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Risk Assessment Policy

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RISK ASSESSMENT POLICY

London Maths & Science College (LMSC)

Version: 1.0

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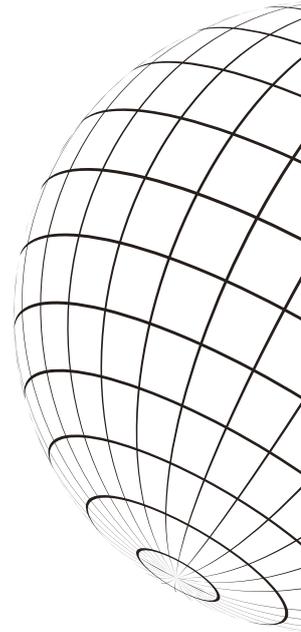
Next Review Due: 31st October 2026 (annual or following inspection/regulatory change)

Policy Owner: Head of Centre (HoC)

Competent Person (H&S): [Name/Role]

Operational Leads: Site/Estates Manager; H&S Officer;
Laboratory/Workshop Lead Technician; Vice Principal/Student Experience

Supporting Leads: Designated Safeguarding Lead (DSL); SENCo; Exams Officer (EO); IT Manager; DPO; Fire Safety Responsible Person; First Aid Coordinator; Trip/Visits Coordinator



1. PURPOSE / RATIONALE

This policy sets out LMSC's arrangements for risk assessment (RA) to prevent harm and comply with health and safety law. It defines responsibilities, methodology, documentation, review and assurance for activities on-site and off-site, including classrooms, laboratories, workshops/IT suites, exam halls, offices, contractor works, trips/visits and events. It aligns with the Health and Safety at Work etc. Act 1974, Management of Health and Safety at Work Regulations 1999, the Regulatory Reform (Fire Safety) Order 2005, COSHH 2002, DSE 1992, and relevant DfE/Ofsted and awarding-body requirements (e.g., JCQ ICE for examinations).

2. SCOPE

Applies to all LMSC employees, agency/contractor staff, volunteers and students engaged in college activities on-site, off-site and online (for DSE). It covers generic, specific and dynamic RAs and contractor Risk Assessments & Method Statements (RAMS).

3. DEFINITIONS

- Hazard: anything with the potential to cause harm.
- Risk: likelihood that harm will occur combined with the severity of the outcome.
- Risk Assessment (RA): a systematic examination of activities to identify hazards, evaluate risks, decide and record reasonably practicable controls, and review effectiveness.
- SSoW: Safe System of Work or local rules that describe how to carry out an activity safely.
- Dynamic RA: on-the-spot assessment by trained staff to respond to changes on the day (e.g., weather, behaviour, equipment failure).
- ALARP: risks reduced as low as reasonably practicable.
- Hierarchy of Controls: eliminate → substitute → engineering → administrative → PPE.

4. POLICY STATEMENT

LMSC will:

1. Identify hazards and evaluate risks for activities, premises and equipment.
2. Implement controls following the Hierarchy of Controls and the principle of ALARP.
3. Ensure RAs are suitable and sufficient, documented, communicated, and accessible.
4. Review RAs at least annually and after change/incident.
5. Provide training, supervision and competent advice.
6. Monitor compliance through inspections, audits and incident investigations.
7. Integrate RA with safeguarding (including PEEPs, medical needs) and awarding-body requirements for examinations and assessments.

5. ROLES & RESPONSIBILITIES

Governing Body/Proprietor – Approves policy; receives termly assurance on RA status and significant risks.

Head of Centre (HoC) – Overall accountability; ensures resources and competent advice; signs off high-risk RAs and risk tolerances.

Competent Person (H&S) – Maintains RA framework/templates; advises on legal compliance; quality-assures RAs; leads training and audits.

Site/Estates Manager – Leads premises RAs (fire, water hygiene/Legionella, asbestos, electrical, contractors, working at height); manages contractor RAMS/permits.

Laboratory/Workshop Lead Technician – Leads CLEAPSS/COSHH RAs for practical science/technical areas; maintains chemical inventory, MSDS, local rules and SSoW.

