

Health and Safety Policy

This policy was updated: **September 2025**

This policy will be reviewed: **September 2026**

Statutory policy? **Yes**

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Policy Aim

To be a school where everyone can undertake their roles and responsibilities and fulfil their potential free from work related or education related injury or ill health; this includes all Nulogic staff, agency staff, peripatetic staff, volunteers, pupils, partners and others who may be affected by our work activities.

Policy Objectives

- To conduct all activities safely and in compliance with legislative standards.
- To provide safe working and learning conditions.
- To ensure a systematic approach to the identification of risks and the allocation of resources to control them.
- To be a school that promotes a positive health and safety culture that is demonstrated by open communication and a shared commitment to the importance of health, safety and welfare.
- To promote the principles of sensible risk management which enables innovation and learning.

Policy Statement

Nulogic is committed to providing a safe, secure and healthy environment for all pupils, staff, visitors and stakeholders.

As a registered independent school, we recognise our duties under the Health and Safety at Work Act etc. 1974 and associated regulations.

The school ensures, so far as is reasonably practicable, the health, safety and welfare of all pupils and staff through effective systems, clear procedures, and a proactive approach to risk management.

Health and safety is embedded within the school's culture and is a shared responsibility across all staff. The leadership team ensures compliance with statutory requirements and always promotes a positive and vigilant safeguarding and safety culture.

Nulogic will adopt health and safety arrangements in line with the local authorities' Health and Safety Policy. Nulogic will strive to meet and adhere to all relevant health and safety legislation and to follow the local authorities' policies and procedures.

Good health and safety management will be an integral part of the way that Nulogic operates and will be considered across all work activities and across the wide range of educational activities delivered.

Introduction

Health and safety is a highly regulated area and should be a priority for everyone such as; employees, pupils and visitors. Not following the rules can amount to a criminal offence, with the potential for substantial fines for the company, and fines and/or imprisonment for individual Company Directors and employees.

Nulogic's approach to health and safety is rigorous. It is important that both internal and external risks are identified and actively managed. We have put our policy together to ensure we have the correct procedures in place to safeguard everyone and to make sure everyone is safe whilst attending our school.

Legal Requirements

A duty of care to the pupil will always exist within the responsibilities of the school. The primary responsibility for a pupil's health and safety will always exist within the responsibility of the school.

Nulogic operates in accordance with all relevant statutory guidance and legislation including, but not limited to:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Keeping Children Safe in Education 2025
- DfE Health and Safety Advice for Schools
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

The school maintains full responsibility for the health, safety and welfare of all pupils on roll during the school day and during any off-site activities.

Knowledge of health and safety hazards associated within particular industries lies within those industries and therefore risk assessments, specific to the activities to be undertaken by the pupil on a placement/programme, must be conducted by a competent person within the school.

A risk assessment of facilities, equipment and processes must be carried out and be available to the Local Authority, the school, parents and guardians before the placement/programme begins and must be revised annually.

All members of staff appointed by Nulogic will have an enhanced DBS (Disclosure and Barring Service) check and should have completed basic safeguarding young people training before teaching begins.

Nulogic Training have public liability insurance which covers up to £10,000,000.

Pupil Safety at Nulogic

Health and safety is a fundamental priority within the school. All pupils receive a structured induction on entry, which includes clear guidance on expectations, safety procedures and conduct within the school environment.

These include:

- Online and Acceptable use of IT
- Fire drills and practises
- Emergency evacuations procedures
- First Aid (Aiders & location of First Aid Box)
- Information on appropriate clothing and equipment
- Instruction in safe working practices
- Risk assessments connected with relevant activities being undertaken
- Reporting procedures for near miss incidents, assaults and accidents
- Welfare school

Reminding pupils of the day-to-day expectations and ensuring the safety of each other is being implemented whilst undertaking activities on the course.

Pupils should always remain at their designated venue during the structured day. Except if authorisation has been admitted by the school or parents/guardians.

All incidents or health and safety concerns that raise safeguarding issues will be managed in line with Nulogic's **Safeguarding and Child Protection Policy**.

