safety Consideration**

At Storybrook, behaviour is understood as communication. **However, some behaviours may present a risk of harm to:**

- the pupil themselves
- other pupils
- staff
- the wider school environment

**Examples of behaviour-related risks may include:**

- physical aggression
- absconding or leaving supervised areas
- damage to property
- unsafe use of equipment
- refusal to follow safety instructions

All such behaviours must be understood within both a behavioural and safeguarding context, and managed in line with the school's Behaviour and Relationships Policy.

##### **Dysregulation and Risk**

**Staff recognise that pupils who are dysregulated may not be able to:**

- follow instructions
- assess risk appropriately
- respond to verbal reasoning

**During periods of dysregulation, the priority is:**

- safety





- de-escalation
- emotional regulation

**Risk assessments and staff responses must take account of:**

- known triggers
- escalation patterns
- environmental stressors
- individual pupil needs

### **Restrictive Interventions and Physical Safety**

In rare circumstances, restrictive interventions, including reasonable force, may be required to prevent immediate risk of harm.

**Any such intervention must:**

- be used only as a last resort
- be reasonable, proportionate and necessary
- be in the best interests of the pupil
- comply fully with the Use of Reasonable Force and Restrictive Interventions Policy

**All incidents involving physical intervention must be:**

- recorded
- reviewed
- considered through both a safeguarding and health and safety lens

### **Staff Training and Competence**

**Given the SEMH context of the school, staff receive training in:**

- behaviour support and de-escalation strategies
- trauma-informed practice
- recognising signs of dysregulation
- safe and appropriate responses to behaviour-related risk
- restrictive intervention (where required)

This ensures that staff are equipped to manage risks safely and effectively.

### **Integration with Other Policies**

**Behaviour-related risks must always be managed in line with:**

- Behaviour and Relationships Policy
- Safeguarding and Child Protection Policy
- Use of Reasonable Force and Restrictive Interventions Policy





- SEND and SEMH policies

This ensures a consistent, holistic and safe approach to supporting pupils.

### Summary

At Storyybrook, health and safety includes not only the management of physical hazards, but also the proactive understanding and safe management of behaviour and emotional regulation. By embedding SEMH awareness into risk management, the school ensures that all pupils are supported within a safe, responsive and protective environment.

## 5. Roles and responsibilities

### The Proprietor

The proprietor has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

They have 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.

### Governing Body 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 Clare Skelland.

### 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 body 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 assumes the above day-to-day health and safety responsibilities.

### **Health and safety lead**

The nominated health and safety lead is the Headteacher with assistance from the site controller.

### **Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent/carer 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

### **Pupils and parents/carers**

Pupils and parents/carers 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.

### **Contractors**

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

## **6. Site security**

The Site Manager is 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 Site manager and Proprietor, Rob Sherwood, is key holder and will respond to an emergency.

## **7. Fire**

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practiced at least once a term.

The fire alarm is a loud continuous bell.





Fire alarm testing will take place once a week.

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

#### **In the event of a fire:**

- the alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- staff and pupils will congregate at the assembly points. These are in the car park outside the main gate or at the back of the field for those in the outdoor learning spaces when the alarm goes off.
- class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- the Headteacher will take a register of all staff
- staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

#### **Fire Safety - testing and monitoring**

Fire alarm systems will be tested **weekly** to ensure they are in full working order. A record of all tests will be maintained in the school's fire logbook.

#### **In addition:**

- Fire drills will take place at least once per term
- All fire safety equipment will be inspected and maintained in accordance with statutory requirements
- Any faults identified during testing will be reported immediately and rectified without delay

A fire safety checklist can be found in appendix 1.

#### **8. COSHH**

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

- chemicals
- products containing chemicals
- fumes





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

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

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 substances will be locked away with access only to specific staff who have key access.

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.

### **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 they have adequate ventilation

### **Legionella**

- A water risk assessment has been completed in May 2026 by Greener Future.
- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: Regular water temperature checks. Drinking water supplied via water coolers rather than the plumbed water supply.

### **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 that 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





## 9. 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 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.

### **Electrical equipment**

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

### **PE equipment**

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

### **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)





## 10. Lone working

Storybrook recognises that lone working presents additional risks, particularly within a specialist SEMH environment.

