

Health and Safety Policy

2022

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1. AIMS

Our school aims to:

Provide and maintain a safe and healthy environment

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

2. LEGISLATION

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

[The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

[The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test

[The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register

[The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff

[The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

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

3. ROLES AND RESPONSIBILITIES

3.1 The Trust Board

- To produce and regularly review the Health and Safety Policy for the Trust. This policy will reflect the requirements of the Health and Safety at Work Act 1974 by outlining arrangements to ensure, so far as is reasonably practicable, the health, safety and wellbeing of staff, pupils and other affected by the organisation.
- To monitor both compliance with, as well as the effectiveness of, this policy
- To provide adequate resources to meet the Trust's legal responsibilities as well as compliance with this policy
- To review the Trust's Risk Register

3.2 The CEO

The CEO has ultimate day to day responsibility for health and safety management and will take all reasonably practicable steps to secure the health and safety of pupils, staff and others by ensuring good practice is developed and implemented with a proactive Health & Safety management and culture.

- Reports to the Trust Board on health and safety performance and to monitor both compliance with, as well as the effectiveness of, this policy
- Report to the Trust Board any significant risks or policy requirements which cannot be met with the
- Delegates responsibility to the Business Operations Manager and Headteachers

3.3 Business Operations Manager

The Business Operations Manager is Anna Pearce and is responsible to the CEO and Trust Board.

The Business Operations Manager has the delegated task of managing the day-to-day Health and Safety management processes for schools within the trust, assisting Site Managers/Headteachers where required.

The Business Operations Manager will liaise with Caretakers/Site Managers for each site to fulfil this and to develop a positive culture to Health and Safety throughout the organisation.

Other duties include:

- Write, develop and review the Health and Safety Policy and any sub policies where required
- Cooperate and communicate with the CEO to ensure that this policy is implemented and complied with, preparing a termly report on health and safety performance and compliance

- Liaise and Assist Headteachers on health and safety matters in their schools, where necessary
- Assist with the identification of training needs and delivery within schools to ensure staff are knowledgeable, legally compliant and competent to carry out their role
- Develop and support links with Caretakers/Site Managers
- Ensure all staff and contractors are aware of their Health and Safety Responsibilities and follow CDM regulations
- Liaise with Caretakers/Site Manager where required to develop and maintain records of inspection and maintenance and ensure all remedial action identified and addressed promptly or made known to the CEO and trust board if funds are not available

3.4 Executive Headteachers, Headteachers and Head of Schools

The Executive Headteachers, Headteachers and Head of School have day-to-day responsibility for Health and Safety management and will take all reasonably practicable steps to secure the health and safety of pupils, staff and others whilst ensuring that policy is followed.

In particular, their duties will include:

- Robust risk assessments for work activities, premises and compliance are undertaken and regularly reviewed as appropriate and that identified control measures or remedial works are implemented
- Communicate the policy and other relevant safe working procedures with all staff via appropriate training and instruction
- Report any significant risks or policy requirements that cannot be met within budget to the CEO or Business Operations Manager
- Ensure all accidents and near misses are reported and investigated
- Promote a positive health and safety culture by leading by example
- Ensure appropriate action is taken with any health, safety and welfare issues that are referred to them, informing the CEO of any issues which can not be resolved within the resources available
- Carry out daily walkthroughs of the school site to identify any hazards, to include a check of outdoor play equipment. Any findings must be reported to the Headteacher/Senior Administrator
- Ensure there is a suitable recording and monitoring system for visitors

School	Executive Head/Heateacher/HoS
Elburton Primary School	Keith Smithers
Ford Primary School	David Yuill
Hyde Park Infant School	Yvonne Russell-Jones (EH) and Denise Razey (HoS)

Hyde Park Junior School	Yvonne Russell-Jones (EH) and Mark Dellow (HoS)
Hooe Primary Academy	Kate Lewin
Plaistow Hill Infant and Nursery School	Emma Young
Pomphlett	Claire Makelis
Victoria Road Primary and Nursery School	Sharon Burnett
Widewell Primary Academy	Vicky Broughton

3.5 Site Managers/Caretakers/Senior Administrators

The Site Managers, Caretakers and Senior Administrators (where applicable) have day-to-day responsibility to support the headteacher with Health and Safety management and will take all reasonably practicable steps to secure the health and safety of pupils, staff and others whilst ensuring that policy is followed.