During Lesson Time

- Attendance is recorded in line with statutory requirements using the school's official attendance register. Registers are completed promptly at the start of each session and are monitored to ensure safeguarding and compliance with DfE expectations.
- Break and lunchtime at each site is at an allocated area for pupils to socialise at break and lunchtimes. Appropriate preparations are put in place for Free School Meals.
- Pupils will be given regulation on the protected use of work equipment and managed by a competent staff member consistently.

Accidents, Incidents & Near Miss

As a school, we have the correct policies in place to record accidents, incidents or near misses that occur throughout our school. If one of the circumstances occur on our grounds and under our management, it is our responsibility to report the situation to the HSE as this falls under the principles of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.) This report should also be provided to the LA and School.

All accidents, incidents and near misses' must be evidenced and then forwarded to the LA and to the school within 24hours.

Leaving the School's Site

Pupils under 16 must not leave the site without consent from parents/guardians. If a pupil leaves the site, a behaviour meeting is arranged, and the LA Educational Visits Guidance systems must be adhered to. In a crisis e.g. pupil illness, the school must be reached before the pupil leaves our school. If staff are missing, pupils can't be sent home and courses of action for cover must be made.

Mental Health

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

- Designated Safeguarding Lead
- Deputy Designated Safeguarding Lead
- First Aid Trained Staff

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the DSL in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the school's designated child protection office or the Headteacher. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Individual care Plans

It is recommended to ask the school for an individual care plan for the pupil before starting the school with a causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the Nulogic Training can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of their induction.

Signposting

We will ensure that staff, pupils and parents/carers are aware of sources of support within school and in the local community. We have all the relevant information on our noticeboard located in the classroom to what support is available within our school and local community.

Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

Nulogic staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the DSL.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating/sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing Disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental. Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'. The relevant training will be put in place to ensure staff follow the correct procedures.

All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the DSL who will provide the information to the lead mental health lead in the pupil's school. The records will be recorded appropriately and then the relevant support and advice about next steps.

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent. However, there are certain situations when information must always be shared with another member of staff and/or a parent. A child is defined in law (Children Act 1989) as a person who is up to the age of 18 years. Therefore, the term 'child' is used throughout the policy and procedure, and this includes young people. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody, does not change his or her status or entitlement to protection under the Children Act 1989.

It is always advisable to share disclosures with a colleague. Usually, the school's mental health lead will support the safeguard and emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence, and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Appendix A: Risk Assessment

This risk assessment template has been developed to support the identification and management of risks within Nulogic. It provides examples of common hazards and control measures that may be relevant within an educational setting. However, it is essential that this document is adapted to reflect the specific environment, activities, pupils and operational practices of the school.

To ensure compliance with statutory requirements and to safeguard all pupils, staff and visitors, a fully site-specific risk assessment must be completed and regularly reviewed.

This template must not be used as a final document without being appropriately amended to reflect the actual risks present within the school.

Assessment conducted by:	Area/activity covered:	Location:
Date of assessment:	Review interval:	Date of next review:

Risk rating		Likelihood of occurrence		
		Probable	Possible	Remote
Likely impact	Major: Causes major physical injury, harm or ill health.	High (H)	H	Medium (M)
	Severe: Causes physical injury or illness requiring first aid.	H	M	Low (L)
	Minor: Causes physical or emotional discomfort.	M	L	L

Hazard	Who may be harm ed	Risk rating L/M/H	Existing controls	Further action required	Assigned to	Comple ted

Appendix B: Learning Plan

Learning Plan for:



Student Details			
Name			
DOB			
Student ID			
Grade			
Teacher			
Date:		Review Date	

Important Information	
Diagnosis (if relevant)	
School based Professional Assessments e.g. School Psych	
Outside agencies involved	
Current Referrals	
Student Strengths and Interest	
Key Outcomes	
Support Needs	Strategies and Adjustments
Communication (expressive/receptive etc.)	
Personal (hygiene, food, medication etc.)	
Physical (fine/gross motor, specialised equipment etc.)	
Social/Emotional (self-awareness, social awareness etc.)	
Sensory (noise, lighting etc.)	
Transitions (between activities/classes etc.)	
Method of Reporting: (is student reported against LP or current Curriculum level)	