### **Lone working may include:**

- late working
- home or site visits
- weekend working
- site manager duties
- site cleaning duties
- working in a single occupancy office
- remote working, self-isolation and/or remote learning

### **Lone working will only take place where:**

- it has been assessed as safe to do so
- appropriate control measures are in place

### **Staff must:**

- inform a designated colleague or line manager of their location, activity and expected return time
- maintain regular communication where appropriate
- ensure they have access to a mobile phone or communication **device**
- avoid high-risk activities when working alone

### **Lone working must always be conducted in line with:**

- safeguarding procedures
- professional boundaries guidance
- risk assessments relevant to the activity

Where there is any uncertainty about safety, the activity must not proceed.

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 designated colleague or line manager will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure they are medically fit to work alone.

## 11. Working at height





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

**In addition:**

- the site manager 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

**12. Manual handling**

Storybrook recognises its duty to manage and reduce risks associated with manual handling, in accordance with the Manual Handling Operations Regulations.

**Manual handling activities will, so far as is reasonably practicable, be:**

- avoided where possible
- assessed where they cannot be avoided
- carried out using appropriate control measures

**The school will:**

- provide appropriate equipment (e.g. trolleys, lifting aids)
- ensure staff receive suitable training
- put in place safe systems of work

**Staff must:**

- follow training and safe working practices
- use mechanical aids where provided
- seek assistance when required
- report any concerns, hazards or injuries promptly

**Basic safe manual handling guidance includes:**

- assessing the load before lifting
- planning the route and ensuring it is clear
- bending knees and keeping the back straight
- keeping the load close to the body
- avoiding twisting or sudden movements





### 13. Off-site visits

- When taking pupils off the school premises, we will ensure that:
- risk assessments will be completed where off-site visits and activities require them
- all off-site visits are appropriately staffed
- staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
- there will always be at least one first aider on school trips and visits

### 14. Lettings

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

### 15. Violence at work

Storybrook recognises that, within an SEMH context, incidents of aggression or violence may arise from dysregulation, trauma or unmet need. All such incidents must therefore be understood within both a behaviour and safeguarding framework.

**All incidents of aggression or violence must:**

- be recorded in line with the Behaviour and Relationships Policy
- be reviewed through a safeguarding lens in line with the Safeguarding Policy
- follow procedures outlined in the Use of Reasonable Force and Restrictive Interventions Policy where applicable

Where incidents indicate potential safeguarding concerns (e.g. patterns, escalation, contextual risks), they must be reported to the Designated Safeguarding Lead (DSL) without delay.

### 16. Smoking and vaping

Smoking and vaping are not permitted anywhere on the school premises; this includes in the carpark.

### 17. Infection prevention and control

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

#### **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





### **Coughing and sneezing**

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

### **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 (e.g. 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
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

### **Cleaning of the environment**

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

### **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

### **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

### **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

### **Animals**

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet

### **Infectious disease management**

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

#### **Following good hygiene practices**

We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE).

#### **Implementing an appropriate cleaning regime**

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned every day.

#### **Keeping rooms well ventilated**

We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

#### **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 any 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.

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

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.





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

### **18. 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 an 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
- Some pregnant women will be at greater risk of severe illness from COVID-19

### **19. Occupational stress**

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

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

### **20. Accident reporting**

#### **Accident record book**

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

#### **Reporting to the Health and Safety Executive (HSE)**

The Proprietor (Rob Sherwood), as the person with overall responsibility for health and safety, is responsible for ensuring compliance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).





The Proprietor may delegate the administrative task of reporting to the Headteacher; however, overall accountability remains with the Proprietor.

**A record will be kept of any incident that results in a reportable:**

- injury
- disease
- dangerous occurrence

**Reporting timescales**

All reportable incidents will be reported to the HSE within the following timescales:

Fatalities and specified injuries - Reported without delay (by telephone), and followed up with a written report within 10 days.

Dangerous occurrences - Reported without delay, and followed up in writing within 10 days.

