CARLTON
ACADEMY TRUST

Health and Safety Policy

Approved on Behalf of Trustees	**Gareth Logan**
Date	**September 2026**
Next Review:	**September 2027**

Glossary

ACOO	Assistant Chief Operating Officer
CEO:	Trust Chief Executive Officer
COO:	Chief Operating Officer
DOS:	Trust Director of Safeguarding
EYFS:	Early Years Foundation Stage
HOS:	Head of School
HSE:	Health and Safety Executive
LADO:	Local Authority Designated Officer
Parents:	Umbrella term also including carers and legal guardians
PPE	Personal Protective Equipment

Section One: Aims and Responsibilities

Aims

CAT recognises its responsibility as an employer to ensure the safety, health, and welfare of all who visit and operate within their sites. The trust promotes a culture where health and safety are openly discussed to continually improve working conditions. All employees must adhere to these values and fulfil statutory health and safety duties.
Through this we aim to:

- Reduce the number of near misses and accidents.
- Reduce the incidence of work-related ill-health absence.
- Reduce the incidence of legal actions and enforcement notices.
- Encourage reporting of minor incidents and near misses.

Responsibilities

Trustees
Have overall responsibility for health and safety and must take reasonable steps to ensure the safety of all visiting trust sites.

CEO
The CEO has overall operational responsibility for health and safety. The responsibility for daily operational practice is delegated to the COO, ACOO, and HOS.

COO
Has delegated responsibility for health and safety across all sites, acting as the 'Competent Person' as required by the Management of Health and Safety at Work regulations. Responsibilities include:

- Development and implementation of health and safety procedures.
- Assisting schools to meet statutory health and safety compliance.
- Advising on any matter relating to health and safety.
- Ensuring all staff are aware of and understand their health and safety responsibilities.
- Assessing risks and developing safety measures to eliminate, avoid or manage these, effectively communicating these to relevant personnel.
- Provision of relevant and effective training.

ACOO

- Assists the COO in completing duties delegated to them.

HOS

- Promote a positive culture of health and safety ensuring all using or visiting the school comply with this trust policy and procedures.
- Informing the COO/ACOO without undue delay of any health and safety risks.
- Ensuring effective fire evacuation procedures are held taking place at least once per term.
- Ensure that staff access appropriate health and safety training.

Site Supervisors

Are initial points of contact for health and safety in schools. Duties include:

- Ensuring the school is safe with any risks managed without undue delay, escalating to the HOS or COO/ACOO as appropriate.
- Complete and record weekly legionella flushing in accordance with the legionella risk assessment.
- Complete and record weekly testing of the school fire alarm, monthly inspection of firefighting equipment and fire doors.
- Complete and record monthly inspections of emergency lighting.
- Complete monthly inspections on any lifting/manual handling/working at height equipment, ensuring it remains safe for use.
- In liaison with the ACOO, ensure that all statutory compliance inspections are scheduled as required.
- Manage and control site access for contractors ensuring they comply with all relevant health and safety requirements (read and understand the site asbestos management plan; complete site access permits, provide risk assessments and method statements).

Staff

All staff must follow trust policy and procedures, taking reasonable care for their own health and safety and the safety of others, including:

- Leaving classrooms/work areas/sites in a tidy and safe condition.
- Follow safe and hygienic working practices and use of equipment, modelling these to students.
- Be aware of emergency evacuation procedures and be confident in following them.
- Reporting unsafe practice, equipment or conditions to HOS or Site Supervisors, equipment or conditions without undue delay.
- Follow accident reporting procedures.
- Inform the suitable person (HOS; Educational Visits Coordinator, etc) of any flaws in risk assessments.

Contractors

Procedures are agreed in advance with contractors. These include risk assessments and method statements which must be approved prior to commencement of work.

Section Two: Reporting, Risk Assessments, Training, Review

An accident report form must be completed without delay following an incident by the member of staff either witnessing or attending the incident. Records are retained by the school/trust for at least three years before secure disposal.

HSE Reporting

The following must be reported to the HSE:

- Death.
- Fractures (Not fingers, thumbs, or 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.
- Any scalping requiring hospital treatment.
- Loss of consciousness (head injury or asphyxia).
- Other injury arising from working in an enclosed space leading to hypothermia, heat-induced illness, resuscitation, admittance to hospital for more than 24 hours.
- Injuries where an employee is absent or unable to perform normal work duties for more than seven consecutive working days.
- Accident leading to someone being taken to hospital.
- Near-misses that do not result in an injury but may reasonably have led to one.