Trip/Visits Coordinator – Oversees Educational Visits RAs and approvals; ensures dynamic RA and emergency planning.

Exams Officer (EO) – Leads RAs for exam rooms, secure storage, evacuation procedures and JCQ compliance.

IT Manager – Leads DSE and equipment RAs; supports online safety incidents.

DSL/SENCo – Integrate safeguarding and reasonable adjustments (e.g., behaviour risks, medical needs, PEEPs, individual risk assessments).

Line Managers/HoDs – Ensure task-/area-specific RAs exist, are communicated to staff/students, and controls are followed.

All Staff/Volunteers – Follow RAs/SSoW; complete dynamic RA where needed; report hazards/incidents and RA changes required.

Contractors – Provide suitable RAMS; comply with site rules/permits; coordinate with Estates for isolations and the asbestos register.

6. RISK ASSESSMENT METHODOLOGY (5×5 MATRIX)

6.1 PROCESS

- Describe activity/area and persons at risk (including vulnerable groups: young persons, pregnant workers, SEND, visitors).
- Identify hazards (physical, chemical, biological, ergonomic, psychosocial, environmental).
- Evaluate risk using the LMSC 5×5 matrix (Likelihood 1–5 × Severity 1–5 = Risk 1–25).
- Decide controls using the Hierarchy of Controls; define SSoW and emergency procedures.
- Assign owners and deadlines; provide training/briefing.
- Record & communicate the RA; link to SOPs/local rules.
- Review after change/incident or at least annually; verify effectiveness.

6.2 LIKELIHOOD & SEVERITY DESCRIPTORS

- Likelihood (L): 1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost certain.
- Severity (S): 1 Insignificant (no injury); 2 Minor (first aid); 3 Moderate (medical treatment/≥1 day absence); 4 Major (RIDDOR specified injury); 5 Catastrophic (fatality/multiple major injuries).
- Risk Rating Bands: 1–4 Low (manage by routine controls) • 5–9 Moderate (plan controls/monitor) • 10–16 High (urgent action/manager sign-off) • 17–25 Intolerable (stop work; senior approval required).

6.3 SPECIAL CASES

- Young persons and expectant/new mothers: specific RA required.
- Lone working/out of hours: RA and permit/notification.
- Contractors/hot works/working at height: RAMS and permits.
- Trips/visits: pre-visit RA, supervision ratios, transport checks, dynamic RA, emergency contacts.
- Exams: secure storage, room capacity, evacuation, disabled candidates' access, environmental conditions.
- COSHH: substance-specific RA with MSDS, exposure routes, controls, storage, waste and emergency response.
- DSE: self-assessment and adjustments.
- Water hygiene/Legionella: scheme of control and logbook.
- Fire: Fire Risk Assessment under the Fire Safety Order and PEEPs.

7. DOCUMENTATION & RECORDS

- Use the LMSC RA Template (Appendix A) and, for COSHH, the COSHH RA (Appendix B).
- Store RAs on the H&S drive/MIS with version control, owner and review date.
- Display local rules/SSoW where appropriate (labs/workshops/exam rooms).
- Keep training, briefings, inspections and audits as linked records.

8. COMMUNICATION, TRAINING & COMPETENCE

- Induction and refresher training for all staff; role-specific training for assessors (e.g., COSHH, fire warden, trips leader).
- Briefings for students prior to practicals, trips and exams (posters and quick guides).
- The Competent Person maintains a Competency & Training Log (Appendix F).

9. MONITORING, INSPECTION & AUDIT

- Termly workplace inspections; sample RA reviews; spot checks of SSoW implementation.
- Accident/near-miss investigations verify whether RAs were suitable/sufficient and controls effective.
- KPIs: RA review completion %, overdue actions, incident trends, statutory compliance.
- Findings feed the Quality Improvement Plan (QIP) and termly reports to governance.

