



# **HEALTH AND SAFETY POLICY**

**ADOPTED AT THE MEETING OF  
LOCAL GOVERNING BODY  
HELD ON 21<sup>st</sup> MARCH 2023**

Signature of Chair:

Headteacher:

Review period: Annual

# Contents

1. Statement of Policy and Aims .....	3
2. Roles and responsibilities.....	3
3. Arrangements .....	4
4. Site security .....	5
5. Fire .....	6
6. COSHH.....	7
7. Equipment.....	8
8. Lone working.....	9
9. Working at height .....	9
10. Manual handling.....	9
11. Off-site visits .....	10
12. Lettings .....	10
13. Violence at work.....	10
14. Smoking.....	9
15. Infection prevention and control .....	9
16. New and expectant mothers.....	12
17. Occupational stress.....	12
18. Accident reporting .....	11
19. Training.....	13
20. Monitoring .....	13
21. Links with other policies .....	13
Appendix 1. Fire safety checklist.....	14
Appendix 2. Accident report.....	14
Appendix 3. Recommended absence period for preventing the spread of infection.....	16

# 1. Statement of Policy and Aims

## 1.1 Statement of Policy

It is the intention of the governors that for health and safety purposes the school will operate within any structure and framework set out by the Rowan Learning Trust and will apply all health and safety instructions and advice issued by the Local Authority and/or the Health and Safety Executive.

## 1.2 Aim of the Statement

Our school aims to:

Provide and maintain a safe and healthy environment throughout school.

Establish and maintain safe working procedures amongst staff, pupils and all visitors to the school site

Have robust procedures in place in case of emergencies

Ensure that the premises and equipment are maintained safely, and are regularly inspected

To ensure the provision of sufficient information, instruction and supervision for all people on site to enable them to avoid hazards and to contribute positively to their own safety and health at work including access to training.

To lay down procedures in case of an accident

To provide and maintain adequate welfare facilities

This policy complies with our funding agreement and articles of association.

# 2. Roles and responsibilities

## 2.1 The Governing Board

The Local Governing body has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to the Headteacher. A report of accidents in school is made to Governors on a termly basis by the School Business Manager.

The Governing body has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Rowan Learning Trust, as the employer, also has a duty to:

Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks

Inform employees about risks and the measures in place to manage them

Ensure that adequate health and safety training is provided

The Link Governor for health and safety is Mrs C Mournian.

## 2.2 Headteacher

The Headteacher is responsible for health and safety day-to-day. This involves:

Implementing the health and safety policy

Ensuring there is enough staff to safely supervise pupils

Ensuring that the school building and premises are safe and regularly inspected

Providing adequate training for school staff

Reporting to the governing board on health and safety matters

Ensuring appropriate evacuation procedures are in place and regular fire drills are held

Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff.

Ensuring that a system is established for the reporting, recording and investigating of accidents and that all reasonable steps are taken to prevent re-occurrences.

Being available to appointed safety representatives and to co-operate with them as far is reasonable in their efforts to carry out their functions.

Monitoring cleaning contracts. Currently contracted to external company ISS who will ensure cleaners are appropriately trained and have access to personal protective equipment, where necessary

Reporting to the Board of Directors of the Rowan Learning Trust those instances where the Headteacher's executive authority does not allow the elimination or reduction to a satisfactory level of a hazard, but to take all necessary short-term measures to avoid danger pending rectification.

In the head teacher's absence, the deputy Headteacher assumes the above day-to-day health and safety responsibilities.

### **2.3 External Advisor**

The nominated health and safety advisors are externally appointed and are currently Compliance Education.

The nominated lead in school is the School Business Manager

### **2.4 Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

Take reasonable care of their own health and safety and that of others who may be affected by what they do at work

Co-operate with the school on health and safety matters

Work in accordance with training and instructions

Inform the Headteacher of any work situation representing a serious and immediate danger so that remedial action can be taken

Model safe and hygienic practice for pupils

Understand emergency evacuation procedures and feel confident in implementing them

### **2.5 Pupils and parents**

Pupils and parents are responsible for following the school's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

### **2.6 Contractors**

They complete the Trusts/Schools approval process / competence questionnaire and provide the relevant supporting evidence.

