



Health, Safety and Emergency Policies and Procedures

2026-27 revised edition

Policy owner	Board of Trustees
Approval status	Draft for Board approval
Reviewed / updated	3 October 2026
Next scheduled review	September 2027
Scope	AET premises, activities, staff, volunteers, children, visitors and relevant contractors
Earlier review trigger	Relevant legal/regulatory change, serious incident, significant organisational change or identified deficiency

This document updates AET's 2025-26 health and safety suite. It retains the practical centre procedures while updating references to current HSE, UKHSA, Prevent and fire-safety guidance and preparing for the Terrorism (Protection of Premises) Act 2025 (Martyn's Law).

Part A - Health and Safety Policy

1. Policy statement

Axis Educational Trust (AET) is committed, so far as is reasonably practicable, to protecting the health, safety and welfare of employees, workers, volunteers, children, parents/carers, contractors, visitors and others who may be affected by its activities. AET will comply with applicable health and safety law and will manage risks proportionately to the nature of its services and premises.

The principal statutory framework includes the Health and Safety at Work etc. Act 1974 and relevant regulations made under it. AET recognises that its duties as an employer extend to risks its work activities may create for volunteers and members of the public.

AET will:

- provide adequate control of health and safety risks arising from its activities;
- consult employees on matters affecting their health and safety and encourage volunteers to raise concerns;

- provide and maintain safe premises, plant and equipment;
- provide appropriate information, instruction, training and supervision;
- ensure people are competent for their assigned tasks;
- prevent accidents and work-related ill health so far as reasonably practicable;
- maintain safe and healthy working conditions; and
- review this policy and risk controls regularly and after significant change or incidents.

Signed on behalf of the Board: _____ Hakan Gokce, Chair

Approval date: _____

2. Responsibilities

- Board of Trustees - overall governance, resources and oversight of significant health and safety risks.
- Chair / Chief Executive - leadership, escalation of significant risks and ensuring Board decisions are implemented.
- Centre Managers - day-to-day implementation, local risk assessments, checks, staff briefings, incidents and corrective actions.
- Assistant Managers / Session Supervisors / Teachers - delegated responsibility when the Centre Manager is absent and responsibility for safe conduct of sessions.
- All staff and volunteers - take reasonable care of themselves and others, follow controls and training, do not misuse safety equipment, and promptly report hazards, defects, incidents and near misses.
- Contractors - comply with relevant AET/site safety rules and provide appropriate competence, insurance and risk information.

3. Risk assessment and safe systems of work

AET will carry out suitable and sufficient risk assessments. Significant findings will be recorded where required by law and as good practice. Assessments will consider employees, volunteers, children, visitors, disabled people, lone workers, pregnant workers and other people who may be particularly affected.

Risk assessments will be reviewed at least annually for core centre activities and whenever there is reason to believe they are no longer valid, following significant change, or after an incident indicating controls may be inadequate. Actions will be allocated, tracked and closed.

Where AET uses hired or shared premises, managers will coordinate with the landlord or host organisation, understand the premises risk and emergency arrangements, and avoid unnecessary duplication while assessing risks created by AET's own activities.

4. Plant, equipment, electricity and substances

- Managers will identify equipment requiring inspection, servicing or maintenance and ensure defects are taken out of use where necessary.
- New equipment will be suitable for its intended use and supplied with relevant safety information.
- Electrical equipment will be visually checked and maintained using a risk-based approach; fixed installations and portable equipment will be inspected/tested at appropriate intervals.
- Hazardous substances, including cleaning products, will be assessed under COSHH where applicable, labelled and stored securely away from children. Safety information will be available to relevant staff.
- Manual-handling risks will be avoided or reduced so far as reasonably practicable, with instruction or equipment provided where needed.

5. Information, consultation, training and supervision

AET will provide health and safety information at induction and appropriate refreshers. Job-specific training will be arranged where necessary. Managers will ensure suitable supervision of new, young, temporary or inexperienced staff and volunteers. Training records will be maintained.

The current Health and Safety Law poster or equivalent leaflet will be made available as required. Staff will be told how to raise health and safety concerns without fear of retaliation.

6. First aid, accidents and RIDDOR

Each operating centre will have suitable first-aid arrangements based on a needs assessment, including accessible first-aid supplies and appropriately trained persons. First-aid equipment will be checked and replenished.

Accidents, significant near misses and relevant cases of ill health will be recorded promptly in a secure accident/incident system. AET will notify parents/carers appropriately where a child is affected, subject to safeguarding considerations.

The responsible person will assess whether an incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Not every accident or hospital visit is reportable. For a non-worker such as a child, visitor or volunteer, reporting generally requires a work-related accident resulting in death or the person being taken directly from the scene to hospital for treatment, subject to the detailed RIDDOR rules.

A serious accident or incident will also be reviewed for any safeguarding, insurer, contractual, Charity Commission serious-incident or other regulator notification requirement.

7. Monitoring and records

- Managers will carry out routine premises checks and act on defects.
- Accidents and near misses will be reviewed for causes and preventive action.
- Significant health and safety issues will be escalated to senior management and trustees.
- Records may be maintained electronically or on paper. They must be contemporaneous, secure, legible and auditable; there is no requirement that records be handwritten in pen where an appropriate secure digital record is used.

