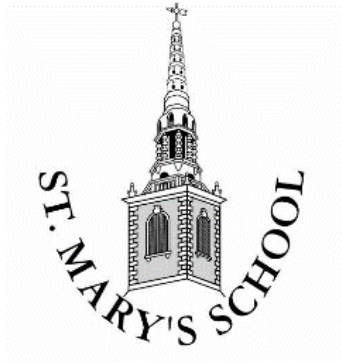




Health and Safety Policy (including First Aid)

Policy Agreed: 23rd September 2026

Review date: Autumn 2027

(Interim) Executive Head Teacher: Anthony David

Chair of Governors: Rebecca Shilling

We believe that everyone is precious and loved by God. We aspire to let our light shine in all that we do. We nurture and empower one another to flourish. Together we shine in our world by showing compassion and by serving others. Let God's light shine through us.

Our calling

"I have come that they may have life, and have it to the full." (John 10:10)

Care for the body and protection from harm are part of how we honour the dignity of every person at St Mary's. This policy sets out how we keep our pupils, staff, families and visitors safe - the legal duties we discharge, the practical arrangements we operate, and the response we offer when something goes wrong.

Status of this document

The Health and Safety at Work etc Act 1974 requires every employer with five or more employees to have a written health and safety policy. This policy fulfils that statutory requirement. It applies to every member of the school community in any setting connected to the school: pupils, staff, governors, contractors, volunteers, visitors, and family members on school premises or at school events.

1. Statement of Intent and Principles

St Mary's is a Church of England primary school. Our vision is rooted in the words of Jesus: "I have come that they may have life, and have it to the full" (John 10:10). Health and safety is part of what it means to honour the dignity of every person who comes into our school. Children cannot flourish in fear of harm; staff cannot teach well in unsafe conditions; families trust us with their most precious people. We take that trust seriously.

*"Above all else, guard your heart, for everything you do flows from it."
(Proverbs 4:23)*

The Governing Body and the Headteacher of St Mary's are committed to providing a safe and healthy environment for all pupils, staff, families and visitors. We comply fully with the Health and Safety at Work etc Act 1974, the Management of Health and Safety at Work Regulations 1999, and all related legislation. We hold ourselves to a higher standard than legal compliance alone: we aim for a culture in which safety is everyone's responsibility, hazards are reported promptly, near-misses are learned from, and the welfare of every person is genuinely prioritised.

1.1 Our six principles

1. Safety is part of pastoral care.

Keeping children safe from physical harm is part of the same calling as keeping them safe from emotional, educational, or spiritual harm. We do not treat health and safety as a separate compliance domain; it is part of who we are.

2. Risk assessment is the foundation.

We do not aim for zero risk - a school cannot function on those terms. We aim for risks that are identified, understood, and reduced to a level that is reasonably practicable, with arrangements that work in practice.

3. Everyone has a role.

Health and safety is not the Business Manager's job alone, or the Headteacher's, or the Governing Body's. It is everyone's. Pupils learn to keep themselves and each other safe; staff act on hazards they see; visitors are oriented and supported.

4. Reporting matters.

Accidents, near-misses, hazards, and concerns are reported promptly. We learn from them. We do not blame or punish honest reporting; we welcome it.

5. First aid is everyone's knowledge.

While trained first aiders lead our response, every member of staff knows the basics: who to call, where to go, what to do until help arrives. The minutes after an incident are when knowledge saves lives.

6. We learn and we improve.

Our practice is reviewed regularly. After every significant incident we ask what we can learn. Our policies and procedures change in response, not in spite, of experience.

2. Status, Scope and Related Documents

2.1 Status

This policy is approved by the Governing Body of St Mary's CofE Primary School. It fulfils the duty under s.2(3) of the Health and Safety at Work etc Act 1974 (every employer with five or more employees must have a written health and safety policy). It is reviewed annually, and sooner where statutory change, operational change, or incident learning requires.

2.2 Who and what this policy covers

- All pupils on roll at St Mary's, including pupils in our Nursery, Reception classes and KS1–KS2
- All staff; teaching, support, office, premises, lunchtime, breakfast and after-school
- All governors, trustees, contractors, suppliers
- All volunteers, peripatetic providers, visitors, parents on site
- All school premises and grounds
- All school activities on and off site, including educational visits and residential trips
- Wraparound care provided by or under contract with the school
- Lettings and use of the premises by external users (covered under separate Letting arrangements but with H&S obligations)

2.3 Related documents

- Child Protection and Safeguarding Policy
- Educational Visits Policy and Risk Assessments

- Behaviour Policy
- SEND Policy
- Mental Health and Wellbeing Policy
- Supporting Pupils with Medical Conditions Policy and Individual Healthcare Plans
- Administering Medication Policy
- Allergen and Anaphylaxis Procedures
- Fire Safety Policy and Fire Risk Assessment
- Asbestos Management Plan and Asbestos Register
- Critical Incident Plan / Emergency Plan / Lockdown procedures
- Lone Working Policy
- Stress Risk Assessment and Wellbeing arrangements
- Lettings Policy
- Premises Inspection arrangements
- Equality, Race and Gender Policy (reasonable adjustments)
- Acceptable Use Agreements (electrical / IT safety)
- Data Protection Policy and Privacy Notices
- Whistleblowing Policy
- Disciplinary, Grievance and Capability Procedures
- DfE: Health and safety: responsibilities and duties for schools
- DfE: First aid in schools, early years and further education
- DfE: Automated external defibrillators (AEDs): a guide for maintained schools and academies
- HSE guidance - particularly L74 (First Aid ACOP), HSG65 (Managing for health and safety)
- LB Islington schools health and safety arrangements and reporting
- LDBS guidance for Voluntary Aided Church of England schools

3. Legal and Regulatory Framework

3.1 Principal legislation

- Health and Safety at Work etc Act 1974 - the foundational duty (ss.2, 3, 4, 7, 8): employers, employees, and persons in control of premises
- Management of Health and Safety at Work Regulations 1999 - risk assessment (Reg 3); arrangements (Reg 5); competent advice (Reg 7); training (Reg 13)
- Health and Safety (First Aid) Regulations 1981 - adequate and appropriate equipment, facilities, personnel
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Workplace (Health, Safety and Welfare) Regulations 1992 - physical environment
- Manual Handling Operations Regulations 1992
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Display Screen Equipment Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Regulatory Reform (Fire Safety) Order 2005
- Building Safety Act 2022
- Electricity at Work Regulations 1989

- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Control of Asbestos Regulations 2012
- Construction (Design and Management) Regulations 2015
- Equality Act 2010 - reasonable adjustments
- Children Act 1989, 2004; Children and Families Act 2014
- Education Act 2002, s.175
- Childcare Act 2006 and the EYFS Statutory Framework 2025
- Keeping Children Safe in Education 2026 (statutory from 1 September 2026)
- Worker Protection (Amendment of Equality Act 2010) Act 2023
- Terrorism (Protection of Premises) Act 2025 ('Martyn's Law'), where applicable

3.2 Statutory and departmental guidance

- DfE: 'Health and safety: responsibilities and duties for schools' (departmental advice)
- DfE: 'First aid in schools, early years and further education' (non-statutory advice; schools should have regard)
- DfE: 'Automated external defibrillators (AEDs): a guide for maintained schools and academies' (2023)
- DfE: 'Supporting pupils at school with medical conditions' (statutory)
- HSE: 'L74 First Aid Approved Code of Practice and Guidance'
- HSE: 'HSG65 Managing for health and safety'
- EYFS Statutory Framework 2025 - paediatric first aid requirements
- LB Islington schools health and safety guidance
- LDBS schools guidance

4. Roles and Responsibilities

4.1 The Local Authority (London Borough of Islington)

As employer of staff at maintained voluntary aided schools (where the LA is the employer) or as accountable for health and safety overall (depending on the precise structure for VA schools), Islington has overarching responsibilities. The LA delegates day-to-day management of health and safety to the Governing Body. The school works in partnership with the LA on technical matters (asbestos, fire, premises) and with shared services arrangements where they apply.

4.2 The Governing Body

The Governing Body has the lead local responsibility for health and safety at the school. Specifically the Governing Body:

- Approves this policy and reviews it annually
- Receives a termly report from the Headteacher / Business Manager on health and safety, including incidents, RIDDOR reports, near-misses, and improvement actions
- Designates a link Governor for health and safety - the Premises / Resources Committee Chair, or another named Governor

- Approves the annual budget for health and safety, including premises maintenance, training, equipment, and contractor costs
- Holds the Headteacher to account for the discharge of statutory duties
- Engages with the LA, LDBS, and external advisors on premises and safety

4.3 The Headteacher

The Headteacher has overall day-to-day responsibility for health and safety at the school. The Headteacher:

- Implements this policy
- Ensures arrangements are in place for risk assessment, training, first aid, fire safety, premises maintenance, and incident response
- Reports to the Governing Body each term and on specific incidents
- Engages with the Local Authority, HSE, fire authority, environmental health, public health, and other external bodies as required
- Authorises significant health and safety expenditure within the agreed budget
- Investigates serious incidents and ensures lessons are learned
- Ensures every member of staff understands their health and safety duties
- Acts as the primary point of contact in a critical incident, supported by the Critical Incident Plan

4.4 The School Business Manager

The School Business Manager typically holds the operational lead role for health and safety, working under the Headteacher's direction. The Business Manager:

- Maintains the risk assessment register
- Coordinates premises inspections, contractor management, fire safety arrangements, asbestos management, and the AED maintenance
- Maintains training records for first aiders, fire wardens, mental health first aiders and others
- Keeps the accident book and CPOMS / accident records, and submits RIDDOR reports
- Liaises with the LA, LDBS, contractors, and external H&S advisors
- Procures first aid supplies, signage, PPE, and other H&S equipment
- Ensures statutory inspections (gas, electrical, water hygiene, lifts, fire equipment, asbestos) are scheduled and completed
- Reports to the Headteacher on operational health and safety matters

4.5 The Caretaker / Site Manager

- Daily and weekly site checks for hazards
- Reactive maintenance - broken fixtures, slip/trip hazards, lighting
- Liaison with contractors on site
- Permit-to-work arrangements for high-risk contractor work
- Fire safety walks and identification of obstructions to means of escape
- Storage of cleaning materials and other COSHH substances safely

- Reporting of significant matters to the Business Manager and Headteacher

4.6 The Designated First Aider Lead

- Coordinates first aid arrangements across the school
- Ensures first aid kits are stocked and within date
- Maintains the list of first aiders and their certificate dates
- Coordinates first aid training and refresher arrangements
- Maintains the first aid record book / log
- Liaises with the SENCO on pupils with medical conditions and IHPs
- Reports to the Business Manager and Headteacher on first aid matters

4.7 All staff

Every member of staff has a duty under s.7 HSWA 1974 to take reasonable care of their own health and safety and that of others affected by their actions. At St Mary's this means:

- Following safe working practices and the procedures in this policy
- Reporting hazards, incidents, accidents, and near-misses promptly
- Cooperating with the school's health and safety arrangements
- Supporting safe behaviour by pupils — modelling, teaching, supervising
- Engaging with risk assessments relevant to their role
- Attending health and safety training as required
- Not interfering with anything provided in the interests of health and safety
- Using equipment, substances and PPE in accordance with training
- Following the Acceptable Use Agreement on technology and electrical safety
- Reporting any health condition that affects safe performance of their role

4.8 Pupils

- Listening to and following the safety instructions of staff
- Reporting hazards or worries to a trusted adult
- Treating equipment, fixtures and grounds with care
- Taking part in fire drills, lockdown drills, and other practice arrangements seriously
- Looking out for each other and reporting concerns about a friend
- Engaging with health education in the curriculum, including basic first aid in line with the statutory Health Education curriculum

4.9 Parents, contractors and visitors

- Following safety instructions when on the premises
- Signing in and following access arrangements
- Wearing visitor identification
- Telling the office about any condition that may affect their safe presence on site
- Reporting hazards they observe
- Contractors comply with their own H&S responsibilities and the school's contractor management arrangements (including DBS where required, RAMS, and permits-to-work for high-risk activities)

5. Risk Assessment

5.1 The principle

The foundation of health and safety

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires us to assess the risks to staff, pupils, and others affected by our activities. Risk assessment is the principal mechanism by which the school identifies hazards, considers controls, and reduces risk to a level that is reasonably practicable. We treat it as the foundation of everything else.