They carry out their work in accordance with relevant legislation, best practice and any identified safe working practice and are fully aware of the responsibilities and requirements placed upon them by the Health & Safety at Work Act 1974 and other relevant legislation.

Comply with any reasonable health and safety direction issued by the representatives of The Trust / Marus Bridge Primary School

Risk assessments and method statements in relation to their activities have been completed and communicated to the School Manager prior to undertaking any works.

They report any hazards, or additional risks to health and safety that have not been eliminated, or adequately controlled through the risk assessment process, to the School Manager, so that additional risk assessments may be made.

They will cooperate with the Trust/School to ensure a high standard of health and safety on all works/contracts with which they are involved.

They will comply with signing in and out procedures

Ensure that all plant and equipment brought onto the school grounds is in good working order, accompanied by any necessary certificates and records of inspection and maintenance.

Ensure that any articles or substances brought in, which may be hazardous to health, are accompanied by a COSHH assessment and Manufacturers Safety Data Sheet, and that information contained within is passed to persons who may be affected.

Report any injury sustained, or damage caused, by their employees, to the School Manager at the earliest opportunity, before leaving the school.

Maintain the highest standards of housekeeping whilst working. Waste material is to be removed at regular intervals and prior to completion of the contractor's work

### **3. Arrangements**

#### **First Aid**

The school will ensure that a minimum of 7 staff based at the school are first aid trained.

A First Aid assessment will be carried out to help identify the most probable accidents so that facilities and equipment are suitable. First aid kits will be provided in designated areas throughout the school. The First Aiders are responsible for checking the first aid supplies on a regular basis.

School staff and volunteers who have not received first aid training should not attempt to administer first aid treatment and seek professional medical assistance immediately.

#### **Construction, Design and Management**

The school acknowledge the duties placed upon them as the role of a Client by the Construction (Design and Management) Regulations. As the Client, the school will ensure that (as necessary) all appointed parties (i.e. Principal Designer and/or Principal Contractor etc.) are competent to conduct their roles safely and effectively.

As part of its role, the school will ensure that suitable arrangements are in place for managing any construction work/projects. This includes ensuring adequate time and resources are made available, any relevant information is prepared and shared with the other duty holders and that welfare facilities are provided.

Where projects are notifiable, the Head Teacher will have responsibility for ensuring that the relevant F10 is completed and submitted to the HSE; advice will be sought from the schools external advisors.

The school operate a contractor/supplier approval process which all other duty holders will be subject to before appointment of any works.

#### **Welfare Facilities**

The school will ensure that adequate welfare facilities are provided to all staff, volunteers and contractors working within the school grounds. Where the school is undergoing any significant construction projects, temporary welfare units may be required.

All work areas are provided with adequate space, lighting and heating facilities in accordance with the Workplace (Health, Safety and Welfare) Regulations 1992.

## **Active and Reactive Monitoring**

The Trust/School understand the necessity and benefits of both proactive and reactive monitoring and will therefore undertake regular inspections to ensure compliance with legislation and best practice, and to identify positive behaviour as well as any potential hazards or bad practices.

All reports will be submitted to the Trust for review at their Trustee meetings. The external H&S Advisors will also conduct active monitoring as part of their service.

Reactive monitoring will be undertaken in the form of collating accident and ill-health statistics and completing trend analysis to determine if there are further controls that the school could be implementing.

Annual audits of the full health and safety management system will be undertaken with our external health and safety consultants. An action plan and new objectives will be developed following this each year.

## **4. Site security**

The caretaker is responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Headteacher and caretaker are key holders and will respond to an emergency.

## **5. Fire**

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises is undertaken annually and an action plan created with any remedial work required.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous bell.

Fire alarm testing will take place Friday weekly.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately

Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk

Staff and pupils will congregate at the assembly points. These are KS1 and KS2 playgrounds.

Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day

The School Business Manager will take a register of all staff

Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A fire safety checklist can be found in appendix 1.

