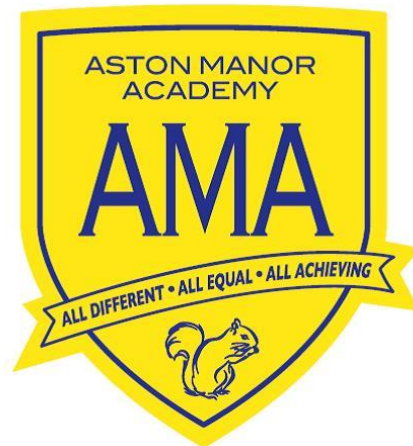


EQUITAS ACADEMIES TRUST



Chilwell Croft
Academy

HEALTH AND SAFETY POLICY

Date: November 2018
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Agreed: F & GP Board
Policy Lead: Marion Lower /
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1. Aims

Our Trust aims to:

-
- Provide a safe and healthy working and learning environment for staff, pupils, visitors and any other person using the school premises or facilities.
- To create an organisational structure and a culture in which risk assessment and control are routine.
- To create an organisational structure and a culture in which staff and pupils have the required safety, skills and access to detailed Health & Safety information.
- Provide safe systems for the control of noise, toxic and corrosive substances, dust and vapours under the Trust control.
- Formulate effective procedures for use in case of fire and other emergencies and for evacuation of the each Academy premises.
- Lay down procedures in case of accident and medical treatments.
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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 Trust 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

The trust board has ultimate responsibility for health and safety matters within both Academies, but will delegate day-to-day responsibility to headteachers

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 Trust premises.

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

- Provide a safe and healthy working and learning environment for staff, pupils, visitors and any other person using the school premises or facilities.
- To create an organisational structure and a culture in which risk assessment and control are routine.
- To create an organisational structure and a culture in which staff and pupils have the required safety, skills and access to detailed Health & Safety information.
- Provide safe systems for the control of noise, toxic and corrosive substances, dust and vapors under the Trust control.
- Formulate effective procedures for use in case of fire and other emergencies and for evacuation of the each Academy premises.
- Lay down procedures in case of accident and medical treatments.

3.2 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 Finance and general purposes committee 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, Business Managers assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Business Manager within each school. Both Managers ensure that they hold the appropriate training and that site staff through professional development have access to the necessary training relevant to their post.

3.4 Staff

Trust 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 Trust 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 so that remedial action can be taken
- 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 Trust'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 site staff 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

Site staff are responsible for the security of the Trust site in and out of Trust hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Chilwell Croft –Business Manager and site staff

Aston Manor-site staff are key holders and will respond to an emergency.

Both schools are have alarm systems, which are managed by ADT.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety 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/buzzer.

Fire alarm testing will take place once a week

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
- Chilwell Croft at the re of the playground with exit leading onto Summer Lane
- Aston Manor on the top playground
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The HR assistant at Chilwell Croft and the IT manager at Aston Manor will take a register of all staff and visitors
- 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.

6. Accidents/Incidents

- Notify reception to get a first aider to the scene.
- First aider assess and makes a decision as to whether we can deal with accident in school or does an ambulance needs to be called
- In school accidents, students taken to medical room, parent to be contacted and an accident form to be completed by the person who witnessed the initial accident.
- Accident forms are discussed at weekly meeting. Identify trends etc. However serious accidents are reported on the same day.
- Serious accidents are reported to governors.
- Students are followed up pastoral team /attendance officer.

7. 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 Site staff 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.

At Chilwell Croft hazardous products will be stored in locked cupboards in toilets and site staff container (locked)

At Aston Manor hazardous products will be stored in Locked Science and cleaner's stores

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.

7.1 Gas safety

- The Trust use an external provider Solihull Council to manage all our statutory testing's, this includes all our 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

7.2 Legionella

- The Trust use an external provider Solihull MBC to manage all our statutory testing's, this includes all our water safety
- A water risk assessment has been completed in 2018 by site staff are responsible for ensuring that the identified operational controls are conducted and recorded in the schools water log book
- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: [insert examples of controls or checks that are in place e.g. temperature checks, heating of water, disinfection of showers, etc.]