5.2 What we risk-assess

- The school premises and grounds (annual general risk assessment, plus specific assessments for known hazards)
- Curriculum activities with known risks (PE, swimming, science practical work, art / DT, food technology)
- Specific pupil needs (medical conditions, SEND-related risks, individual healthcare plans, intimate care, manual handling)
- Educational visits and residential trips (per the Educational Visits Policy)
- New or expectant mothers in the workforce
- Lone working
- Manual handling tasks
- Work equipment and machinery
- COSHH substances
- Display screen equipment for staff
- Specific events (school productions, fairs, sports days, parents' evenings, residential trips)
- Contractor activities on site
- Lettings activities
- Specific safeguarding-and-safety risks identified by the DSL

5.3 The process

1. Identify the hazards
2. Identify who could be harmed and how
3. Evaluate the risks and decide on controls
4. Record significant findings
5. Review and update regularly - at least annually, and sooner if circumstances change

5.4 Recording and review

- Risk assessments are written, dated, named, and signed off by the Headteacher or Business Manager
- They are accessible to staff in the relevant area
- They are reviewed at least annually

- They are reviewed sooner where: an incident has occurred; a near-miss has revealed an unrecognised hazard; the activity, premises or staffing have changed; new guidance has been issued
- Significant findings are communicated to the staff affected
- The risk assessment register is held centrally by the Business Manager

5.5 Specific assessments for individual pupils

Some pupils require specific risk assessment due to medical conditions, SEND, behaviour patterns, or other circumstances. The school works with families, the SENCO, the DSL, and (where relevant) external professionals to develop and maintain these assessments. They form part of the pupil's individual healthcare plan or behaviour support plan, as relevant. Section 12 of this policy addresses pupils with medical conditions.

6. First Aid

6.1 Our commitment

First aid at St Mary's

Accidents and illness happen in any school. Our first aid arrangements are designed so that, when they do, every member of our community receives prompt, competent, calm care - whether the matter is a grazed knee in the playground or a more serious incident requiring an ambulance. Trained first aiders lead our response; every member of staff knows what to do.

6.2 Legal framework

Our first aid arrangements comply with:

- Health and Safety (First-Aid) Regulations 1981 - the principal regulations
- HSE Approved Code of Practice and Guidance L74
- DfE: 'First aid in schools, early years and further education' (non-statutory advice)
- EYFS Statutory Framework 2025 - paediatric first aid (PFA) requirements
- DfE: 'Automated external defibrillators (AEDs): a guide for maintained schools and academies' (2023)
- Statutory Health Education curriculum requirements (since September 2020) - basic first aid taught in primary; CPR and AED purpose taught in secondary

6.3 First aid needs assessment

The school has carried out a first aid needs assessment. This considers:

- The number of pupils, staff, and regular visitors on site
- The age range of pupils - including the EYFS PFA requirement
- The nature of activities undertaken (e.g. PE, swimming off-site, science, art / DT)
- The history of accidents and incidents at the school
- Specific pupils with medical conditions and individual healthcare plans

- Working hours, including breakfast club, after-school club, and out-of-hours events
- Spread of the school site, including outdoor areas, multiple buildings, and any off-site provision
- Adequacy of access to emergency services from our location

The needs assessment is reviewed annually and informs the number and distribution of first aiders, the location of first aid kits and AEDs, and the training that staff receive.

6.4 First aid personnel

6.4.1 First aiders - numbers and types

First aid role	What this is and where we have them
Paediatric First Aider (PFA)	12-hour course (typically 2 days), full PFA. Required by the EYFS Statutory Framework 2025: at least one person with a current PFA certificate must be on the premises at all times when EYFS children are present, and on outings. At St Mary's every member of EYFS staff (Nursery and Reception) holds either a full PFA or an Emergency PFA certificate. Lunchtime supervisors who support EYFS pupils also hold PFA where required.
Emergency Paediatric First Aider (EPFA)	6-hour course (typically 1 day). Recognised under EYFS where the staff member holds a relevant Level 2 or Level 3 qualification.
First Aid at Work (FAW)	18-hour course (3 days), HSE-approved. The senior first aid qualification. Held by [number] of staff at St Mary's, distributed across phases. (The school does not currently require First Aid at Work provision based on its first-aid needs assessment. This will be reviewed annually, or sooner if pupil numbers, medical needs, staffing, site arrangements or risk profile change.)
Emergency First Aid at Work (EFAW)	6-hour course (1 day), HSE-approved. Held by additional staff to ensure broad coverage.
Mental Health First Aiders	Trained in identifying and supporting mental health concerns. Held by named members of staff and signposted to pupils, parents and colleagues.

6.4.2 Selection of first aiders

All staff members are made aware that becoming a first aider is voluntary. When selecting first aiders, the school considers:

- Reliability and communication skills
- Aptitude and ability to absorb new knowledge and learn new skills
- Ability to cope with stressful and physically demanding emergency procedures
- Availability to respond immediately to an emergency

- Coverage across the school site and the school day, including breakfast and after-school provision

6.4.3 List of first aiders

The current list of first aiders is published in the school office, in the staff room, and on the staff intranet. The list shows the type of qualification, the certificate expiry date, and the location where each first aider normally works. The list is updated whenever certificates are renewed or staffing changes.

6.4.4 Refresher training

- PFA and FAW certificates are valid for 3 years
- EPFA and EFAW certificates are valid for 3 years
- HSE recommends annual refresher training (1 day) to keep skills current; this is offered to all first aiders
- Training records are maintained by the Business Manager
- Renewal is scheduled before expiry to avoid lapsed certificates

6.5 First aid equipment

6.5.1 First aid kits - contents and location

The school maintains first aid kits at the following locations:

- School office (main kit, with backup supplies)
- Each classroom area / phase base (KS1, KS2, EYFS)
- Staff room
- Hall / kitchen area
- Playground (portable kit)
- Off-site trip kit (taken on every educational visit)

The HSE does not mandate specific contents; contents are based on the school's needs assessment. Typical contents include:

- Disposable gloves (multiple pairs, including non-latex)
- Adhesive plasters in assorted sizes (hypoallergenic)
- Sterile dressings (small, medium and large)
- Eye pads
- Triangular bandages
- Crepe bandages
- Safety pins
- Scissors and tweezers
- Disposable face shields / pocket masks for CPR
- Foil blanket
- Saline / sterile water for eye irrigation
- Cleaning wipes (alcohol-free)
- Resealable plastic bags for clinical waste
- First aid guidance leaflet
- Accident record book / form

Important: medications are NOT kept in first aid kits.

Aspirin, paracetamol, ibuprofen and similar medicines are not held in first aid kits. Pupils' prescribed medication is stored separately in line with the Administering Medication Policy. Where pupils have specific emergency medication (auto-injector for anaphylaxis, salbutamol inhalers, rescue medication for epilepsy), this is held in line with the pupil's individual healthcare plan.