- Over-7-day injuries (staff absence) - Reported within 15 days of the incident
- Occupational diseases - Reported as soon as a diagnosis is received from a medical professional

**Responsibility of staff**

**All staff must:**

- report accidents and incidents promptly in line with school procedures
- ensure accurate recording of all relevant details
- inform the Headteacher (or delegated health and safety lead) of any incident that may be RIDDOR reportable

**Clarification of roles**

**For the purposes of RIDDOR reporting within this policy:**

- Proprietor = accountable person (legal duty holder)
- Headteacher = operational lead for incident management and reporting processes

**Further guidance**

Detailed guidance on reporting requirements is available via the Health and Safety Executive (HSE).

**School staff: reportable injuries, diseases or dangerous occurrences**

**These include:**

- death
- work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the incident will be reported to the HSE by the





Headteacher (or delegated health and safety lead) on behalf of the Proprietor, within 15 days of the incident

- specified injuries, **which 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) which:
    - covers more than 10% of the whole body's total surface area; or
    - causes significant damage to the eyes, respiratory system or other vital organs
  - 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
- occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
  - carpal tunnel syndrome
  - severe cramp of the hand or forearm
  - occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - hand-arm vibration syndrome
  - occupational asthma, e.g from wood dust
  - tendonitis or tenosynovitis of the hand or forearm
  - any occupational cancer
  - any disease attributed to an occupational exposure to a biological agent
- 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





**Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

**These include:**

- death of a person that arose from, or was in connection with, a work activity\*
- an injury that arose from, or was in connection with, a work activity\* and the person is taken directly from the scene of the accident to hospital for treatment

**\*An accident “arises out of” or is “connected with a work activity” if it was caused by:**

- a failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- the way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- the condition of the premises (e.g. poorly maintained or slippery floors)

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](#)

All accidents and incidents will be reviewed to determine whether they indicate a safeguarding concern. Repeated incidents, unexplained injuries, or patterns of behaviour will be escalated to the DSL in line with safeguarding procedures.

Senior leaders will analyse patterns of incidents to inform strategic safeguarding and risk management.

## **21. First Aid Arrangements**

Storybrook School ensures that appropriate first aid provision is in place at all times, in accordance with statutory requirements and best practice guidance.

### **Named first aiders**

**The following staff are trained and qualified to provide first aid:**

- Natalie Lee - Paediatric First Aid / First Aid at Work
- Charlotte Linsell - Paediatric First Aid / Emergency First Aid at Work

**A current list of qualified first aiders is:**

- displayed prominently in the school office and staff areas
- included in the staff handbook
- reviewed regularly to ensure adequate cover at all times

**At least one qualified first aider will be present:**

- on-site during school hours
- on all off-site visits





## Location of first aid equipment

First aid kits are clearly labelled and located in the following areas:

- Main school office
- Staff room
- Classroom areas (where appropriate)
- Outdoor learning areas
- School vehicles / trip kits

All staff are informed of the locations of first aid equipment as part of induction.

## Responsibility and oversight

The Headteacher has overall responsibility for first aid provision.

Day-to-day oversight is delegated to:

**[Insert Name/Role - e.g. First Aid Lead]**

## Responsibilities include:

- maintaining and regularly checking first aid kits
- ensuring stock is replenished
- monitoring first aid incidents and records
- ensuring sufficient numbers of trained staff are in place
- arranging training and refresher courses

## First aid procedures

- All accidents and injuries will be dealt with promptly by a qualified first aider
- An accident record will be completed for all incidents requiring first aid
- Parents/carers will be informed of significant injuries on the same day
- Emergency services will be contacted where necessary

## Off-site visits

### For all off-site visits:

- a suitably stocked portable first aid kit will be taken
- at least one trained first aider will be present
- staff will have access to pupil medical information and emergency contacts

## Links to other policies

### This section should be read alongside:

- First Aid Policy
- Supporting Pupils with Medical Conditions Policy





- Risk Assessment Policy

## **22. Risk Assessment and Safeguarding**

### **Principles**

At Storybrook, risk assessment is a core safeguarding function and forms part of the school's commitment to ensuring that safeguarding remains the "golden thread" running through all aspects of practice.

In a specialist SEMH setting, risks to health and safety are often interconnected with pupils' social, emotional and mental health needs. Therefore, all risk assessments must consider:

- physical safety
- emotional wellbeing
- behavioural presentation
- contextual safeguarding risks

All staff understand that behaviour may be a form of communication and that heightened risk or repeated incidents may indicate unmet safeguarding needs.

Risk assessment is therefore not a standalone process, but part of a wider safeguarding system.