7.3 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

8. 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

8.1 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 Site Staff 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) will be carried out by a competent person
- All isolators 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 a competent person

8.2 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 site staff

8.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- 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)
- Yearly staff are asked to complete a workplace checklist provided by the Business Mangers.

8.4 Specialist equipment

- Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs.
- Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

9. 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.

10. 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 site staff 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

11. 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 Trust 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

12. 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 Trust trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

13. 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 Trust's health and safety policy and will have responsibility for complying with it.

14. 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.

15. Smoking

Smoking is not permitted anywhere on the school premises.

16. 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.

16.1 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

16.2 Coughing and sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is discouraged
-

16.3 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

16.4 Cleaning of the environment

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

16.5 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

16.6 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

16.7 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

16.8 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

16.9 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.

16.10 Exclusion periods for infectious diseases

The Trust will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 1.

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

17. 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
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18. 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 Trust for responding to individual concerns and monitoring staff workloads. Examples of this are well being days, stress risk assessments, workload balance and return to work interviews.

19. Accident reporting

- Notify reception to get a first aider to the scene.
- First aider assess and makes a decision as to whether we can deal with accident in school or does an ambulance needs to be called
- In school accidents, students taken to medical room, parent to be contacted and an accident form to be completed by the person who witnessed the initial accident.
- Accident forms are discussed at weekly meeting. Identify trends etc. However serious accidents are reported on the same day.
- Serious accidents are reported to governors.
- Students are followed up pastoral team /attendance officer.

19.1 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. 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 until the child reaches the age of 25

19.2 Reporting to the Health and Safety Executive

The 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 (regulations 4, 5, 6 and 7).

The Business Manager will report these to the external provider (Solihull MBC) 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 Trusts 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>

19.3 Notifying parents

The Headteacher or Business Manager 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.

19.4 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 Trust's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The safeguarding lead will also notify the local safeguarding board of any serious accident or injury to, or the death of, a pupil while in the schools care.

19.5 Retuning back to school after an injury

This policy intends to give advice to staff and parents/carers of the policies and protocols in place when a child or staff member is returning to school after a period of absence following certain illnesses or injury.

On the first day back following the absence there will be a requirement to complete a risk assessment which will be agreed by the parents/carers/employee and school to ensure that:-

- The child/employee is fit to return to school and that the return to school presents no unavoidable dangers or hazards to them
- The child/employee is fit to return to school and their injury presents no hazard or notable risk to others

Examples of Injuries/Notifiable Diseases could be:

- Broken/sprained or damaged limbs
- Head injuries
- Return with stitches or other similar treatments
- Eye patches/restricted vision, restricted hearing
- Restricted movement, e.g. use of crutches/wheelchair, heavy plasters etc.
- Persistent respiratory or allergic difficulties
- Measles
- Rubella (German Measles)
- Scarlet Fever

Parents/Carers/employee should:

- Inform the school in writing of any complications or restrictions on a child's return to school which should also be identified on the risk assessment completed on the first day back.

The School will:

- Inform the parents/carers/employee by letter of the return to school policy if their child/employee has been involved in a serious accident or illness and their child/employee is absent for a period of more than 5 days.

- Make the necessary provision to ensure that if necessary the agreed restrictions on the child's/employee movements and/or activities are in place, (as on the risk assessment) to ensure the safety of the child/employee whilst in school and/or others.
- A copy of the agreed risk assessment is given to the class teacher for information and action, and it is the teacher's responsibility to inform all other teaching staff taking the class.
- The Class teacher will inform the midday lunchtime supervisors of any restrictions that need to be in place for the safety of the child.
- Monitor the risk assessment appropriately to ensure that the decisions that were taken were the right ones in the circumstances.