Where a reportable incident occurs, the HOS must immediately inform the ACOO, who will report to the HSE without undue delay (always within the 15-day statutory limit).

Parents must be informed of all but the most minor accidents involving their child, with schools applying their own judgement according to the age and developmental stage of the child, home circumstances or other relevant individual factors. The HOS should be consulted where there is doubt. Parents should ideally be informed by telephone but may be contacted by other methods when this is not possible.

The DOS must notify the LADO and Ofsted of any serious accident, injury, or death involving an EYFS student. Reports must be made without delay, and no later than 14 days following the incident.

Review

The Trust will conduct ongoing monitoring and analysis of near misses and accidents to detect emergent issues and help improve health and safety practice across all Trust sites. An annual health and safety report will be presented to Trustees, with any issues presented and discussed as they arise.

Risk Assessments

Any activity that may place a person at risk of injury or ill health should be risk-assessed, with appropriate measures put in place. The COO or ACOO can advise where required.

Training

Staff are provided with appropriate ongoing health and safety training relevant to role. Those working in high-risk environments, such as Science or Design Technology are provided with additional training. The trust encourages all staff who feel they have a training need to inform their HOS accordingly.

Section Three: Managing Individual Risks

Animals

When keeping animals in school staff must:

- Seek advice on animal welfare and the suitability of the animal being kept in school.
- Wash hands before and after handling.
- Keep living areas clean and away from food areas.
- Dispose of waste regularly and keep litter boxes away from children.
- Supervise children during handling.

Asbestos Management

- Ensure asbestos management plans are complete, regularly reviewed and shared with contractors.
- Retaining accurate records of the location of asbestos informing staff, contractors, and other relevant parties of its location.
- Take appropriate action if it has been disturbed/suspected to have been disturbed.

Body Fluid Spillages

Spillages of body fluids (blood, faeces, saliva, vomit, nasal, eye discharge, etc) should be cleaned immediately using PPE. A cleaning product must be used that combines detergent and disinfectant which is effective against bacteria and viruses. Mops must never be used, and disposable towels used instead.

Clinical Waste

- Segregate clinical from other waste.
- Used nappies/pads/gloves/aprons/soiled dressings should be disposed of in correct clinical waste bags in foot-operated bins.
- Remove clinical waste bags when they are two-thirds full and store in a medical waste bin before collection by a registered contractor.

Coughing and Sneezing

Staff and students should always cover their mouth and nose with a tissue when coughing or sneezing and wash their hands thoroughly after using or disposing of tissues.

Display Screen Equipment

Where staff use a screen for continuous spells of more than an hour, they may request a Display Screen Equipment assessment to evaluate the risks associated with use.

Educational Visits

All visits must be approved by the HOS. Residential or overseas trips also require approval from trustees following advice from the COO or ACOO.

Visits must be appropriately staffed according to statutory staff-pupil ratios. One member of staff has overall responsibility, who must ensure that:

- A risk assessment is completed.
- Consent forms and emergency contact details have been received from all parents.
- Details of all relevant student medical conditions have been collected and provided for.
- A portable first aid kit and school mobile phone is taken on the visit in case of emergencies.
- There is at least one first-aid trained member of staff accompanying the visit with at least a ratio of one first aider per one hundred attendees. When EYFS students are attending, at least one first aider must have a current Paediatric First Aid Certificate.

Electrical Equipment

Staff must ensure they use and handle electrical equipment in a safe manner. This includes a pre-use visual check and where defects are found equipment must not be used until repaired.

Any students using electrical equipment must always do so under staff supervision.

Equipment should never be used with wet hands or in wet/damp conditions.

Permanently installed electrical equipment must be connected through a dedicated isolator switch that is adequately earthed and clearly marked to indicate to which machine it belongs.

Suitably qualified personnel must complete the installation, maintenance, repair, or disconnection of electrical equipment, with suitably qualified personnel completing annual PAT (Portable Appliance) Testing and checks of plugs and sockets.

Staff must not bring personal electrical equipment into schools without prior approval and suitable checks being made to ensure they can be installed and operated in a safe manner.