6.5.2 Maintenance

- First aid kits are checked monthly by the Designated First Aider Lead
- Items past their expiry date are replaced
- Used items are restocked promptly after each incident
- Records of checks are maintained
- Off-site kits are checked before every trip

6.6 Automated External Defibrillator (AED)

DfE-supplied AED

Following the DfE programme (2023), every state-funded school in England has been provided with at least one defibrillator. St Mary's holds at least one AED on site. Sudden cardiac arrest is rare in primary children but can occur, and an AED can also be used on adults (staff, parents, visitors) if needed. Survival from sudden cardiac arrest decreases by approximately 7-10% for every minute without defibrillation; quick access to an AED matters.

6.6.1 Location and access

- The AED is located in the main office clearly signposted and accessible
- AED location is included in the staff induction
- The AED is registered on The Circuit (the national defibrillator network), making it visible to ambulance services

6.6.2 Maintenance

- The AED is checked weekly by Lauren Jones for indicator status (battery, pads, readiness)
- Pads are replaced before their expiry date (typically 2-5 years depending on the model)
- The battery is replaced before expiry (typically 2-5 years)
- Records of checks and replacements are maintained
- The school follows the manufacturer's maintenance instructions
- A pre-incident routine check forms part of the daily site walk

6.6.3 Use

- AEDs are designed for use by anyone, including those without specific training; they provide voice instructions
- First aiders at St Mary's receive AED familiarisation as part of their training, including refresher training
- In an emergency, any adult may use the AED following its voice prompts
- After use, the AED is reported to the supplier / DfE for restocking and assessment, and the incident is debriefed and recorded
- Pediatric pads (for children under 8 / under 25kg) are held with the AED for our age group

6.7 First aid procedures

6.7.1 When a child or adult is injured or taken ill

6. The first member of staff on the scene assesses the situation and, if necessary, summons a first aider via the office or by sending another adult
7. The first aider responds, brings the relevant kit, and assesses the casualty
8. For minor injuries (small grazes, bumps, mild illness): first aid is administered; the incident is recorded in the accident book; the parent is informed at pickup or by phone if appropriate
9. For more significant injuries or illness (head injuries, suspected fractures, breathing difficulties, allergic reaction, persistent vomiting, loss of consciousness): the first aider summons additional support; the office is informed; the parent is contacted; medical advice is sought (NHS 111 or 999 as appropriate)
10. For serious or life-threatening incidents: 999 is called immediately; CPR or AED is initiated as required; the parent is contacted; the Headteacher or DDH is informed; preparation is made for ambulance arrival (clear access, someone to meet them at the gate)
11. After any significant incident: a written report is completed; the Headteacher reviews; learning is identified; if RIDDOR-reportable, the report is made (Section 21)

6.7.2 Head injuries

Head injuries — the rule

Every head injury, however minor it appears, is recorded and the parent is notified the same day. A head bump letter is sent home with the child explaining what to watch for. For any head injury that involves loss of consciousness, vomiting, persistent dizziness, drowsiness, confusion, or significant pain, medical advice is sought and the parent is contacted to collect the child or to attend the school as soon as possible. Where any concern remains, 999 is called.

6.7.3 Calling 999

- 999 is called for any incident where: the casualty is unconscious or unresponsive; breathing is significantly affected; there is severe bleeding; suspected serious injury (spinal, head, fracture); chest pain or suspected cardiac event; severe allergic reaction; first aiders consider an ambulance is needed

- Once 999 is called, the office is informed immediately so that the gate can be opened and the ambulance directed in
- The casualty is not moved unless their position is dangerous to them
- CPR and / or AED are initiated as required
- A staff member stays with the casualty throughout
- Parents are contacted as soon as practicable
- If the child travels by ambulance, a member of staff accompanies them until a parent arrives, where reasonably practicable

6.8 First aid records

Records of first aid administered are maintained for every incident. The record includes:

- Date, time and place of the incident
- Name and class / role of the person treated
- Brief description of the injury / illness
- First aid given
- What happened immediately afterwards (e.g. returned to class, sent home, taken to hospital)
- Name and signature of the first aider / member of staff
- Whether the parent / carer was informed and how

First aid records are stored securely (CPOMS or designated paper log) and held in line with the Data Protection Policy and Data Retention Schedule. Records form part of the evidence base for the annual review of the first aid needs assessment.

7. Pupils with Medical Conditions

Statutory provision is in the school's 'Supporting Pupils with Medical Conditions' Policy and the Administering Medication Policy. Summary at St Mary's:

- Every pupil with a significant ongoing medical condition has an Individual Healthcare Plan (IHP) developed with the parents, the SENCO / school nurse, and (where relevant) the pupil's clinician
- IHPs cover triggers, symptoms, medication, emergency response, day-to-day adjustments, and arrangements for trips and PE
- Staff who work with the pupil are briefed on the IHP and trained where required (e.g. auto-injector training, asthma management, epilepsy training, diabetes management)
- Emergency medication is held in agreed locations - typically including the classroom and the school office - and accessible quickly when needed
- Inhalers - the school holds a generic salbutamol inhaler in line with current statutory provisions, available for emergency use by any pupil whose own inhaler is unavailable
- Auto-injectors - the school may hold a generic auto-injector for use by any pupil at risk of anaphylaxis whose own device is unavailable, in line with the Human Medicines (Amendment) Regulations 2017
- Where medication is administered, it is recorded - medication name, dose, time, by whom, witnessed where appropriate
- Confidentiality of medical information is observed in line with the Data Protection Policy

- Reasonable adjustments under the Equality Act are made to ensure pupils with medical conditions have full access to the life of the school

8. Allergies, Anaphylaxis and Asthma

8.1 Allergies

- Pupils with allergies are identified at admission and details kept on the school MIS, in the school office, and in the relevant classroom
- Photographs and emergency information are displayed in the kitchen for catering staff (in line with data protection arrangements with consent)
- Allergen awareness training is provided to staff working with allergic pupils, including catering and lunchtime staff
- Cross-contamination risks at mealtimes, snack times, and cookery activities are managed proactively
- Allergens commonly affecting our pupils are noted; the kitchen operates allergen control in line with the Food Information Regulations 2014
- Birthday treats and similar foods brought into school by parents are managed under the school's arrangements (typically: not distributed in class without prior agreement)

8.2 Anaphylaxis

Anaphylaxis is a medical emergency

If a pupil is showing signs of anaphylaxis - sudden swelling of face / lips / tongue, difficulty breathing, severe rash, sudden collapse - the auto-injector (the pupil's own, or the school's generic if necessary) is administered without delay. 999 is called. CPR is initiated if breathing stops. The pupil is kept lying flat with legs raised (or in the recovery position if unconscious). A second dose may be needed after 5-10 minutes if symptoms persist.