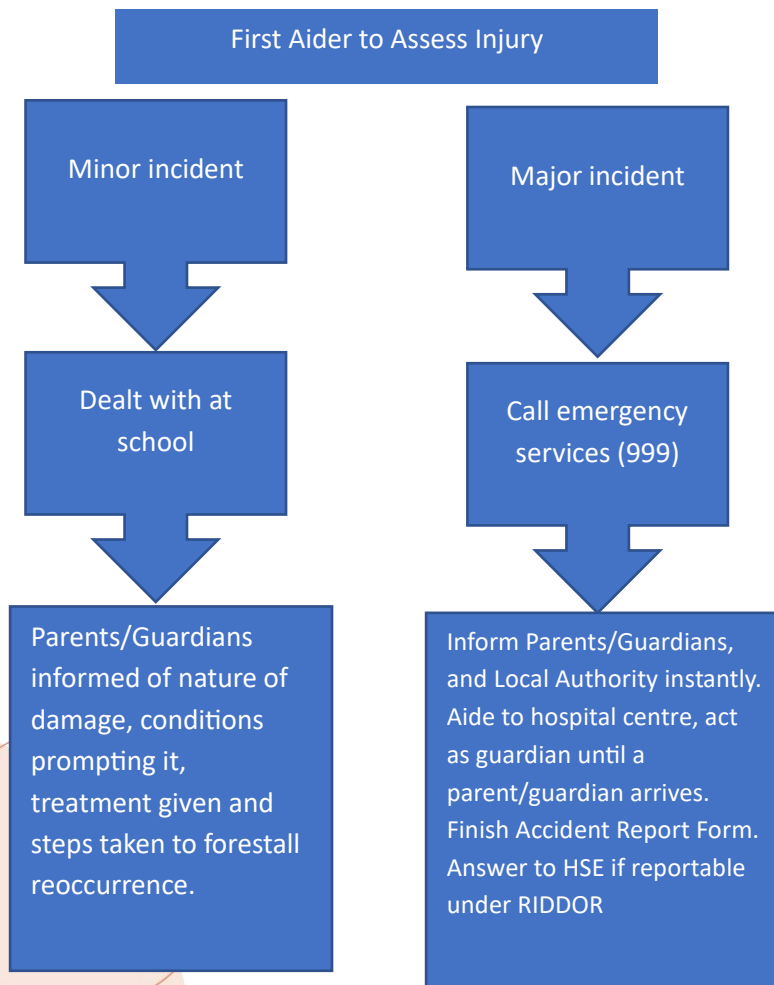
Outcomes		
Key Outcome 1		
What we currently see	Goals	Strategies and Adjustments
Evidence to show that goals have been achieved (date and sign each observation)		
Outcomes		
Key Outcome 2		
What we currently see	Goals	Strategies and Adjustments
Evidence to show that goals have been achieved (date and sign each observation)		

Appendix C: Accident, Incident or Near Miss Reporting and Procedures

Nulogic's Responsibility:

- Nulogic have a policy for the reporting and recording of accidents.
- All our accidents, incidents, near misses or dangerous occurrences that are reportable under RIDDOR must be reported to the HSE.
- All incidents or health and safety concerns that raise safeguarding issues will be managed in line with Nulogic's Safeguarding and Child Protection Policy.
- All accidents, incidents, near misses or dangerous occurrences should be reported to the LA and the School.
- Nulogic have a qualified First Aider on site when pupils are on site.
- All pupils are informed about accident, incident, near miss or dangerous occurrence procedures during their induction, and reminded at the start of each term.
- Emergency contact numbers are all displayed on our noticeboard should pupils need to seek further advice.

The correct procedures to follow if an incident occurs:



Appendix D: Incident Form

This document is here to guide you through the process and enables you to catch the important information required. This incident should then be put into our management systems.