Part B - Infection Prevention and Control

AET will follow current UK Health Security Agency (UKHSA) guidance for children and young people's settings, including the current public-health exclusion guidance. The previous reference to NHS Direct is replaced by current NHS/UKHSA information.

- Parents/carers should not bring a child who is too unwell to participate or who is subject to a public-health exclusion period.
- Staff and volunteers should not attend when they are unwell in a way that creates a material infection risk and should inform management where advice is needed.
- Handwashing facilities, soap, tissues and appropriate waste arrangements will be maintained. Hand sanitiser may supplement but does not replace handwashing where handwashing is required.
- Frequently touched equipment and surfaces will be cleaned appropriately, with enhanced cleaning where indicated.
- Food, drink and animal controls will be based on the activity, allergies, hygiene and reasonable adjustments; assistance dogs must be accommodated appropriately.
- Managers will consult current UKHSA guidance and contact the local Health Protection Team where the guidance indicates this is necessary, including for specified outbreaks or clusters.
- Any clinical or hazardous waste will be handled and disposed of under applicable waste requirements.

Part C - Fire Safety and Emergency Evacuation

8. Fire-safety governance

AET will comply with the Regulatory Reform (Fire Safety) Order 2005 as amended where it applies. The legal "responsible person" will depend on control of the premises. Where AET occupies hired or shared premises, it will cooperate and coordinate with the landlord, host and other responsible persons as required.

- A suitable and sufficient fire risk assessment will be maintained for each relevant premises and reviewed when necessary.
- Escape routes and fire doors must be kept clear and available.
- Fire alarm systems, emergency lighting and firefighting equipment will be maintained and tested at appropriate intervals in accordance with the fire risk assessment and competent-person advice.
- Staff will receive fire-safety induction and refresher information. Fire drills will be conducted at suitable intervals, normally at least twice each year while centres are in operation unless the fire risk assessment specifies a different appropriate frequency.
- Evacuation procedures and assembly points will be displayed and communicated.
- Fire-safety checks, drills, servicing and significant incidents will be recorded in a fire log or equivalent auditable system.

9. Personal Emergency Evacuation Plans (PEEPs)

Where a child, staff member or regular visitor may require assistance to evacuate, the manager will assess their needs and develop an appropriate PEEP in consultation with the individual and, where relevant, the parent/carer. The plan will reflect the actual building, available protected routes, refuges, equipment and trained assistance. Lifts must not be assumed to be available during a fire unless specifically designed and approved for evacuation use.

Evacuation chairs will only be relied upon where they are appropriate to the premises and the individual, are available, maintained and positioned safely, and staff expected to use them have been trained.

10. Emergency evacuation procedure

If a fire or other reason to evacuate is discovered

- Raise the alarm using the nearest safe method.
- Call 999 / the Fire and Rescue Service when required; do not assume an alarm system automatically summons them.
- Begin evacuation by the nearest safe route.
- Do not take unnecessary personal risks or attempt firefighting unless trained, it is safe and there is a clear escape route.
- Close doors behind you where safe to do so.

Staff supervising children

- Keep children together and calm; do not allow them to leave unaccompanied to find parents/carers.
- Escort children by the nearest safe route to the assembly point.
- Take attendance information if it is immediately available without delaying evacuation. Digital or printed registers may be used.
- Report anyone unaccounted for to the emergency services; do not re-enter to search unless instructed by them.

At the assembly point

- Check children, staff and visitors against the best available attendance information.

- Await instructions from the emergency services and do not re-enter until authorised.
- If the centre cannot be reoccupied, contact parents/carers and release children only under AET's authorised collection arrangements.
- Record the evacuation and any learning or corrective action.

Part D - Protective Security, Prevent and Lockdown

11. Prevent and radicalisation safeguarding

The Prevent duty under section 26 of the Counter-Terrorism and Security Act 2015 applies to specified authorities. Private tuition and other out-of-school settings are not automatically specified authorities merely because they work with children. However, current Home Office guidance identifies private tuition and supplementary schools as out-of-school settings and states that Prevent principles may inform good safeguarding practice.

AET therefore treats susceptibility to radicalisation as a safeguarding risk and will:

- train relevant staff to understand radicalisation risk and how to report concerns;
- avoid discriminatory assumptions and assess concerns on evidence and safeguarding context;
- refer concerns through AET's Designated Safeguarding Lead and local safeguarding/Prevent arrangements where appropriate; and
- comply with any statutory or contractual Prevent duties that apply to a specific AET activity or partnership.

In an emergency or where there is an immediate threat, staff should call 999. Non-emergency terrorism-related information may be reported through current police or government reporting routes rather than relying on obsolete contact details.

12. Terrorism (Protection of Premises) Act 2025 - Martyn's Law

The Terrorism (Protection of Premises) Act 2025 received Royal Assent on 3 April 2025. Statutory guidance was published in April 2026 and updated in August 2026. As at 3 October 2026, the Act's substantive premises duties are not yet in force; the Security Industry Authority states that commencement is expected in spring 2027. AET will monitor commencement and prepare in advance.