Specific arrangements:

- Pupils at risk of anaphylaxis have IHPs that name the trigger(s) and the response
- Auto-injectors are held in the medical cupboard in the office and are accessible quickly
- All staff working with the pupil are trained in auto-injector use
- After any administration, the pupil is taken to hospital by ambulance regardless of symptom resolution
- Patterns of incidents are reviewed; adjustments to provision are made where lessons emerge

8.3 Asthma

- Pupils with asthma have IHPs setting out triggers and management
- Inhalers are held by the pupil where age-appropriate, otherwise in the classroom or office, accessible quickly
- The school holds a generic salbutamol inhaler for emergency use
- Staff are trained to recognise an asthma attack and administer the inhaler

- Asthma is taken seriously in PE and outdoor activity, with appropriate adjustments and rest as needed
- Where an attack does not respond to inhaler use, 999 is called

9. Premises and Physical Environment

The school operates a programme of routine inspection and maintenance to ensure the premises are safe and fit for use. This includes:

- Daily premises walk by the Caretaker / Site Manager
- Weekly safety check by the Business Manager
- Termly governor monitoring visits
- Annual full premises inspection (often supported by the LA or external H&S advisor)
- Statutory inspections as required: gas (annual landlord's certificate); electrical (Electrical Installation Condition Report typically every 5 years; PAT testing for portable appliances at frequency determined by risk); water hygiene (Legionella) annually with monthly temperature checks; fire equipment annually plus weekly visual checks; lifts (where applicable, every 6 months); play equipment annually plus daily visual checks; trees on site annually
- Asbestos management plan reviewed annually (Section 11)
- Permits-to-work for high-risk contractor activity (e.g. roof work, hot works)
- Records of all inspections and statutory tests held centrally by the Business Manager
- Reasonable adjustments to the physical environment for disabled pupils, staff and visitors are addressed through the Accessibility Plan

10. Fire Safety

Detailed provision is in the Fire Safety Policy and the Fire Risk Assessment. Summary at St Mary's:

- A current Fire Risk Assessment is in place under the Regulatory Reform (Fire Safety) Order 2005, reviewed at least annually and after any significant change
- The Headteacher is the Responsible Person for fire safety; the Business Manager and Caretaker support day-to-day arrangements
- Fire wardens are designated and trained; their names are displayed
- Fire alarms are tested weekly (different point each week, recorded)
- Fire drills are held at least termly, including a drill at different times of day across the year (start, lunchtime, after school)
- Fire equipment (extinguishers, alarms, emergency lighting) is serviced annually by a competent contractor
- Means of escape are kept clear at all times; this is checked on the daily site walk
- PEEPs (Personal Emergency Evacuation Plans) are in place for any pupil, member of staff or regular visitor who would need additional support to evacuate
- Assembly point: far side of the key stage 2 playground; arrangements for accounting for everyone are practised in drills
- Fire signage and floor plans are displayed
- New staff and regular visitors are briefed on fire arrangements at induction
- After any drill or actual incident, a debrief is held and improvements are made

11. Asbestos

Asbestos in older school buildings

Many primary school buildings in London were constructed before 2000 and may contain asbestos. The Control of Asbestos Regulations 2012 places the duty to manage asbestos on the duty holder - in our case, the Governing Body. Asbestos in good condition that is not disturbed is not, of itself, a hazard - but it must be identified, mapped, monitored, and not disturbed without proper precautions.

- The school holds a current Asbestos Survey and Asbestos Management Plan, identifying any asbestos-containing materials in the building
- The Asbestos Register is reviewed annually
- Locations of asbestos-containing materials are known to the Caretaker, Business Manager, Headteacher, and any contractor working on the relevant area
- Before any work that may disturb the fabric of the building (drilling walls, lifting floors, accessing ceiling voids), the Asbestos Register is checked and the work is planned accordingly
- Contractors receive an asbestos awareness briefing where their work could engage asbestos
- Any damage to potential asbestos-containing materials is reported immediately, the area cordoned off, and specialist advice sought before re-occupation
- Staff and contractors do not pin, drill, or otherwise disturb walls, ceilings or floors without consulting the Caretaker / Business Manager

12. COSHH - Control of Substances Hazardous to Health

Substances hazardous to health on site at St Mary's typically include cleaning products, art / DT materials (some glues, paints), kitchen chemicals, and (occasionally) science demonstration materials. The school complies with COSHH 2002:

- Substances are assessed; safety data sheets (SDS) are held
- Storage is in locked cupboards inaccessible to pupils, in original or clearly labelled containers
- Use is by trained staff using the minimum quantity necessary, with appropriate PPE
- Substances are not transferred to unmarked containers (a particular spill / poisoning risk)
- Empty containers are disposed of safely
- Cleaning materials are stored separately from food and food preparation areas
- Pupils do not handle COSHH substances; cleaning by pupils is limited to safe activities (e.g. wiping with water)
- Spills are dealt with using documented procedures
- Where new substances are introduced, a fresh assessment is done before use

13. Manual Handling

- Manual handling tasks are assessed under the Manual Handling Operations Regulations 1992
- Staff are trained in safe lifting and handling, particularly those whose role involves regular lifting (e.g. EYFS staff lifting children where appropriate; site staff moving stock; staff supporting pupils with physical needs)
- Where lifting equipment is needed (e.g. hoists for pupils with significant physical needs), it is provided, maintained under LOLER, and staff are trained in its use
- Pupil-handling - for example, supporting an injured child or assisting an EYFS pupil — is undertaken with regard to manual handling principles and the dignity of the child
- Heavy items are not stored above shoulder height where this can be avoided
- Staff are encouraged to ask for help and not to lift beyond their safe capacity
- Where a member of staff has a manual handling-relevant condition (back injury, pregnancy), this is taken into account through individual risk assessment

14. Electrical Safety

- All fixed electrical installations are inspected periodically per the Electrical Installation Condition Report (typically 5-yearly for educational premises)
- Portable appliance testing (PAT) is carried out at frequencies determined by risk for school equipment
- Staff bringing personal electrical items (e.g. kettles, fans) into school require PAT before use; this is the default position and brought to the attention of staff at induction
- Damaged equipment is taken out of service immediately and reported to the Caretaker / Business Manager
- Trailing cables are avoided and cable management used where extension leads are necessary
- Electrical sockets accessible to pupils are protected
- Pupils are taught age-appropriate electrical safety
- IT equipment is governed by the school's Acceptable Use Agreement