Incident Report

Date of Incident:

Time of Incident:

1. Incident Details

Type of Incident:

- ☐ Aggressive behaviour
- ☐ Non-compliance
- ☐ Disruptive behaviour
- ☐ Emotional distress
- ☐ Bullying
- ☐ Absconding
- ☐ Self-harm
- ☐ Substance use
- ☐ Communication breakdown

2. Individuals Involved

Student(s) Involved:

Staff Involved:

[Names of other students or staff who witnessed the incident]

Description of the Incident:

3. Actions Taken

Immediate Response:

Disciplinary Actions (if any):

Support Provided to Student(s):

4. Root Causes and Contributing Factors

Possible Triggers/Contributing Factors:

5. Follow-Up Actions

Action Plan for Student(s) Involved:

Next Steps for Staff:

6. Report Prepared By:

Name:

Role:

Date of Report:

Signature:

Appendix E: Near Miss Form

This form may be used by any member of staff, pupil, visitor or member of the public to bring to the attention of Nulogic, any matter or suggestion which is believed might influence the health and safety of any person who might be affected by work being undertaken at or on behalf of Nulogic. This form must not be used for reporting accidents where either people or buildings were injured or damaged.

Date of Incident:

Time of Incident:

Location (Please be as accurate as possible):

Name of person reporting:

(Leave blank if you prefer but adding contact details will give us the opportunity to feed back where possible).

Title:	
Forename(s):	
Surname:	
Address:	
Post Code:	

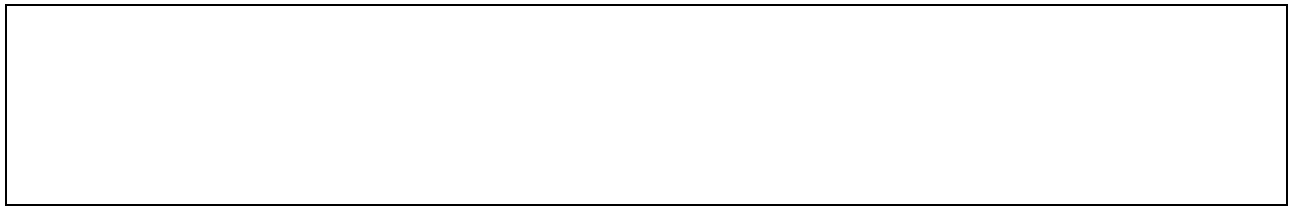
Description of incident:

Please use this space to record the near-miss or incident, or to make a comment or suggestions for improvement.

Why do you consider the near miss dangerous?

A large, empty rectangular box with a thin black border, intended for the user to describe the incident.

What immediate action have you taken following the near miss to prevent a similar occurrence?

A large, empty rectangular box with a thin black border, intended for the user to describe the immediate actions taken.

*****All incidents need to be reported within 12 hours of event occurring. Line Managers and Safeguarding Officers will need to be contacted *****

Form received by:

Date:

Action taken:

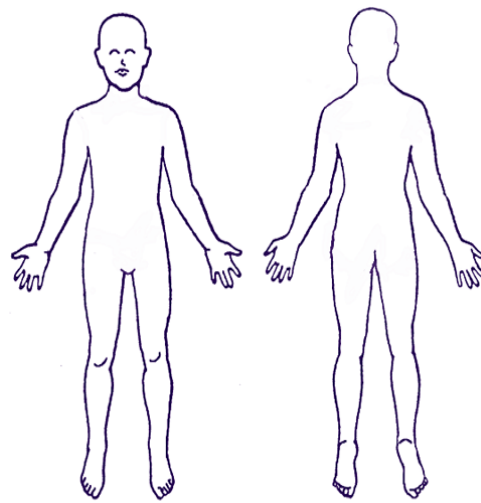
A large, empty rectangular box with a thin black border, intended for the user to describe the actions taken.

Appendix F: First Aid Form

Name of person being treated:	Location:	Date:	Time:
☐ Consent to treatment ☐ Refusal of treatment		Casualty Signature:	
History of accident or illness: (what happened?)			
First aid assessment: (What is the injury/illness?)			
Time it occurred:			

Assessment Injuries/Symptoms & Signs

Abrasion
 Discolouration
 Pain
 Bleeding
 Fracture (?)
 Sprain
 Burn
 Laceration
 Swelling
 Contusion
 Tenderness



Allergies/Medications/Past Medical History:

Treatment:

First Aider (Print Name):

Date:

Signature:

Time:

Appendix G: Medical Needs and Medicines

The following extract from **DCSF Circular 14/96** may be helpful when considering arrangements for collaborative placements/programmes.