Fire Safety

Fire risk assessments are reviewed annually, with practice evacuations held at least termly, and alarm tested at least once per week. Emergency exits, assembly points, and assembly point instructions must be clearly identified by signs and notices.

All staff and students must be familiar with evacuation procedures, which includes a practice walk-through of evacuation procedures.

Should a fire occur:

- The alarm must immediately be sounded, and evacuation procedures commenced.
- Call 999 and request the attendance of the fire brigade (and other emergency services where required).
- Briskly and calmly evacuate the building, moving people to their allotted assembly points. All schools must have special arrangements in place for the evacuation of people with mobility or other needs.

- Fire Wardens to check rooms in their allocated areas to ensure a full evacuation.
- Registers taken at assembly points to establish if anyone is missing.
- Only return to buildings when deemed safe by the senior leader in charge of the evacuation.

Fire extinguishers should only be used by staff who are confident they can be used without putting themselves or others at risk.

First Aid

It is the responsibility of each school to ensure they have adequate first-aid facilities in accordance with statutory requirements. Only staff with recognised relevant qualifications should administer first aid, except for emergencies. The school office must retain a list of first aiders, who are issued with a portable first aid kit which should be always kept close by and easily accessible.

Fitness Suites

Staff may use trust fitness equipment providing they have completed a full safety induction. Staff with underlying health conditions are strongly advised to seek guidance and advice from a GP prior to commencing any exercise programme. For safety reasons, it is recommended that staff are not alone when using facilities.

Gas Safety

The installation, maintenance or repair of gas appliances and fittings must only be completed by suitably qualified gas engineers. Pipework, appliances, and flues must be regularly maintained, with all rooms with gas appliances checked for adequate ventilation.

Hazardous Substances

Hazardous substances include:

- Chemicals and 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 COO or ACOO and circulated to all employees who work with hazardous substances. Staff will also be provided with suitable protective equipment, where necessary. Third-party facilities management/cleaning providers are responsible for maintaining COSHH risk assessments for areas under their responsibility, which are checked by the COO or ACOO.

Staff must use, store, and dispose of hazardous products in accordance with manufacturers guidelines, using original containers with clear labelling and product

information. Procedures for spillages and emergencies must also be displayed near where these products are stored and used.

Health and Well-Being

Staff with concerns about their working environment or general site safety should inform the HOS, COO, or ACOO without delay.

Handwashing

Always wash hands after using the toilet, before eating, handling food or animals. Wash hands with liquid soap and warm water, drying with paper towels or hand dryers. Cover all cuts and abrasions with waterproof dressings.

Laundry

Soiled linen must be washed separately at the hottest wash the fabric will tolerate. It should never be washed by hand. Staff should wear PPE when handling soiled items, with soiled clothing sent home in plastic bags or similar.

Legionella

The ACOO is responsible for ensuring compliance with statutory legionella testing at all sites. This includes recording the regular flushing from each water outlet. This is except where this is the responsibility of third-party facilities management contractors. Risk assessments must be reviewed when significant changes have been made to the water system or building.

Lettings

Schools must ensure the following with all parties' letting school premises or parts of school premises:

- All access and exit routes are clearly identified, safe, and evacuation procedures are fully understood.
- Hirers are familiar with how to safely use equipment, with safety procedures clearly displayed.
- A staff member is available should there be any immediate issues that require assistance or attention.

Lifts and Hoists

All lifts and hoists are inspected by a suitably qualified engineer at least every six months. They are also inspected by a qualified Insurance Assessor as part of LOLER regulations.

Lone Working

Those working alone are responsible for ensuring that they are medically fit to do so. Potentially dangerous activities, such as working at height, should not be undertaken when working alone, and wherever possible postponed until others are available to assist.

Staff should make family members, friends, or colleagues aware of where they are and time of likely departure from work.

Machinery

All machinery must be checked on delivery to ensure that it is appropriate for use in educational settings. It must be maintained in accordance with manufacturers guidance and appropriately stored with labels indicating contents and associated hazards.

Manual Handling

Staff should ask for assistance when carrying large or heavy items, or if they feel moving an object would worsen an existing condition. The school must ensure that proper mechanical aids and lifting equipment are available, and that staff are trained in how to safely use them.