15. Display Screen Equipment

- DSE assessments are offered to staff who use a screen as a significant part of their work - typically office staff, the Headteacher, the Business Manager, and senior leaders
- Adjustments are made where indicated - chair, screen height, lighting
- Eye and eyesight tests are offered as required by the DSE Regulations
- Reasonable adjustments are made for staff with relevant disabilities (e.g. visual impairment)

16. Slips, Trips and Falls

- The most common cause of injury in schools - prevention is a daily concern
- Spillages are dealt with promptly with appropriate signage during cleaning

- Floors are kept clear of obstacles; clutter is addressed
- Lighting is maintained throughout the premises; faulty lights are reported and replaced
- Stairs and changes in level have appropriate signage and markings
- Wet weather mats are deployed at entrances
- External paths are gritted in icy weather (where the school is responsible) and pupils are kept off slippery areas
- Trip hazards on the playground (cracked tarmac, raised paving) are reported and addressed
- Pupils are taught not to run in corridors and the indoor circulation routes are designed to support orderly movement

17. Working at Height and Lone Working

17.1 Working at height

- Staff do not work at height except where unavoidable and after appropriate risk assessment
- Routine work at height (e.g. putting up displays, accessing high storage) uses appropriate equipment - step stools, kick steps, low step ladders - not chairs or tables
- Higher-risk work (roof access, high ladders) is undertaken only by trained staff or contractors, with permits-to-work where appropriate
- Pupils do not access height in school except where the activity is supervised and appropriate (e.g. age-appropriate climbing equipment)
- Falls from height are reported under RIDDOR where they meet the threshold (Section 21)

17.2 Lone working

Detailed provision is in the Lone Working Policy. Summary:

- Lone working is avoided where reasonably practicable, particularly outside school hours
- Where lone working is necessary, the lone worker informs the office of their location and expected duration
- Sign-in / sign-out arrangements are followed for after-hours work
- Specific risks are assessed (e.g. site staff working alone outside hours, staff lone-working in remote parts of the building)
- Personal alarms / mobile phones are accessible
- Lone working with pupils is governed by the Staff Code of Conduct - particularly Section 7 (Professional Boundaries) and Section 8 (Physical Contact)

18. Outdoor Learning, PE and Educational Visits

- Outdoor learning, PE and forest school activities are risk-assessed for both routine and specific activities
- Specific provision - swimming, cycling, climbing, residential trips - is governed by the Educational Visits Policy

- Every educational visit has a written risk assessment
- First aid kits and first aiders accompany every off-site visit; for residentials, a fully PFA / FAW-qualified first aider
- Pupil-to-staff ratios meet or exceed the DfE recommended levels for the age and activity
- Emergency contact information for every pupil is taken on every visit
- Parental consent is obtained for visits in line with our process
- EVC (Educational Visits Coordinator) reviews and approves visit plans
- Specific provision for pupils with medical conditions or SEND, in line with their IHPs
- Consideration of weather, transport, route, venue accessibility, and emergency arrangements
- Post-visit review identifies learning

19. Staff Wellbeing and Stress

Detailed provision is in the Mental Health and Wellbeing Policy. From a health and safety perspective at St Mary's:

- Stress is recognised as a workplace hazard and is risk-assessed
- Workload is monitored; the Headteacher meets with the SLT to address pressure points
- Staff are encouraged to take breaks, leave on time where possible, and use their leave entitlements
- Mental Health First Aiders are available to staff as well as pupils
- Access to the Employee Assistance Programme (where available) is signposted at induction
- Occupational Health is engaged where individual circumstances indicate
- Reasonable adjustments are made for staff with mental or physical health conditions
- Bereavement, family illness, and personal crises are supported with proportionate flexibility
- Stress and wellbeing are reviewed in staff voice exercises and acted on
- Sexual harassment of staff is prevented through proactive measures under the Worker Protection Act 2023 (see Equality, Race and Gender Policy and Staff Code of Conduct)

20. Infection Control

- The school follows UKHSA / public health guidance on infectious diseases (e.g. measles, chickenpox, COVID-19, gastrointestinal illness)
- Pupils with sickness or diarrhoea remain at home until 48 hours after the last episode
- Hand washing is encouraged through routines, displays and curriculum
- Cleaning regimes are appropriate to the activity - routine cleaning daily; enhanced cleaning where outbreak indicates
- Cuts, grazes and other broken skin are covered with waterproof plasters
- Bodily fluids are dealt with using PPE (gloves) and proper disposal in clinical waste bags

- Sharps (e.g. for diabetic pupils) are stored and disposed of in approved sharps containers
- Outbreaks are reported to UKHSA / Public Health and to the LA as required
- Staff with infectious illness do not attend work until appropriate to do so
- Vaccination of pupils through the school programme (e.g. flu nasal vaccine, HPV) is supported

21. Reporting - Accidents, Near-Misses, RIDDOR

21.1 Accident book

All accidents, however minor, are recorded in the school accident book / on CPOMS. The record includes:

- Date, time, place
- Name and class / role of the person involved
- What happened
- Injury sustained
- First aid given
- Outcome (returned to class, sent home, hospital)
- Parent / next of kin notified
- Name and signature of the person making the record

21.2 Near-miss reporting

Near-misses (incidents that could have caused harm but didn't, or hazards that have been identified before causing harm) are reported using the same system. We treat near-misses as opportunities to improve. There is no blame attached to honest reporting; the only blamed conduct is failure to report.

21.3 RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Some injuries, diseases and dangerous occurrences must be reported to the Health and Safety Executive. This is a legal duty, with set timescales. Failure to report is a criminal offence.