When the Act comes into force, premises will generally only be in scope if all statutory criteria are met and it is reasonable to expect at least 200 people (including staff) to be present at the same time from time to time. Standard tier generally covers 200-799 people, with enhanced tier generally applying at 800 or more, subject to statutory exceptions and special rules for some education premises. Privately owned independent training providers do not automatically receive the special education treatment, so AET must assess each premises and its principal use individually.

Before commencement AET will:

- identify the responsible person and principal use for each AET-controlled premises;
- record the reasonable maximum number of people expected to be present at the same time;
- assess whether each premises is likely to be in or out of scope;
- maintain proportionate procedures for evacuation, invacuation, lockdown and communication;
- brief staff and volunteers on how to implement emergency procedures; and
- review Home Office/SIA guidance when the commencement date and any final regulatory arrangements are confirmed.

13. Lockdown / invacuation

Where leaving the premises would expose people to greater danger, the person in charge may initiate lockdown or invacuation. The exact procedure must reflect the premises risk assessment and police guidance. As a general framework:

- move people away from the identified threat and into a safer internal location where practicable;
- lock or secure access points where this can be done safely;
- silence phones and keep people calm and out of sight where appropriate;
- call 999 when safe and give accurate information;
- do not seek out or confront an attacker;
- be prepared to move if the safer option changes; and
- follow police instructions immediately when emergency services arrive.

Managers must avoid a one-size-fits-all instruction such as always using a toilet, storeroom or cupboard. Suitable safe areas and routes must be identified for each premises.

Part E - Accident and Incident Management

14. Accident records

Where an accident occurs, the record should include the date, time and location; person affected; factual circumstances; injury or symptoms observed; first aid or other action; relevant witnesses; parent/carer notification where applicable; and follow-up or referral. Pre-existing injuries noticed on arrival may be recorded where relevant to welfare or safeguarding, but staff should avoid unnecessary medical speculation.

A copy or appropriate summary may be given to a parent/carer or affected adult where lawful and appropriate, taking account of information about other people.

15. Incident records

An incident includes a non-accidental event that creates concern for safety, welfare, safeguarding or security. Examples include serious or dangerous behaviour, physical intervention, threats or abuse, unauthorised removal or absconding, theft, vandalism, safeguarding concerns, serious security events or emergency closure.

Records should be factual and proportionate. Home addresses of staff or witnesses should not routinely be copied into an incident report unless there is a specific lawful need. The report should record whether external safeguarding, police, regulator or other referrals were considered or made.

Part F - Medicines and Medical Needs

16. General approach

AET aims to include children with medical needs safely. Routine medication should normally be administered by parents/carers outside AET sessions where this is practical, but AET will make reasonable and safe arrangements where a child may need emergency or time-critical medication or treatment while attending.

AET will not make participation conditional on a parent personally training staff where competent training can reasonably be obtained from an appropriate healthcare professional or recognised provider. The level and source of training will reflect the medication and risk.

17. Emergency medication and treatment arrangements

Before AET accepts responsibility for administering medication, the parent/carer should provide written information appropriate to the child and medication, including the medicine name, dose, method, timing/trigger, storage requirements, expiry information, emergency action and relevant medical contacts. Written consent will be obtained.

- Medication must be in date, appropriately labelled and stored securely but accessible in an emergency.

- Where a medicine must travel with the child (for example some inhalers or adrenaline auto-injectors), arrangements should prioritise rapid access and the child's care plan rather than automatic storage in a locked central box.
- Any administration will be recorded, including date/time, child, medicine, dose, method, reason, person administering and any relevant observations.
- Parents/carers will be informed of emergency administration as soon as practicable and given an appropriate record.
- Emergency services will be called whenever clinically indicated. Staff must not delay emergency treatment while attempting to contact a parent/carer.
- Personal medical information will be available only to staff who need it for the child's safety and will not be placed on open public display. Where a discreet staff alert list is needed, it will be access-controlled and proportionate.

Part G - Smoking, Vaping and General Premises Rules

Smoking is prohibited in enclosed or substantially enclosed AET workplaces as required by law. AET also prohibits smoking and vaping within AET teaching areas and may designate smoke/vape-free boundaries around entrances and areas used by children. Managers will display appropriate statutory no-smoking signage where required and communicate local rules.

18. Key legal and guidance references

- [Health and Safety at Work etc. Act 1974](#)
- [HSE - Volunteering: guidance for employers](#)
- [HSE - RIDDOR reportable incidents](#)
- [Home Office - Fire safety risk assessment: educational premises](#)
- [UKHSA - Health protection in children and young people's settings](#)
- [Home Office - Prevent duty guidance: England and Wales \(2023\)](#)
- [Home Office - Terrorism \(Protection of Premises\) Act 2025 statutory guidance](#)
- [SIA - Understanding Martyn's Law and the SIA's role as regulator](#)
- [Charity Commission - How to report a serious incident in your charity](#)

Reviewed by: Hakan Gokce