## **6. COSHH**

Schools are required to control hazardous substances, which can take many forms, including:

Chemicals

Products containing chemicals

Fumes

Dusts

Vapours

Mists

Gases and asphyxiating gases

Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are provided by ISS & Local Kitchen and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Hazardous products are stored in a locked cupboard in the caretaker's office, outer kitchen area, cleaners rooms located in lower and upper KS2 areas. Staff or pupils are unable to gain access to these cupboards/rooms.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

### **6.1 Gas safety**

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer.

Gas pipework, appliances and flues are regularly maintained under the schools compliance maintenance contract.

All rooms with gas appliances are checked under the schools compliance maintenance contract to ensure that they have adequate ventilation

### **6.2 Legionella**

A water test is completed weekly by the caretaker. The caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.

This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint.

Legionella water monitoring is carried out monthly as part of a buy-back service with an external company who undertake the maintenance and compliance schedule. This includes temperature checks, heating of water, disinfection of showers.

### **6.3 Asbestos**

Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work

Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

A record is kept of the location of asbestos that has been found on the school site in the asbestos management plan kept in the main office and caretakers room.

## **7. Equipment**

All equipment is maintained by a competent contractor in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place

When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards

### **7.1 Electrical equipment**

All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely

Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them

Any potential hazards will be reported to the caretaker or school business manager immediately

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed. Fixed wiring test is completed every five years by an external competent person.

Only trained staff members can check plugs

Where necessary a portable appliance test (PAT) will be carried out by an external competent person annually

All isolator switches are clearly marked to identify their machine

Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by an external competent person. Laptops are maintained & repaired where possible by internal IT technicians.

### **7.2 PE equipment**

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely

Any concerns about the condition of the gym floor or other apparatus will be reported to the caretaker or member of staff with curriculum responsibility for P.E

### **7.3 Display screen equipment**

All staff who use computers daily as a significant part of their normal work complete a display screen equipment (DSE) self -assessment, this is carried out annually or if a workstation changes. When new staff are employed an assessment will also be carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time. The self-assessment forms are reviewed by the external health & Safety advisor Compliance Education.

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

### **7.4 Specialist equipment**

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.



## **8. Lone working**

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure that they are medically fit to work alone.

## **9. Working at height**

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The caretaker retains ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons

## **10. Manual handling**

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The school will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.

Staff are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear

When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable.

The caretaker undertakes manual handling training with ISS

## **11. Off-site visits**

When taking pupils off the school premises, we will ensure that:

Risk assessments will be completed where off-site visits and activities require them. School uses Evolve which is an online tool for planning & managing educational visits, this is submitted to the Local Authority who then authorise the visit.

All off-site visits are appropriately staffed taking into account the activity and age of the child.

Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details

There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage, on all other year group trips there will always be at least one first aider.

## **12. Lettings**

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy and will have responsibility for complying with it.

A general site risk inspection is completed weekly by the caretaker and any issues highlighted will be shared with the lettings.

## **13. Violence at work**

We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Headteacher immediately. This applies to violence from pupils, visitors or other staff.

## **14. Smoking**

Smoking or vaping is not permitted anywhere on the school premises.

## **15. Infection prevention and control**

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

### **15.1 Handwashing**

Wash hands with liquid soap and warm water, and dry with paper towels

Always wash hands after using the toilet, before eating or handling food, and after handling animals

Cover all cuts and abrasions with waterproof dressings

## **15.2 Coughing and sneezing**

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is discouraged

## **15.3 Personal protective equipment**

Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)

Wear goggles if there is a risk of splashing to the face

Use the correct personal protective equipment when handling cleaning chemicals

## **15.4 Cleaning of the environment**

Clean the environment, including toys and equipment, frequently and thoroughly

## **15.5 Cleaning of blood and body fluid spillages**

Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment

When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface

Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below

Make spillage kits available for blood spills

## **15.6 Laundry**

Wear personal protective clothing when handling soiled linen

Bag children's soiled clothing to be sent home, never rinse by hand

## **15.7 Clinical waste**

Always segregate domestic and clinical waste, in accordance with local policy

Used nappies/pads are stored in a clinical nappy bin, gloves, aprons and soiled dressings are stored in correct clinical waste bags in external bins

Remove clinical waste with a registered waste contractor

Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

## **15.8 Animals**

Wash hands before and after handling any animals

Keep animals' living quarters clean and away from food areas

Dispose of animal waste regularly, and keep litter boxes away from pupils

Supervise pupils when playing with animals

Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

## **15.9 Pupils vulnerable to infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children.

These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and

further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

### **15.10 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

## **16. New and expectant mothers**

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are summarised below:

## **17. Occupational stress**

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through regular meetings with line management .