### **Aims of Risk Assessment**

**The purpose of risk assessment at Storybrook is to:**

- identify potential hazards to pupils, staff and others
- reduce the likelihood of harm occurring
- ensure appropriate control measures are in place
- support safe participation in all activities
- identify and respond to safeguarding concerns
- ensure that provision remains suitable for pupils with SEMH needs

### **Types of Risk Assessment**

**Risk assessments at Storybrook include, but are not limited to:**

#### **Whole-School Risk Assessments**

- Premises and site safety
- Fire safety
- Infection control
- Security and access

#### **Activity-Based Risk Assessments**

- Curriculum activities (including PE, outdoor learning, practical subjects)





- Off-site visits and educational trips
- Use of specialist equipment

### **Individual Pupil Risk Assessments**

- Behaviour risk assessments
- Positive handling plans
- Risk reduction plans linked to SEMH needs
- Transition risk assessments

### **These are informed by:**

- EHCPs
- behaviour records
- safeguarding information
- professional reports

### **Risk Assessment Process**

#### **All risk assessments follow a consistent process:**

1. Identify hazards - consider what could cause harm, including environmental, behavioural and safeguarding risks
2. Assess risk level - Evaluate likelihood and potential severity of harm
3. Identify control measures - Put in place proportionate actions to reduce risk
4. Record findings - Document risks, actions and responsible persons
5. Implement and communicate - Ensure all relevant staff understand and apply the risk assessment
6. Review and update - Regularly review and update based on changes, incidents or new information

### **Safeguarding Integration**

All risk assessments must be considered through a safeguarding lens.

#### **This includes:**

- recognising that patterns of behaviour (e.g. aggression, withdrawal, absconding) may indicate safeguarding concerns
- identifying contextual risks outside of school (e.g. family circumstances, online safety, peer relationships)
- ensuring that any concerns are shared with the Designated Safeguarding Lead (DSL)

#### **Where a risk assessment identifies or raises safeguarding concerns:**

- the DSL must be informed without delay





- the concern will be recorded in line with safeguarding procedures
- appropriate action will be taken in accordance with the Safeguarding and Child Protection Policy

### **Behaviour and SEMH Considerations**

In line with the Behaviour and Relationships Policy, risk assessments must take account of:

- triggers for dysregulation
- known patterns of escalation
- sensory and environmental factors
- peer dynamics
- staff approaches required to support regulation

Where physical intervention may be required, this must be planned in line with the Use of Reasonable Force and Restrictive Interventions Policy.

### **Roles specific to risk assessment.**

#### **The Proprietor**

- Ensure appropriate health and safety and safeguarding systems are in place
- Monitor effectiveness of risk assessment processes

#### **Headteacher (DSL)**

- Overall responsibility for risk assessment and safeguarding integration
- Ensure staff are trained and processes are implemented consistently

#### **Staff**

- Follow risk assessments and implement control measures
- Contribute to risk identification
- report concerns, incidents or changes immediately
- understand that safeguarding is everyone's responsibility

### **Recording and Storage**

- All risk assessments are recorded in a clear and accessible format
- Individual pupil risk assessments are stored securely in line with data protection requirements
- Relevant staff are given access to risk assessments required for their role
- Updates are recorded promptly

### **Monitoring and Review**

#### **Risk assessments are:**

Date Last Reviewed: 29.04.2026 | Scheduled Review Date: 29.04.2027  
Review By: R. Burbridge and R. Sherwood





- reviewed regularly (at least termly for individual plans)
- reviewed immediately following any incident or near miss
- updated where there are changes to a pupil's needs, environment or provision

#### **Senior leaders monitor patterns of incidents to ensure that:**

- risks are being effectively managed
- safeguarding concerns are identified early
- provision remains safe and appropriate

#### **Links to Other Policies**

#### **This section should be read in conjunction with:**

- Safeguarding and Child Protection Policy
- Behaviour and Relationships Policy
- Use of Reasonable Force and Restrictive Interventions Policy
- SEND and SEMH Policies
- Educational Visits Policy

#### **Summary**

At Storybrook, risk assessment is a dynamic and ongoing process that supports both safety and safeguarding. By integrating risk assessment with safeguarding practice, the school ensures that all pupils are supported within a safe, responsive and protective environment.