The Legal Framework

1. The Education Act 1993 and the Medicines Act 1968 are relevant to schools in dealing with pupils' medical needs.
2. Most schools will, at some time, have pupils on roll with medical needs. The responsibility of the school is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for certain pupils.
3. In some cases, pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases, individual procedures may be needed. The school is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these pupils need. The LA and the Provider must be informed about the additional needs, and an appropriate risk assessment on the pupil must be completed.
4. The Medicines Act 1968 places restrictions on dealings with medicinal products, including their administration. In the case of prescription-only medicines, anyone administering such a medicinal product by injection must be an appropriate practitioner (e.g. a doctor) or else must act in accordance with the practitioner's directions. There are exceptions for the administration of certain prescription-only medicines by injection in emergencies (to save life).
5. Subject to the point in paragraph 6, there is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role. Support staff may have specific duties to provide medical assistance as part of their contract. However, swift action would need to be taken by a member of staff to assist any pupil in an emergency. Schools and Providers should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.
6. Teachers/trainers and other staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicine and/or acting in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers/trainers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers/trainers acting reasonably in emergency situations such as on a school trip.

7. Parents are responsible for their child's medication. The Headteacher is normally responsible for deciding whether the school can assist a pupil who needs medication. Such decisions should, as far as practicable, encourage regular attendance and full participation in school life.
8. Young people with medical needs have the same rights of admission to school as other young people and cannot generally be excluded from school for medical reasons.
9. Many pupils with long-term medical conditions will not require medication during school hours. When they do, many will be able to administer it themselves. School policies should encourage this approach.
10. School staff should not, as a rule, administer medication without first receiving appropriate information and/or training. The local NHS Trust or HA can advise the school who the main health contact will be who can then advise on and, in some cases provide the necessary support. In many areas, this will be a school nurse provided through the School Health Service.
11. In many areas, the NHS Trust will provide a School Health Service that can advise on health issues to pupils, parents, teachers, education welfare officers and local authorities. The main contact for schools is likely to be the member of staff who is first aid qualified.

Drawing up an Individual Health Care Plan

12. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most pupils with medical needs can attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. In some cases, schools will find it helpful to draw up individual procedures, in the form of a health care plan, to ensure the safety of such pupils.

Dealing with Medicines Safely

13. The safety of staff and pupils must be always considered. Attention must be paid to the safe storage, handling, and disposal of medicines. Training for staff should include guidance in safety procedures.
14. Some medication must be readily available in an emergency and should not be locked away. Relevant staff and the pupil concerned should know where the medication is kept.

Roles and Responsibilities

The Head Teacher holds overall responsibility for health and safety. The Designated Safeguarding Lead (DSL) ensures that safeguarding-related health and safety concerns are addressed appropriately.

All staff are responsible for:

- Maintaining a safe environment.
- Following school policies and procedures.
- Reporting hazards, incidents or concerns immediately.

Pupils are expected to:

- Follow instructions and safety rules.
- Act responsibly to ensure their own safety and that of others.

The school recognises its duty to promote and support the mental health and wellbeing of all pupils as part of its safeguarding responsibilities.

References

1. Ofsted

The Office for Standards in Education, Children's Services and Skills

Briefing for section 5 inspection - Inspecting safeguarding (Ofsted 2013)

www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015

2. DfE (Department of Education)

Working Together to Safeguard Children (DfE 2015)

Safeguarding Children and Safer Recruitment in Education (DfE 2013)

Keeping Children Safe in Education (DfE 2015)

www.gov.uk

3. DBS workforce guidance (2010)

www.gov.uk/government/publications/dbs-workforce-guidance

4. DfE

Managing medicines in schools (2013)

Supporting pupils at school with medical conditions (DfE Sept 2014)

www.gov.uk

6. HSE

Health and Safety Executive

Young people at work (2013)

www.hse.gov.uk/youngpeople