Categories of reportable matters at St Mary's typically include:

- Fatalities
- Specified injuries to workers (e.g. fractures other than to fingers/thumbs/toes; amputations; serious burns; loss of sight; crush injuries)
- Injuries to non-workers (pupils, parents, contractors, visitors) where they are taken directly to hospital from the scene of the incident
- Injuries to workers leading to over-7-day incapacity for normal work
- Occupational diseases (e.g. dermatitis, hand-arm vibration syndrome, occupational asthma) where attributable to work

- Specified dangerous occurrences (e.g. structural collapse; electrical short circuit causing fire; collapse of lifting equipment)
- Gas incidents from registered installations

Procedure at St Mary's:

- Fatalities and specified injuries are reported by telephone immediately and in writing within 10 days
- Other reportable injuries / diseases / dangerous occurrences are reported in writing within 10 days
- Reporting is via the HSE online system (or the dedicated phone line for fatalities and major injuries)
- The Business Manager makes the report, with the Headteacher's authorisation
- Records of all RIDDOR reports are retained for at least three years
- Patterns are reviewed by the Headteacher and reported to the Governing Body
- Where there is doubt about whether something is reportable, advice is sought from the LA H&S team or the LDBS

21.4 Reporting to other bodies

- Safeguarding incidents - to the DSL, with onward reporting to LADO / Children's Services as required (see Child Protection and Safeguarding Policy)
- Data breaches - to the Headteacher and DPO, with onward reporting to the ICO if required (see Data Protection Policy)
- Outbreaks of infectious disease - to UKHSA and the LA
- Notifiable diseases (e.g. measles) - to UKHSA
- Fire - to the Fire Authority for any incident requiring emergency services attendance
- Serious incidents on educational visits - to the LA, the EVC, and (where relevant) Outdoor Education Adviser

22. Critical Incidents and Security

22.1 Critical Incident Plan

The school has a Critical Incident Plan covering scenarios including:

- Death or serious injury of a pupil or staff member
- Serious accident on or off site
- Fire, flood, structural failure, or loss of premises
- Outbreak of infectious disease
- Threat or actual incident affecting the security of pupils, staff, or premises
- Cyber incident with operational impact
- Loss of significant personal data
- Death of a member of the school community in the wider context

The plan covers initial response, communication, parent / family liaison, support for those affected, dealings with the press, and recovery. It is reviewed annually and tested in scenario exercises.

22.2 Lockdown and invacuation

- The school has documented lockdown procedures for use where remaining inside the building is the safer course
- Lockdown drills are held annually with appropriate communication to pupils, staff and families
- The procedure covers signal, response, accountability, and stand-down
- PEEPs accommodate lockdown as well as evacuation
- Where the threat is in the building, partial lockdown / invacuation procedures apply

22.3 Site security and visitors

- All visitors sign in at reception and wear visitor identification
- Volunteers and contractors with regular pupil contact are subject to the Safer Recruitment in Education Policy
- External doors are kept secure during the school day
- CCTV operates in line with the Data Protection Policy and CCTV Privacy Notice
- Suspicious vehicles or persons in the vicinity are reported to the office
- The school reviews wider security context in light of national alerts

22.4 Martyn's Law (Terrorism (Protection of Premises) Act 2025)

Martyn's Law applies to certain qualifying premises with public access; primary schools may not meet the statutory threshold but the security framework is informed by the Act's principles. The school operates with regard to:

- ProtectUK guidance for schools and education settings
- Counter Terrorism Policing's ACT (Action Counters Terrorism) e-learning, completed by relevant staff
- Awareness of suspicious behaviour and reporting routes
- Liaison with the local police and Counter Terrorism Local Profile
- The Prevent duty (Counter-Terrorism and Security Act 2015) - see also Child Protection and Safeguarding Policy

23. Training

- Health and safety induction is provided to every new member of staff, covering this policy, fire arrangements, first aid arrangements, accident reporting, and the AED
- Annual refresher briefings are provided to all staff on key arrangements (fire, first aid, infection control, safeguarding-and-safety)
- First aid training is provided as set out in Section 6 (PFA, EPFA, FAW, EFAW, mental health first aid)
- Fire warden training is provided to designated staff
- Specific training is provided where roles require (manual handling for SEND support staff; auto-injector training for staff working with anaphylaxis-prone pupils; epilepsy buccal midazolam training where relevant)

- DSL, Deputy DSLs and SENCO receive specialist training as required by their roles
- Governors receive H&S briefing as part of their induction
- Training records are maintained centrally and form part of the school's wider CPD record

24. Monitoring and Review

24.1 Internal monitoring

- The Business Manager monitors day-to-day operational compliance
- The Headteacher receives monthly summary data on incidents and reports termly to the Governing Body
- The Premises / Resources Committee of the Governing Body reviews health and safety termly
- The full Governing Body reviews this policy annually
- The H&S Link Governor undertakes a termly walk-around with the Caretaker / Business Manager
- Incident logs and RIDDOR data are reviewed for patterns
- Pupil and staff voice exercises include health and safety dimensions

24.2 External monitoring

- LB Islington schools H&S team - routine support and audit
- LDBS - advisory and (where relevant) inspection-related visits
- Fire Authority and HSE in their statutory roles
- Ofsted, in inspection, may consider H&S as part of leadership and management and personal development
- SIAMS, in inspection of the school's Christian character, may consider how care for the body is reflected
- Insurance brokers and the LA insurance arrangement

24.3 Annual review of this policy

This policy is reviewed annually by the Governing Body. Sooner where:

- Statutory or regulatory change requires it
- A specific incident or pattern indicates the need
- Operational change at the school requires it (e.g. new building, new activity)
- Feedback from staff, pupils, families, or Governors indicates
- Approved by the full Governing Body and published on the school website

Appendix A: First Aid Quick Reference for All Staff

MINOR INJURY (graze, small bump, sprain)

Comfort the pupil. Send / take to a first aider. Apply first aid (clean, plaster, ice). Record in accident book. Notify parent at pickup or by phone if needed.

HEAD INJURY (any size)

Always recorded; always parent notified the same day; always head bump letter sent home. If loss of consciousness, vomiting, persistent dizziness, drowsiness, confusion, or significant pain - seek medical advice; contact parent immediately; if any concern remains, call 999.

SUSPECTED FRACTURE / SIGNIFICANT INJURY

Send for first aider and notify office. Do not move the casualty unless dangerous. Cover for warmth. First aider assesses; ambulance called via 999 if indicated; parent contacted.

BREATHING DIFFICULTY / SUSPECTED ASTHMA ATTACK

Help the pupil sit upright. Administer their inhaler (or the school's generic salbutamol). 10 puffs over 30 seconds, 30 seconds apart. If no improvement after 10 minutes - call 999. Stay with the pupil. Notify parent.

SUSPECTED ANAPHYLAXIS

Auto-injector administered without delay (pupil's own or school's generic). Call 999. Lay flat, raise legs (or recovery position if unconscious). CPR if breathing stops. Second dose may be needed after 5-10 minutes. Pupil goes to hospital regardless of symptom resolution.