The Parents/Carers/employee/school will:

- Assess the risk assessment at the end of the review period and agree what, if any, controls need to still be in place
- If an extension or further controls need to be in place another risk assessment will be completed and agreed by the parents and school
- The risk assessment will be completed by the Business Managers - see appendix 2

20. 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.

21. Monitoring

This policy will be reviewed by the Business Managers every 3 years.

At every review, the policy will be approved by Finance and General premises committee.

22. Links with other policies

This health and safety policy links to the following policies:

- First Aid Policy
- Risk Assessment Policy and Procedures
- Supporting pupils with medical conditions
- Stress Policy

Equitas Academies Trust

Appendix 1. 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 Trust 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 Trust 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 Trust 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 Trust 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 Trust 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.

Appendix 2. Example RISK ASSESSMENT: PUPILS RETURNING TO SCHOOL

Child name:		Issue:	Pupils on crutches		
Assessment carried out by:		Date:		Date of Review:	

What are the Hazards	Who might be harmed and how?	Existing Control Measures What are you already doing?	What further action is necessary?	Action by who?	Action by when?	Completed
<p>Access/egress</p> <p><i>(Ramps/kerbs/slopes/steps)</i></p>	<p>Pupil</p> <p>Slips, trips, falls</p>	<ul style="list-style-type: none"> Parents escort pupil to and from school Ramped access available – if required Car parking space made available close to school entrance – if required 	<p>You may have further actions that you wish to add</p>	<p>Name of person responsible to be added here</p>	<p>Realistic time frame to be added</p>	<p>Sign and date when further actions have been completed</p>
<p>Restricted circulation space in corridors, classroom, dining hall</p> <p><i>(Environment/lighting/weather conditions/changes in levels)</i></p> <p><i>(mobility)</i></p>	<p>Pupil</p> <p>Collision</p> <p>Slips, trips, falls</p>	<ul style="list-style-type: none"> Avoid unnecessary movement around school at start/end of day, break, lunch, change of lessons Ensure pupil is competent in use of crutches Corridors, etc checked to ensure floor surfaces are dry and clear of obstructions Buddy assigned to carry books, etc Lift used where appropriate If lift not available in multi storey building consider moving classes temporarily to ground floor room, if not assess ability of pupil to maneuver stairs completely themselves. 				

<p>Housekeeping</p> <p><i>(Environment/ lighting/weather conditions/changes in levels)</i></p>	<p>Pupil</p> <p>Slips, trips, falls</p>	<ul style="list-style-type: none"> • High standards of housekeeping in place e.g. spills cleaned up immediately • Classroom floors kept clear • Crutches do not present a trip hazard to other pupils in classroom 				
<p>Fire</p> <p><i>(mobility)</i></p>	<p>Pupil</p> <p>Burns</p>	<ul style="list-style-type: none"> • Responsible person assigned on one to one basis to assist in evacuation • Assessment made to ensure that pupil can evacuate the building safely within a reasonable time limit – if not temporary, personal evacuation plan maybe required. 				
<p>Practical subjects</p> <p><i>(Environment/ lighting/weather conditions/changes in levels)</i></p> <p><i>(mobility)</i></p>	<p>Pupil</p> <p>Slips, trips, falls</p> <p>Cuts, etc</p>	<ul style="list-style-type: none"> • Buddy system in place to assist in practical subjects • Alternative activities arranged if required, such as PE. 				
<p>Medication</p> <p><i>(mobility)</i></p>	<p>Pupil</p>	<ul style="list-style-type: none"> • Medication kept in office – to be administrated in line with schools medication policy. • Administration of medication forms completed (see board’s Manual for Principal’s and Governors) • Record kept of medication given to pupil during school day 				

<p>Access to Welfare facilities</p> <p><i>(Environment/ lighting/weather conditions/changes in levels)</i></p> <p><i>(mobility)</i></p>	<p>Pupil</p> <p>Slips, trips, falls</p>	<ul style="list-style-type: none"> • Pupil allowed access to disabled toilet if available • Assessment of ability to be decided on age/ capabilities/ extent of injuries. <p>You may have other existing precautions you wish to add</p>				
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