**Policy:** Health and Safety Policy
**F&R approval:** March 2025
**Ratified FGB**: March 2025
**Review:** March 2027

## Holy Trinity Church of England (VA) Primary School

Believe • Achieve • Inspire •

# Health and Safety Policy

**SCHOOL VISION**

## Our vision is for our pupils to flourish in an inclusive, inspirational place of learning where we are happy, respectful, kind and safe.

At Holy Trinity Church of England Primary School our Christian vision shapes all we do.

*"I know that there is nothing better for people than to be happy and to do good while they live.'*
*Ecclesiastes 3:12.*

- we facilitate opportunities so every child can flourish in a place where they feel **safe**, **happy and confident**.
- staff **well-being** and professional development is valued and supported in order to fulfil their roles, **inspire** others and experience personal **fulfilment**.
- the school provides facilities that enables our pupils to reach their potential in an **optimum learning environment**.
- the **school plays a central role within our community** and enjoys strong **links with the church, local companies and other schools.**
- we create a culture of vigilance to **safeguard** all children.

***The governor who oversees health and safety is Tim Fettes.***
***The nominated health and safety lead is the Headteacher: Mrs Jo Griffith***

# Contents

## 1. AIMS

At Holy Trinity Church of England Primary School our aim is to provide a safe place for staff, pupils and visitors. (See aims stated above).

## 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.

## 3. ROLES AND RESPONSIBILITIES

### 3.1 The Local Authority (RBWM) and School Governing Board

RBWM has ultimate responsibility for health and safety matters in the school, but delegates the responsibility for the strategic management of such matters to the school's Governing Board.

### 3.2 The Governing Board and Staff

The Governing Board has ultimate responsibility for health and safety matters in the school, but delegate day-to-day responsibility to the Headteacher and school Bursar. The Governing Board 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 Governing Board has a duty to:

- Monitor the school's Health and Safety Policy
- Make sure that procedures are in place to carry out the policy
- Make sure the Governing Board receives regular reports on Health and Safety issues
- Make sure the school keeps effective Health and Safety records

### 3.3 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 all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary
- In the Headteacher's absence, the Bursar assumes the above day-to-day health and safety responsibilities.

### 3.4 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 appropriate person of any work situation representing a serious and immediate danger
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

### 3.5 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.

### 3.6 Contractors

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.

## 4. SITE SECURITY

The Bursar and school caretaker 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.
***If the alarm is raised*** SCS (the alarm company) will call EMCS (the monitoring station) who will contact RBWM. RBWM will contact the key holders, who will attend the site and investigate.

## 5. FIRE

**5.1** Emergency exits, assembly points and assembly point instructions are clearly identified by safety lighting, signs and notices.

- Fire risk assessment of the premises will be reviewed regularly
- Emergency evacuations are practised at least once a term
- The fire alarm is a loud continuous bell and fire alarm testing will take place once a term
- New staff will be trained in fire safety procedures 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 will be contacted. Evacuation procedures will also begin immediately.
- Fire extinguishers may be used by staff, 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 point in the main playground at the front of school.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The kitchen staff are responsible for taking their own register. They will assemble in the school playground.
- The office staff will take a register of all staff and visitors on site.
- Staff and pupils will remain outside the building until the emergency services or school leader 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.
- In the event a child with a physical disability is attending the school, the child will have a personal emergency evacuation plan (PEEP) tailored specifically to suit their needs.
- A fire safety checklist can be found in Appendix 1.

### 5.2 Emergency Migration/Lockdown

Please see separate 'School's Emergency Plan' RBWM and school lockdown procedures

## 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 **Vervia** and stored in the school office. A copy will be given to the school caretaker who primarily works with hazardous substances. Staff will 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. All hazardous substances are stored in a locked cupboard away from pupils. 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. A notice reminding staff to keep the door, of the cupboard containing chemicals, locked at all times is displayed on the door.

### 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 full water risk assessment is carried every 3 years and legionella checks are carried out regularly between full inspections. The school is deemed to be low risk in all areas. The Bursar is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book. The risks from legionella are mitigated by an external company through RBWM testing the following: such as temperature checks, heating of water, disinfection of the shower etc.

### 6.3 Asbestos

The school has a small amount of asbestos on sight.

- Where necessary, 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 in the school office of the location of asbestos that has been found on the school site.

## 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 standards and is in good working order.
- 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 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 Headteacher/Bursar immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) is carried out by a competent person through RBWM services
- 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 a competent person

### 7.2 PE Equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. The class teacher must check that equipment is set up safely before children can use it.
- Any concerns about the condition of the gym floor or any apparatus will be reported to the school Bursar and the caretaker.

### 7.3 Display Screen Equipment

- 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.

### 7.4 Specialist equipment

- Parents are responsible for the maintenance and safety of their children's equipment such as wheelchairs and other specialist equipment. In school, staff promote the responsible use of wheelchairs and other equipment and liaise with parents to ensure specialist equipment is safe.

## 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 or classroom

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. All staff have a responsibility to follow the guidelines for lone working.

## 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.

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 mobile phone, a portable first aid kit, information about the specific medical needs and sick bags for coach trips.
- There will always be at least one first aider with a current 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, paid or unpaid, will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it.

## 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 Headteacher immediately. This applies to violence from pupils, parents, visitors or other staff.

