



Health & Safety Policy

Policy Owner	Headteacher
LGB Review Date	March 2019 revised Appendix 4 added June 2020
Ratified Date	12 th June 2020
Review Frequency	Annually – Full Review Every 2 years

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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 Academy Trust Board & the Local Governing Body

The Academy Trust Board of Trustees has ultimate responsibility for health and safety across the organisation. Day-to-day responsibilities are delegated to the each School Local Governing Body (LGB).

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 Academy Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks.
- Inform employees about risks and the measures in place to manage them.
- Ensure that adequate health and safety training is provided.

Each school has an identified governor who oversees health and safety, to find out who this is contact the Clerk to the LGB.

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 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 Deputy Headteacher 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/Site Manager.

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 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 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 Site Manager/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.

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 siren/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 is the all-weather pitch (secondary), and the playground (primary).
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day.
- The Headteachers PA will take a register of all staff.
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

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

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 Site Manager/Caretaker or Head of Science Department/Science Technician 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.

All chemicals are stored in locked rooms/containers and pupil access is restricted at all times.

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 every three years. The Site Manager/Caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book.
- This risk assessment will be reviewed every annually and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following: temperature checks, heating of water, flushing and disinfection of showers, etc.

6.3. Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it.
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work.
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe.
- A record is kept of the location of asbestos that has been found on the school site.

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 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 Manager/Caretaker 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.

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/insert other]

7.3. 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).

7.4. Specialist equipment

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

Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

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

10. Manual handling

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

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

Staff 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 on school trips and visits.
- 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. Violence at work

Staff should not be in any danger at work, and we will not tolerate violent or threatening behaviour towards our staff.

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

14. Smoking/Vaping/E Cigarettes

Smoking/Vaping/E Cigarettes 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.

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.

15.8. Animals

- Wash hands before and after handling any animals.
- Keep animals' living quarters clean and away from food areas.
- Dispose of animal waste regularly, and keep litter boxes away from pupils.
- Supervise pupils when playing with animals.
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

15.9. Pupils vulnerable to infection

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10. Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

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

16. New and expectant mothers

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

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

- 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. 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. In the first instance employees should talk to their Line Manager or the HR Manager.

18. Accident reporting

18.1. 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 1.
- 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.

18.2. Reporting to the Health and Safety Executive

The Business Manager/Site 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/Site Manager will report to the Trust Central Team of a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The Business Manager/Site Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

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>

18.3. Notifying parents (Early Years Foundation Stage)

The Headteacher/Deputy 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.

18.4. Reporting to Ofsted and child protection agencies

The Headteacher/Deputy 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/Deputy Headteacher will also notify the Trust, Local Authority and Local Authority Designated Officer for Safeguarding (if applicable) 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, this may include training session.

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.

20. Monitoring

This policy will be reviewed by the Business Manager every 2 years.

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

21. 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

Accident/Incident Record Form

provided by Ellis Whittam

Section A - The injured person

Name	
Position/Role within the School	
Address	
Postcode	

Section B – The person conducting this report/investigation

Name	
Position/Role within the School	
Address	
Postcode	

Section C – The particulars of the accident (Continue on a separate sheet if necessary)

When did the accident happen?	Date	Time
What damage occurred and what injuries were sustained (if any)?		
Where did the accident happen? (State room or location)		
How did the accident/incident happen? (Give cause if you can)		
What activities/tasks were being carried out at the time of the accident?		

As the person completing this record, please sign below to confirm that the information given above is accurate

Signature

Date

Section D – For the employee only

By ticking this box, I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.	<input type="checkbox"/>
Signature	Date

Accident/Incident Investigation Report

Provided by Ellis Whittam

Section E – What Next? (Continue on additional sheets of paper if required)

What type of injury/injuries occurred? (Delete as applicable)	<input type="checkbox"/> Minor Injury <input type="checkbox"/> Lost time injury/Over 3 day injury <input type="checkbox"/> Fatality	<input type="checkbox"/> Over 7 day injury <input type="checkbox"/> Specified injury
Was there a risk assessment covering the activities/tasks being undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the injured person trained and competent to carry out this activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was working environment and/or equipment involved maintained and cleaning up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

What were the immediate, underlying and root causes of this event?	
Immediate	
Underlying	
Root	
Have you reviewed all relevant Risk Assessments?	
If 'Yes' to the above, are any changes required? (detail below)	
Have you provided an update on the changes of all and any subsequent documentation to all relevant staff?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What additional control measures are required to prevent reoccurrence, by whom and by when?	
Additional Control	
Who is responsible for achieving?	
Date to be in place by	

Date investigation completed	
Investigator Name (Print)	
Signature	

Is the Responsible Person of the opinion that this accident is work related and that it is reportable under RIDDOR? (Consider reporting online using https://extranet.hse.gov.uk/lfserver/external/F2508IE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above, has this accident/incident been reported	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, When was this reported? Date _____ and by whom?	
If you have reported this accident under RIDDOR, enter the HSE's Notification Number in the following box	

Appendix 3 Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England (PHE).