UNCONSCIOUS / NOT BREATHING

Call 999. Begin CPR immediately. Send for the AED. Apply AED following voice prompts. Continue until paramedics arrive. Notify parent. Office opens gate and meets ambulance.

SEIZURE

Do not restrain. Move objects out of the way. Cushion the head. Time the seizure. If it lasts more than 5 minutes, or repeats without recovery, or is the pupil's first - call 999. Where the pupil has an IHP with rescue medication (buccal midazolam), trained staff administer per the IHP.

SEVERE BLEEDING

Apply firm direct pressure with sterile dressing or clean cloth. Use disposable gloves. Elevate where possible. Call 999 for severe bleeding that does not stop. Lay casualty down if showing signs of shock. Stay with them.

Appendix B: Accident Reporting Flow

Type of incident	Who records / reports	Timescale
Minor injury	First aider records on CPOMS / accident book; parent notified same day	Same day
Head injury (any size)	First aider records; parent notified same day; head bump letter; HT informed of any significant concern	Same day
Significant injury / hospital from scene	First aider records; office records; HT informed; RIDDOR consideration; parent contacted immediately	Same day; RIDDOR within 10 days if reportable
RIDDOR-reportable specified injury	Business Manager submits HSE report under HT authorisation	Within 10 days; immediate phone for fatalities / major
Near-miss	Member of staff reports on CPOMS / hazard report system	Same day; reviewed by BM
Hazard identified	Member of staff reports to Caretaker / BM; logged for action	Same day
Premises issue	Caretaker / BM logs; action determined; HT informed if significant	Same day for safety-affecting
Safeguarding incident	Logged on CPOMS; DSL informed same day	Same day; LADO / LA per CP Policy
Data breach	DPO and HT informed	Same day; ICO within 72 hours if required
Suspected outbreak of infectious disease	HT informed; UKHSA / LA notified per current guidance	Same day

Appendix C: First Aiders — Current List

Format for the published list (kept in school office, staff room, intranet):

Name

Role

First aid qualification (PFA / EPFA / FAW / EFAW / Mental Health First Aider)

Certificate expiry date

Normal location

[The current list is maintained by the Business Manager and updated whenever certificates are renewed or staffing changes. The list is also displayed visibly in line with the EYFS Statutory Framework requirement to display PFA certificates or a current list.]

Appendix D: Statutory Inspections and Maintenance Schedule (Indicative)

Item	Frequency	Responsible
Fire alarm test	Weekly (different point each week)	Caretaker / Site Manager
Fire equipment service	Annual	External contractor
Fire risk assessment review	Annual; after change	Headteacher / Business Manager
Fire drill	Termly minimum	Headteacher
Emergency lighting	Monthly visual; annual full test	Caretaker / contractor
Gas safety check	Annual landlord's certificate	Gas Safe contractor
Electrical Installation Condition Report	Typically every 5 years	NICEIC / equivalent contractor
PAT testing	Risk-based; typically annual for school equipment	Competent person / contractor
Water hygiene (Legionella)	Monthly temperature checks; annual review; periodic risk assessment	Caretaker / external contractor

Lift / lifting equipment (LOLER)	6-monthly inspection (where applicable)	External contractor
Asbestos register	Reviewed annually; checked before any disturbing work	Business Manager / dutyholder
Play equipment	Daily visual; annual independent inspection	Caretaker / external
Trees on site	Annual tree survey	Arboricultural contractor
AED daily / weekly indicator	Weekly check; pads / battery replaced before expiry	Designated First Aider Lead
First aid kits	Monthly check	Designated First Aider Lead
First aid training renewal	PFA / FAW: every 3 years; annual refresher recommended	Business Manager
General premises walk	Daily	Caretaker / Site Manager
Risk assessment register	Annual review; sooner if change	Business Manager

Appendix E: Key Roles and Contacts

Role / Body	Name and Contact
Executive Headteacher	Anthony David
Head of School	Laura Mayende
Caretaker / Site Manager	Barry Turner and Sons Contractor
Designated First Aider Lead	[Name, contact]
Designated Safeguarding Lead (DSL)	Laura Mayende
SENCO	Lucy Courtney-Diggins, 020 7359 1870
Educational Visits Coordinator (EVC)	[Name, contact]

Chair of Governors	Rebecca Shilling
Health and Safety Link Governor	Rebecca Shilling
Data Protection Officer	Claire Mahegan
LB Islington Schools H&S team	[Contact]
LDBS Schools Adviser	Helen Ridding
LA / Insurance helpline	[Contact]
HSE - incident reporting (online)	https://www.hse.gov.uk/riddor
HSE - fatalities / major	0345 300 9923
UK Health Security Agency (UKHSA) - London	[Contact]
Local fire safety officer / Fire Authority	London Fire Brigade
Police (non-emergency)	101
Emergency services	999
NHS 111	111

Appendix F: References and Related Guidance

- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Health and Safety (First-Aid) Regulations 1981 and HSE L74
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992
- Personal Protective Equipment at Work Regulations 1992 (as amended 2022)
- Display Screen Equipment Regulations 1992
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Regulatory Reform (Fire Safety) Order 2005
- Building Safety Act 2022
- Electricity at Work Regulations 1989
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Control of Asbestos Regulations 2012
- Construction (Design and Management) Regulations 2015

- Equality Act 2010; Worker Protection (Amendment of Equality Act 2010) Act 2023
- Education Act 2002, s.175; Children Act 1989, 2004; Children and Families Act 2014
- Childcare Act 2006 and the EYFS Statutory Framework 2025
- Keeping Children Safe in Education 2026
- Counter-Terrorism and Security Act 2015 (Prevent duty)
- Terrorism (Protection of Premises) Act 2025 ('Martyn's Law')
- Human Medicines (Amendment) Regulations 2017 (auto-injectors and inhalers)
- DfE: Health and safety: responsibilities and duties for schools
- DfE: First aid in schools, early years and further education
- DfE: Automated external defibrillators (AEDs): a guide for maintained schools and academies (2023)
- DfE: Supporting pupils at school with medical conditions (statutory)
- HSE: Managing for health and safety (HSG65)
- UKHSA / Public Health: Health protection in schools and other childcare facilities
- LB Islington schools health and safety guidance
- LDBS guidance for Voluntary Aided Church of England schools
- School policies as listed in Section 2.3

'Let your light shine before others.'

Care for the body and protection from harm are part of how we honour the dignity of every person who comes into our school. This policy is the practical expression of that commitment — the legal duties we discharge, the daily arrangements we operate, the response we give when something goes wrong. The light we shine for our children begins with their safety.