Staff must:

- 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 most direct route that is clear from obstructions and route is as flat as possible, ensuring the area where you plan to move is clear.
- When lifting, bend your knees, keep your back straight, with feet apart and angled out. Ensure the load is held firmly close to the body. Lift smoothly and slowly, avoiding twisting, stretching, and reaching.

Medicines

Medication should only be administered by nominated and trained staff with parental consent. They must be kept in a locked cupboard, excepting asthma inhalers and EpiPens which may be carried by a child providing they have parental consent.

PE Equipment

PE staff must pro-actively check all activity areas and equipment prior to use to ensure they are safe and ensure that students carry or set up equipment in an appropriate and safe manner. Any concerns about the condition of a PE area or facility must be reported to the HOS or Site Manager without delay.

Playground Equipment

Specialist contractors conduct annual inspections of playground equipment, while staff should make visual inspections prior to every use. Any defective equipment must be removed and reported to the HOS or Site Manager without delay.

Appropriate supervision must be always maintained while equipment is in use.

PPE

Staff must wear disposable non-powdered vinyl or latex-free CE-marked gloves and plastic aprons where there is a risk of splashing or contamination with blood or body fluids, such as nappy or pad changing. Goggles should be worn if there is a risk of splashing.

The correct PPE must always be worn when using chemicals for cleaning.

Pregnancy

Risk assessments must be made for all pregnant staff which will consider measures to control possible risks such as chickenpox, rubella, and slapped cheek/parvovirus B19.

Slips, Trips and Falls

Staff identifying a potential slip, trip or fall hazard, should where possible remove or eliminate the risk then report to the HOS or Site Manager, as appropriate without delay.

Smoking and Vaping

Smoking, vaping, or the use of electronic cigarettes are not permitted at any trust site.

Snow and Ice

Site facilities teams will make their best efforts to ensure paths and entrances are cleared and maintained in a safe condition. Staff are advised to wear appropriate footwear to reduce the chances of slips or falls.

Vehicles

Drivers of trust vehicles must hold an appropriate licence. Minibus drivers must have passed the MIDAS minibus driver training or similar. Annual licence checks are made to monitor driving endorsements in accordance with insurance requirements. It is the responsibility of employees to inform the trust of any relevant driving endorsements without undue delay.

Requirements for being able to drive Trust vehicles (less the Tractor) / attend the Minibus MIDAS course are as follows:

- Must be over 21
- Must have held a driving licence for over 2 years
- Must not have over 6 points on their driving licence

Annual licence checks are made to monitor driving endorsements in accordance with insurance requirements. It is the responsibility of employees to inform the trust of any relevant driving endorsements without undue delay.

Violence at Work

The trust does not tolerate any violent or threatening behaviour. Any incident should be reported to the HOS or CEO (as appropriate) without delay. Where the complaint involves the HOS, it should be directed to the CEO, and if it involves the CEO, it should be directed to the Chair of Trustees.

Wheelchairs/Specialist Equipment

Parents are responsible for the maintenance and safety of their child's wheelchair or other similar specialist equipment.

Working at Height

Staff working at height must only do so after completing 'Working at Height' training, adhering to the following guidelines:

- Use appropriate equipment provided such (ladders, step ladders, kick stools, etc).
- Conduct a thorough visual inspection prior to using ladders to ensure they are safe to use.
- Wear flat shoes and appropriate clothing.
- Never over-reach or use the platform on step ladders.
- Never climb or stand on furniture.
- Not access high levels such as roofs.
- Display warning signs/barriers if their presence might cause a hazard or risk to themselves or others.
- Seek assistance if a task is too difficult to complete alone.
- Never let students use ladders.

Appendix 1: Recommended Absence Periods (Public Health England) for Preventing the Spread of Infection

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)	Children or 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. 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. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
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 if 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 five, 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 (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Appendix 2: 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 3: Accident Report Form

Name of injured person		**Role/class**	
Date and time of incident		**Location of incident**	
Incident details: (What happened, how it happened, what injuries incurred)			
Action taken: (Actions taken in response to incident including any first aid treatment, what actions taken to injured person afterwards)			
Follow-up action required: (What actions school will take to check up on the injured person, what it will do to reduce risk of incident happening again)			
Name of person attending the incident			
Signature		**Date**	