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.

Appendix 4. ADDITIONAL ACTIONS RELATED TO COVID-19 (CORONAVIRUS)

The health and safety policies detailed above continue to apply. In addition:

- With due regard to fire safety, doors should be propped open where possible to ensure rooms are well ventilated.
- Windows should be opened.
- Students and staff should spend as much of the day outside as possible.

Fire

The procedures for fire detailed above continue to apply. In addition:

- Staff and students will familiarise themselves with their nearest escape routes and exits.
- The register should be taken on SIMS. A 'bubble' list will be kept in Reception and teachers must record the number of students present in their class on it.
- Students will assemble on their usual playground, remaining in their bubble group. They should maintain social distancing as much as possible while leaving the building and while lining up at their muster point.

Infection Control

The policies above continue apply. In addition:

The key actions we will take are divided into four areas:

1. Avoiding contact with anyone with symptoms

We will tell students, parents, carers or any visitors, such as suppliers, not to enter the education or childcare setting if they are displaying any symptoms of coronavirus (following the COVID-19: guidance for households with possible coronavirus infection).

If anyone becomes unwell with a new, continuous cough or a high temperature, has a loss of, or change in, their normal sense of taste or smell (anosmia), they will be sent home and advised to follow the COVID-19: guidance for households with possible coronavirus infection guidance. The Parent/Carers will be advised to call 999 should situation worsen.

2. Frequent hand cleaning and good respiratory hygiene practices

Students and staff will be reminded to wash their hands more often than usual, including on arrival, before and after break and lunchtime, before and after eating, and after sneezing or coughing.

They will be taught to do so thoroughly for 20 seconds with running water and soap and to dry their hands using paper towels or use alcohol hand rub or sanitiser ensuring that all parts of the hands are covered. They will be encouraged not to touch their mouth, eyes and nose.

Students will be taught to use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it'). Bins will be available in each classroom and these will be emptied regularly.

Help will be available for students who have trouble cleaning their hands independently.

Hand sanitiser will be made available in every classroom, toilets and other key areas of the school building.

Posters promoting the 'catch it, bin it, kill it' approach and good hand hygiene will be displayed around the school.

3. Regular cleaning of settings

We will work with our cleaners to ensure they follow the COVID-19: cleaning of non-healthcare settings guidance.

Frequently touched surfaces (e.g. desks, chairs, doors, sinks, toilets, light switches, bannisters) will be cleaned during and after each day.

Resources will not be shared between bubble groups. If this is not possible, they will be thoroughly cleaned and / or 'quarantined' for 72 hours before being used by another group.

4. Minimising contact and mixing

We will extend the 'rolling start', introduce a staggered pick-up and direct parents to use a specific gate for drop off and pick up.

Social distancing signs will be posted around the site. Students will be reminded to stand on the x mark at break and lunch times to continue to maintain social distancing and will be supervised by a member of staff at all times.

The students will be divided into 'bubble' groups of approximately 12. The students will stay in the same small groups at all times each day, and different groups will not mix during the day, or on subsequent days.

The same teacher(s) and other staff will be assigned to each group and, as far as possible, these will stay the same during the day and on subsequent days.

The students will use the same classroom throughout the day, with a thorough cleaning of the rooms at the end of the day.

The students will have their own desk, which they will use if they attend on consecutive days. They will also have their own set of key resources (e.g. pencil, pen, ruler, sharpener, eraser, reading book etc). Their packed lunch (if applicable) and water bottle will be kept on their table.

Break and lunchtimes will be staggered so students are not moving around the school at the same time.

Each group will use a different area of the field and playground. They will not play sports or games outside their own 'bubble' group.

Unnecessary items will be removed from classrooms, including, where possible, soft furnishings that are hard to clean.

There will be designated entrances and exits and where possible, access to rooms will be from directly outside.

All students will have their temperature checked prior to entering the school building each morning. This will be undertaken by a member of staff wearing PPE equipment and the thermometer will not come into contact with the student. If anyone's temperature is above 37.8 degrees Celsius then the parents will be contacted to arrange the students' return to home as soon as possible. The student will not be permitted to enter the building.

All members of staff will have a temperature check on arrival at school each morning.

'Bubble' groups will have designated toilets and we will limit the number of students using them. Students will wash their hands before and after they have been to the toilet.