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**Suffolk County Council Health and Safety Induction Checklist for Schools**

An important part of your general induction to your new job or new place of work is to ensure you have a full understanding and knowledge of key aspects of health and safety at work. This section of your induction is intended to ensure that you conduct yourself within your school in a way that is both healthy and safe for you, your colleagues and all pupils.

The table below provides you with a basic checklist for this purpose. It is impossible to include all aspects of your own health and safety management system on a template such as this so please ensure that the school includes any specific details at the end of the form – there is a section for this. **Any concerns, please contact Nina Bickerton, Suffolk (Maintained) Schools’ Health and Safety Advisor (**[**nina.bickerton@suffolk.gov.uk**](mailto:nina.bickerton@suffolk.gov.uk)**).**

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| **GENERAL** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| Your School’s H&S lead has been identified / introduced to you |  |  |
| You have been made aware of the school’s health and safety policy AND the Suffolk County Council health and safety policy |  |  |
| You have been made aware of the HSE’s leaflet ‘What you need to know’ or have been shown the poster (<http://www.hse.gov.uk/pubns/books/lawposter.htm> ) |  |  |
| You have familiarised yourself with the information in the Health and Safety section of the Suffolk Learning website (<https://suffolklearning.com/safety-health-wellbeing/>) |  |  |
| You are aware of the Asbestos Log Book for your premises and understand the requirements of you as a member of staff in relation to this.  You have been advised to there is / is no (*delete as appropriate*) asbestos in the school building and if it is present, are aware of the management arrangements of this. |  |  |
| **FIRE and RELATED EMERGENCIES** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been provided with emergency contact numbers, or have been shown where these are posted |  |  |
| You have been made aware of the emergency evacuation procedures, including fire, bomb threat and natural disaster, such as flooding, and understand what to do in the event |  |  |
| You have been made aware of the location of fire exits and the building fire assembly point |  |  |
| You have been made aware of the school’s policy regarding Personal Emergency Evacuation Plans (PEEPs) and completed one if required |  |  |
| You have been made aware of the Suffolk County Council Policy regarding smoking |  |  |
| You have been booked onto a Fire Safety Training awareness course |  |  |
| You have been made aware of the identity of Fire Wardens |  |  |
| **WELLBEING** | | |
| You have been made aware of the Employee Assistance Programme and how to contact the helpline |  |  |
| You have been made aware of the Occupational Health company that is available to school staff and how and when to access this |  |  |
| **FIRST AID and MEDICINES** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been made aware of the location and contact details of First Aiders |  |  |
| You have been made aware of the location of first aid kits |  |  |
| You have been made aware of the administration of medication protocols within the school |  |  |
| You have been made aware of any specific requirements of children needing medical attention or those who have allergies |  |  |
| **INCIDENTS to include ACCIDENTS and NEAR MISSES** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been told to contact your School H&S lead about any accidents, incidents or near misses so that these can be recorded appropriately and promptly |  |  |
| You have been advised to contact your School H&S Lead or School Fire Safety Lead regarding any issues of concern to include premises faults |  |  |
| You understand the protocols for reporting incidents when off school premises or for out of hours events |  |  |
| **RISK ASSESSMENTS** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been told about how to access the school’s risk assessments, and which ones may apply to you |  |  |
| You have read these relevant risk assessments, understand the content and any duties placed upon you |  |  |
| **SECURITY and PERSONAL SAFETY** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been made aware of the School procedures regarding working out of hours and lone working |  |  |
| You have been made aware of any ‘panic button’ or security communication systems in operation in your school |  |  |
| **WORKSTATION/ENVIRONMENT** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have completed a self-assessment form for Display Screen Equipment (DSE) |  |  |
| You have been made aware of the availability of eye tests |  |  |
| **TRAINING** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have discussed any school-specific safety training requirements |  |  |
| **PERSONAL PROTECTIVE EQUIPMENT** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been advised to read School-specific guidance relating to Personal Protective Equipment |  |  |
| **BEHAVIOUR MANAGEMENT** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| You have been advised on Behaviour Management protocols relevant to your school and understand when to report related incidents |  |  |
| You are aware of and understand relevant children’s risk assessments regarding this topic |  |  |
| **SCHOOL SPECIFIC HEALTH AND SAFETY INFORMATION** | | |
| **Action** | **Yes / no (if ‘no’ why not?)** | **DATE COMPLETED AND COMMENTS** |
| *e.g.: School transport / safety and car parking arrangements* |  |  |
| *e.g.: school trip information / Forest School training / critical incident information* |  |  |
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I confirm that I have completed this health and safety induction with either the Head Teacher or Health and Safety Lead of the school. I understand the duties placed upon me in terms of health and safety and those responsibilities of my employer.

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| **Name of Staff Member:** |  |
| **School:** |  |
| **Signature:** |  |
| **Date:** |  |

**This form should be returned to the School H&S Lead and a copy kept on the staff member’s file**