### **23. Training**

The school is committed to ensuring that all staff are competent to carry out their roles safely and in accordance with health and safety requirements.

#### **Induction training**

**All staff will receive health and safety training as part of their induction, which will include:**

- key health and safety responsibilities
- emergency procedures (including fire evacuation)
- safeguarding and behaviour-related risk (in line with SEMH context)
- reporting procedures for accidents, incidents and hazards
- location of first aid equipment and identification of first aiders

Induction training will be completed before staff begin working unsupervised.

#### **Ongoing training**

**Health and safety training will be:**

- refreshed regularly, in line with statutory requirements and best practice





- updated in response to changes in legislation, guidance or school procedures
- provided following incidents or identified risks, where additional training is required

### **Role-specific training**

**Additional training will be provided for staff based on their roles and responsibilities. This may include:**

- First Aid (including Paediatric First Aid where required)
- Fire safety and fire warden training
- Manual handling
- COSHH and safe handling of hazardous substances
- Working at height
- Use of specialist equipment
- Behaviour support, de-escalation and restrictive intervention (SEMH context)

### **Monitoring and record keeping**

The school will maintain a central training record which includes:

- staff training completed
- dates of training and renewal requirements
- expiry dates for certifications

**This record will be:**

- reviewed regularly by the Headteacher (or delegated lead)
- used to ensure that training remains current and compliant

### **Responsibilities**

- The Headteacher is responsible for ensuring that staff receive appropriate health and safety training
- The Proprietor maintains oversight of training compliance
- Staff are responsible for:
  - attending required training
  - applying training in practice
  - informing leaders if they feel additional training is needed

### **Evaluation of effectiveness**

**The effectiveness of training will be evaluated through:**

- monitoring of incidents and near misses
- staff feedback





- observations of practice
- audit and inspection findings

Where gaps in knowledge or practice are identified, further training or support will be provided.

## **24. Monitoring**

### **Monitoring and Review**

The school is committed to actively monitoring the effectiveness of its health and safety arrangements to ensure ongoing compliance and continuous improvement.

### **Ongoing monitoring**

#### **Health and safety performance will be monitored through:**

- regular site inspections conducted by the Headteacher and/or Site Manager
- termly health and safety audits to review compliance with procedures and risk assessments
- **review** of accident and incident records to identify patterns, trends and areas of concern
- monitoring of behaviour and safeguarding incidents where these present health and safety risks
- checks on equipment, premises and safety systems (e.g. fire alarms, emergency lighting, first aid provision)
- staff feedback and reporting, including raising concerns or near misses

#### **Findings from monitoring activities will be:**

- recorded
- reviewed by senior leaders
- used to inform improvements to practice, training and risk management

### **Roles and responsibilities**

- The Headteacher is responsible for overseeing monitoring arrangements and ensuring actions are implemented
- The Proprietor maintains strategic oversight and receives reports on health and safety performance
- All staff are responsible for reporting hazards, incidents and concerns promptly

### **Policy review**

#### **This policy will be formally reviewed:**

- annually, or sooner if required
- following any:
- significant incident or accident





- change in legislation or guidance
- change in school operations or environment
- identified weaknesses in practice

The review will be carried out by the Headteacher and approved by the Proprietor.

### **Record keeping**

Records of monitoring activities (e.g. audits, inspections, incident analysis) will be:

- maintained securely
- available for inspection
- used as evidence of compliance and continuous improvement

### **25. Links with other policies**

**This health and safety policy links to the following policies:**

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Emergency or critical incident plan
- Fire Safety Policy





**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	
<b>Incident details</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>Action taken</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
<b>Follow-up action required</b>			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
Name of person attending the incident			
Signature		Date	





**Appendix 3. Asbestos record**

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment





#### **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 the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some ‘dos and don’ts’ to follow that you can check.

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>
<b>Athlete’s foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<p>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.</p> <p>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.</p>
<b>Cold sores</b>	None.
<b>Respiratory infections including coronavirus (COVID-19)</b>	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	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.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	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.





<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	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 a factsheet to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<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 adviser 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>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	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.





<b>Food poisoning</b>	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).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	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.
<b>Whooping cough (pertussis)</b>	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.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	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.
<b>Hepatitis B</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.
<b>Hepatitis C</b>	None.





<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.