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

See also Sickness Management Policy and the referral to Occupational Health as soon as a diagnosis is known. Staff also have access to employee assistance helpline.

## **18. Accident reporting**

### **18.1 Accident record book**

An entry in the accident book will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it for any minor injuries and a note sent home.

An incident report form will be completed for more serious accidents or incidents that occur and as much detail as possible will be supplied when reporting the incident. An incident form template can be found in appendix 2

Information about injuries will also be kept in the pupil's educational record

Records held in the first aid and accident book will be retained by the school in line with RLT data retention policy

The School Business Manager will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation. The School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

### **18.2 Notifying parents**

The person administering first aid or class teacher will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

### **18.3 Reporting to Ofsted and child protection agencies**

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify Wigan Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

The school operate a specific accident recording and reporting procedure.

## **19. Training**

Our staff are provided with health and safety training as part of their induction process. They receive the following policies and ongoing health & safety training. A training matrix is maintained for basic health & safety training, this is managed by the School Business Manager and refresher training organised when required.

Staff handbook

Code of Conduct

Safeguarding policy

Behaviour Policy

Whistleblowing policy

Health & Safety policy

First Aid policy

## **20. Monitoring**

This policy will be reviewed by the School Business Manager annually.

At every review, the policy will be approved by the Headteacher, Local Governing Body Committee.

School inspections are completed termly by the Headteacher

Monthly visits by Compliance Education

Fire safety checks

Internal audits

Active monitoring is completed weekly by the caretaker.

School is subject to random inspections by the Insurer who are the RPA (Risk Protection Agency)

## **21. Links with other policies**

This health and safety policy links to the following policies:

- Medical Needs
- SEND
- Accessibility plan
- Intimate care policy
- Sickness Management Policy
- First Aid

## Appendix 1. Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

## Appendix 2. Incident report form

### PERSON DETAILS

Person Involved	Year	Age	Gender	Home Address

### PLEASE TICK

Student	Staff	Contractor	Visitor	Governor	Parent	Other

### OTHER PERSON(S) INVOLVED

Name	Occupation	Home Address

### NAME AND ADDRESS OF ANY WITNESSES

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Date of Incident	Time of Incident	Place of Incident

### DESCRIPTION OF HOW THE INCIDENT OCCURRED

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### INJURIES SUSTAINED

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### FIRST AID

Name of First Aider	Details of treatment given




### Appendix 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from [non-statutory guidance for schools and other childcare settings](#) from Public Health England (PHE). For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check](#)

#### Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.	
<b>Chickenpox (Shingles)</b>	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
<b>German measles (rubella)*</b>	Five days from onset of rash.	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.

<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.	
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
<b>Ringworm</b>	Exclusion not needed once treatment has started.	Treatment is required.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.	Household and close contacts require treatment.
<b>Scarlet fever*</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to

		parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

## Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise.  If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
<b>E. coli O157 VTEC</b> <b>Typhoid* [and paratyphoid*]</b> <b>(enteric fever) Shigella</b> <b>(dysentery)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
<b>Cryptosporidiosis</b>	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming for two weeks after the diarrhoea has settled

<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).	
<b>Salmonella</b>	Until 48 hours after symptoms have stopped	
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.	

## Respiratory infections

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Flu (influenza)</b>	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Tuberculosis*</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.	
<b>Whooping cough*</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

## Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local PHE centre.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.	
<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
<b>Glandular fever</b>	None (can return once they feel well).	
<b>Head lice</b>	None	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A*</b>	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.

<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
<b>Hepatitis C</b>	None	
<b>Meningococcal meningitis*/ septicaemia*</b>	If the child has been treated and has recovered, they can return to school	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
<b>Meningitis* due to other bacteria</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
<b>Mumps*</b>	5 days after onset of swelling (if well).	Preventable by vaccination

<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.	
<b>Threadworms</b>	None	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