In particular, their duties will include:

- Robust risk assessments for work activities, premises and compliance are undertaken and regularly reviewed as appropriate and that identified control measures or remedial works are implemented
- Communicate the policy and other relevant safe working procedures with all staff via appropriate training and instruction
- Report any significant risks or policy requirements that cannot be met within budget to the CEO or Business Operations Manager
- Ensure all accidents and near misses are reported and investigated
- Promote a positive health and safety culture by leading by example
- Ensure appropriate action is taken with any health, safety and welfare issues that are referred to them, informing SLT of any issues which cannot be resolved within the resources available
- Carry out daily walkthroughs of the school site to identify any hazards, to include a check of outdoor play equipment. Any findings must be reported to the Headteacher/Senior Administrator
- Ensure all staff inductions include Health and Safety Awareness
- Ensure there is a suitable recording and monitoring system for visitors

School	Site Manager
Elburton Primary School	Nick Carter
Ford Primary School	Martin Barbour

Hyde Park Infant School	Simon Bouch
Hyde Park Junior School	Simon Bouch
Hooe Primary Academy	Andrew McQuillan
Plaistow Hill Infant and Nursery School	Dave Turner
Pomphlett	Gary Thomas / Debbie Reid (SA)
Victoria Road Primary and Nursery School	Kevin Smith
Widewell Primary Academy	Andrew McQuillan

3.6 All Staff

Under the health and safety of work act 1974, all employees have general health and safety responsibilities. All employees are obliged to take care of their own health and safety whilst at work along with that of others who may be affect by their actions. This also applies to volunteers who are under the control of the trust.

Specifically, all employees have responsibility to:

- Take reasonable care for the health and safety of themselves and others in undertaking their work
- Comply with the Trust's health and safety policy arrangements at all times
- Report all accidents and incidents in line with the reporting procedure
- No intentionally interfere with or misuse any equipment or fittings provided in the interests of health and safety and welfare
- Report all defects in the condition of premises or equipment and any health and safety concerns immediately to their line manager
- Ensure that they only use equipment or machinery that they have received relevant training for
- Make use of all necessary control measures and personal protective equipment provided for safety or health reasons
- Read, understand and follow all relevant Health and Safety documentation and updates, providing feedback where required

Contractors will agree health and safety practices with the headteacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

3.7 Children and parents

Children and parents, in accordance with their age and aptitude, are expected to:

- To exercise personal responsibility for the health and safety of themselves and others
- To observe standards of behaviour and dress consistent with safety and/or hygiene
- To observe all the health and safety rules of the school, including personal hygiene and instructions from staff during an emergency
- Not wilfully misuse, neglect or interfere with facilities or equipment provided for their and others' health and safety

3.8 Contractors

All contractors must report to main reception where they will be asked to sign in and wear an identification badge. Contractors will be issued with guidance and requirements for safe practice whilst on site. Where necessary, contractors will be asked to sign to confirm that they have read and understood the Asbestos Register.

To ensure contractor competency, the Nominated Person in Charge will undertake competency checks prior to engaging any contractor. Should any concerns be raised contact will be made with the Headteacher or Business Operations Manager.

In respect of construction works, the Person in Charge will ensure the client's duties under the Construction (Design and Management) Regulations 2015 have been understood and complied with.

4. SITE SECURITY

Headteachers, Business Manager and Site Managers are 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.

5. FIRE SAFETY

The Site Manager is responsible for ensuring that the fire risk assessment is undertaken by an independent third part and recommendations and controls implemented accordingly. The fire risk assessment is to be located in the Site Control Logbook and a copy uploaded on to EVERY, the property and compliance portal. This is reviewed annually.