10. REVIEW & CHANGE CONTROL

- RAs are reviewed:
 - - Annually (minimum), or
 - - After incident/near miss,
 - - After significant change (staffing, equipment, process, layout, legislation),
 - - On notification of health conditions, pregnancy, SEND adjustments, or
 - - Following audit/inspection findings.

Use the Change Management Checklist (Appendix E).

11. DATA PROTECTION & RECORD RETENTION

- Personal data in RAs (e.g., medical needs) is special category data processed under UK GDPR/DPA 2018 using public task/legitimate interests and, where relevant, substantial public interest (safeguarding).
- Retain RAs and associated records for at least 3 years from last review (longer where required – e.g., asbestos/medical exposure records).
- Access is role-based; share on a need-to-know basis only.

12. ASSOCIATED POLICIES & REFERENCES

- LMSC: Health & Safety Policy; Safeguarding & Child Protection; SEND & Inclusion; Exams Contingency Plan; Emergency Evacuation for Examinations; Contractors/Permit-to-Work; Laboratory/Workshop Local Rules; Data Protection & Privacy Notices; Trips & Visits.
- External: HASAWA 1974; MHSWR 1999; Fire Safety Order 2005; COSHH 2002; DSE 1992; PUWER 1998; LOLER 1998; Manual Handling 1992; Electricity at Work 1989; Legionella (ACOP L8/HSG274); CLEAPSS guidance; DfE/Ofsted EIF; JCQ ICE.

13. APPROVAL & REVIEW RECORD

Version	Date Approved	Approved By (Signature)	Role	Next Review
1	[DD/MM/YYYY]		Head of Centre	[DD/MM/YYYY]

APPENDICES (OPERATIONAL TEMPLATES)

APPENDIX A – RISK ASSESSMENT TEMPLATE (GENERIC/TASK/AREA)

Activity/Area	Location	Assessor	Date	Review due	Persons at risk (incl. vulnera ble groups)
Hazard	Existing controls	L	S	Risk	Further actions (Hierarchy of Controls)

Emergency arrangements • SSoW reference • PPE • Training/briefing needed • Sign-off (manager)

APPENDIX B – COSHH RISK ASSESSMENT (SUBSTANCE-SPECIFIC)

Substance/Preparation | Use/Process | Quantity | Hazard classification (H-statements) | Exposure routes | People at risk | Controls (containment/LEV/substitution) | Storage/segregation | Waste/disposal | First aid/Spill response | PPE | Monitoring | Review date |

APPENDIX C – RISK MATRIX (5×5) & GUIDANCE

Likelihood and Severity descriptors with workplace examples; Risk band actions table (Low/Moderate/High/Intolerable) and sign-off thresholds.

APPENDIX D – DYNAMIC RISK ASSESSMENT CARD (ON-THE-DAY)

- Stop → Think (What's changed?) → Identify hazards → Evaluate risk (L/S) → Control (eliminate, isolate, reduce, PPE) → Proceed/Stop → Report changes.
- Pocket checklist for trips, events, exams, labs.

APPENDIX E – CHANGE MANAGEMENT CHECKLIST

Scope of change; stakeholders; legal/standards; training; communication; emergency procedures; contractors/permits; drawings/asbestos; test/commission; RA update; sign-off.

APPENDIX F – COMPETENCY & TRAINING LOG (ASSESSORS)

Name | Role | RA training | COSHH | Fire | Trips | Review due | Notes |

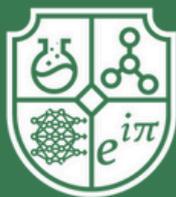
APPENDIX G – ANNUAL RA REVIEW SCHEDULE

Area/Activity | RA owner | Last review | Next due | Audit sample date | Notes/Actions |

APPENDIX H – EXAMPLE LOCAL RULES (LAB/WORKSHOP/EXAM HALL)

Key do/don't; supervision ratios; PPE; prohibited behaviours; emergency stops; evacuation; candidate device rules (exam); secure storage.

Printed copies are uncontrolled. The Competent Person maintains the master version and the RA library; managers ensure communication and implementation of controls in their areas.



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