## 14. SMOKING

Smoking 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

- Children are always encouraged to wash hands after using the toilet, before eating or handling food, and after handling animals
- When engaged in hygiene activities all cuts and abrasions should be covered with waterproof dressings

### 15.2 Coughing and sneezing

- Tissues are available in areas throughout the school. Children are encouraged to cover mouth and nose with a tissue and wash hands after using or disposing of tissues.
- Spitting is strongly 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 changing, cuts or nose bleeds)
- 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. The school has a washing machine for such use and please notify the caretaker or Bursar if areas are not sufficiently cleaned.

### 15.5 Cleaning of blood and body fluid spillages (refer to full blood and bodily fluid procedures document)

- 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

### 15.6 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

### 15.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with the local RBWM policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in the correct clinical waste bags in foot-operated bins
- Remove clinical waste from the site 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
- Supervise pupils when playing with visiting animals or when on trips
- Assess the risk to children

### 15.9 Pupils vulnerable to infection

Some medical conditions may make pupils vulnerable to infection that would rarely be serious for 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 any of these, the parent/carer will be informed promptly and further medical advice sought. The school may advise parents to seek further medical advice or 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* and on display in the medical room. 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 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

## 17. OCCUPATION 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. Lifestyle Support is our employee assistance programme through RBWM. Freephone 0808 1682143 website: www.carefirst-lifestyle.co.uk. Username and password is RBWM.

## 18. ACCIDENT AND INCIDENTS PROCEDURES

### 18.1 Accident record book

- First aid equipment can be found in the school medical room, the classrooms, the main hall and the school office.
- All accidents are recorded in an accident book and the top copy is sent home.
- The record book is monitored to identify risks and action to minimise risk.

- Many staff are trained in First Aid and a number of staff hold Paediatric First Aid certificates.
- Regular emergency First Aid courses are held for all staff.
- Notifiable accidents and incidents are recorded and passed to the LA as appropriate.
- Parents are notified of accidents occurred with their children and records are kept in school. These forms are checked regularly for trends of accidents.
- Letters are sent to parents to notify them that their child has received a head bump.
- Disposable gloves are available and all staff are advised to use these when dealing with broken skin, bleeding or other cases of body fluids.
- If there is an emergency situation, an ambulance is called to transport a child to hospital. Wherever possible, the parent should accompany their child. If this is not possible, the child is accompanied by two members of staff.
- 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.

### 18.2 Workplace temperatures

During working hours, the temperature in all indoor workplaces must be reasonable. There's no law for minimum or maximum working temperatures, eg when it's too cold or too hot to work. However, guidance suggests a minimum of 16ºC or 13ºC if employees are doing physical work. There's no guidance for a maximum temperature limit. Employers must stick to health and safety at work law, including:

- keeping the temperature at a comfortable level
- providing clean and fresh air

Employees should talk to their employer if the workplace temperature isn't comfortable.

### 18.3 Reporting to the Health and Safety Executive

The Bursar will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR (Reporting of Injuries, Diseases or Dangerous Occurrences) 2013 legislation (regulations 4, 5, 6 and 7).
The Bursar 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 straight to hospital
- 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.

### 18.4 Notifying parents

The school office 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.

### 18.5 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 MASH of any serious accident or injury to, or the death of, a pupil while in the school's care.

### 19. 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 the lunch hall or work with pupils with special educational needs (SEN), are given additional health and safety training when necessary.

### 20. MONITORING

This policy will be reviewed by the Health and Safety governor and the Headteacher every 2 years. At every review, the policy will be approved by the full Governing Board.

## 21. Links with other documentation

This health and safety policy links to the following policies and procedures:

- School Emergency Plan
- RBWM Emergency Plan
- Lockdown Procedures
- Spillage Procedures
- Accident and Incident Procedures
- Fire Procedures
- Medical Conditions policy
- Intimate Care Policy
- Accessibility Plan
- Risk Assessments

This policy was adopted by Holy Trinity CE Primary School and agreed by the Finance and Resource Committee and ratified by the Full Governing Board.

Approved by……..on behalf of the School Governing Board.

Signature:……..

Date:……..

## Appendix 1. Fire Safety Checklist

## Holy Trinity CE Primary School

**Name of Assessor:_____Date of Checks:_____**

| | YES or No | Comments and Actions required |
|---|---|---|
| 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? | | |

Please forward to Headteacher

## Appendix 2. Accident Report

## Holy Trinity CE Primary School

| **Investigating Person:** | **Date of incident/accident:** | **People involved in accident or incident:** |
|---|---|---|
| **Ratio (adults to children):** | **Year group/age:** | **Location:** |
| **Brief outline including location, date and time:** | | |
| **Injuries caused & action taken:** | | |
| **Concerns identified:**<br><br>The concerns raised for investigation<br>1. Was the equipment, set up and resources of good condition and appropriate for the lesson activity?<br>2. Was there adequate supervision during the activity?<br>3. Was there clear behaviour expectations provided?<br>4. Was the purpose of the lesson made clear to the pupils and adults? | | |
| **Investigation outcome of incident or accident:** | | |
| **Outcome of Investigation** | | |

## Appendix 3. Asbestos Record

## Holy Trinity CE Primary School

| | Toilets | Roof | Classroom | Corridor | Hall |
|---|---|---|---|---|---|
| **Location** | | | | | |
| **Product** | | | | | |
| **Amount** | | | | | |
| **Surface coating** | | | | | |
| **Condition** | | | | | |
| **Ease of Access** | | | | | |
| **Asbestos type** | | | | | |
| **Comments** | | | | | |

## 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 time away from school** | **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 time away from school** | **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)** | 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. | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some 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 time away from school** | **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 time away from school** | **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 blood borne 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.