Fire and emergency evacuation procedures are detailed in the Fire Emergency Plan document which is located in all schools and a summary Fire Action notice will be posted at the exit point of each room. These procedures will be reviewed along with the fire risk assessment and are made available to all staff as part of the school's induction process.

All staff will be briefed on the contents of the Fire Emergency Plan on an annual basis.

This will be augmented by fire drills which will be undertaken termly, and results recorded in the Fire logbook.

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 completed by the Site Manager at each school 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.

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

All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

A water risk assessment is completed at each school is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book

A suitable and sufficient Legionella Risk Assessment will be carried out every year and when significant changes have occurred to the water system and/or building footprint. Any remedial recommendations will be completed accordingly.

Each school must ensure that the designated water supply checks and maintenance tasks are carried out by the site team and contracted provider under the terms of contract and are recorded.

See Legionella Risk Assessment and Written Scheme.

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

An asbestos management plan and asbestos register is maintained and reviewed annually.

7. EQUIPMENT

All equipment and machinery is maintained 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

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

7.1 Electrical equipment

All staff must conduct a visual inspection of plugs cables and electrical equipment prior to use. Defective equipment to be reported immediately to the Site Manager and taken out of use.

All portable items of electrical equipment will be subject to formal inspection (PAT test) and, where appropriate, a testing regime on an identified cycle dependant upon the level of risk associated with the particular appliance.

Personal items of equipment should not be brought in to the Trust without prior authorisation and must be subject to the same inspection process as Trust-owned equipment.

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/site manager

7.3 Display screen equipment

All staff that use display equipment for continuous spells of an hour or more, or a total daily time of three hours or more, must undertake a DSE assessment and complete the relevant raining package via the Trust's e-learning provider in accordance with the requirements of the Health and Safety (Display Screen Equipment) Regulations 1992.

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 a contribution towards the cost of corrective glasses provided if required specifically for DSE use)

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/site manager 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 and pupils 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

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

All off-site visits are appropriately staffed

Staff will take a school 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.

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.

13. SMOKING AND VAPING

Smoking and vaping are not permitted at any time or anywhere on the school premises.

14. 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.

14.1 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

14.2 Coughing and sneezing

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is discouraged

14.3 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

14.4 Cleaning of the environment

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

14.5 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

14.6 Laundry

Wash laundry in a separate dedicated facility

Wash soiled linen separately and at the hottest wash the fabric will tolerate

Wear personal protective clothing when handling soiled linen

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

14.7 Clinical waste

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

Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated 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

14.8 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

14.9 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.

14.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 2.

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

15. 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:

Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation

Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

16. OCCUPATIONAL STRESS

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

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

17. ACCIDENT REPORTING

17.1 Accident record book

An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2

As much detail as possible will be supplied when reporting an accident

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 for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

17.2 Reporting to the Health and Safety Executive

The headteacher/CEO will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The headteacher/CEO 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.

Reportable injuries, diseases or dangerous occurrences include:

Death

Specified injuries. These are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days

Where an accident leads to someone being taken to hospital

Where something happens that does not result in an injury, but could have done

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Information on how to make a RIDDOR report is available here:

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)

<http://www.hse.gov.uk/riddor/report.htm>

17.3 Notifying parents

The Headteacher 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.

17.4 Reporting to Ofsted and child protection agencies

The CEO 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 CEO will also notify the local authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

18. TRAINING

Our staff are provided with health and safety training as part of their induction process.

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

19. MONITORING

This policy will be reviewed by the trust board every 2 years.

At every review, the policy will be approved by the CEO and trust board.

20. LINKS WITH OTHER POLICIES

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan

Appendix 4. 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).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	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.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.

German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	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.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	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.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	

Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	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.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. 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 shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
Warts and verrucae	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
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	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
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	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.

Tuberculosis*	Always consult your local PHE centre	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.
Whooping cough*	Five days from starting antibiotic treatment, 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
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	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.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.

Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	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.
Meningococcal meningitis*/ septicaemia*	Until recovered	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.
Meningitis* due to other bacteria	Until recovered	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.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.

MRSA	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.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	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.