

# Date Valley School Trust



## Health and Safety Policy

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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.

## 3. Roles and responsibilities

### 3.1 The Trust Board

The Trust Board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher.

The Trust 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.

Date Valley School 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
- Take out employers and public liability insurance, combined with education insurance

### **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 Trust Board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills and lockdown 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 managing director assumes the above day-to-day health and safety responsibilities.

### **3.3 Health and safety officer**

The nominated health and safety officer is Lubna Zakeria. The health and safety officer will perform annual risk assessments which will inform the health and safety action plan for the year.

### **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 health and safety officer is responsible for the security of the school site in and out of school hours. He / she is responsible for visual inspections of the site and for the intruder and fire alarm systems.

The senior leadership team are key holders and will respond to an emergency.

Access to the site for the majority of the working day is via intercom and CCTV camera. All adults entering the building must sign in at Reception. Visitors, students and volunteers are required to wear an ID badge, issued by the school office.

The site is monitored by CCTV and an intruder alarm system. Each morning the caretaker must check that the premises are secured for the day and that locks and doors are in proper working order.

It is the responsibility of every member of staff to check their classroom before leaving for the day. Windows should be closed, all electrical items should be turned off and lights switched off.

## 5. Supervision of Children

- No child should be left alone in any area without adult supervision, before, during or after school
- Children arriving late must be registered as late in the attendance register
- The external doors will be secured from the outside to prevent unlimited access/unauthorised entry into the school but will not prevent exiting in an emergency
- Sensible, safe behaviour will be promoted to pupils by all members of staff
- Dangerous or risky behaviour displayed by pupils will be addressed and dealt within the school's Behaviour Policy
- Appropriate supervision of cloakrooms and toilet access will be in place at busy times

## 6. Fire

- Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs, notices and the evacuation plan
- Fire risk assessment of the premises will be reviewed annually by the health and safety officer and pending actions will be included on the health and safety action plan
- Emergency evacuations are practised at least once a term
- All staff should read the evacuation plan, annually at the start of each academic year
- The fire alarm is a loud continuous bell
- Fire alarm testing will take place weekly, on a Wednesday afternoon at 12.00pm

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 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
- Class teachers will take a register of pupils
- The office staff will take a register of staff
- Staff and pupils will remain at the assembly point 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 the risk assessments will also pay particular attention to those with disabilities

## 7. Information and Instruction

- The school recognises the importance of good communication with staff on matters of health and safety
- Health and Safety Information signs are displayed throughout the school, together with details of:
  - a) the school's Employer's Liability Insurance Certificate (located in reception)
  - b) names of trained first aiders (located in the school office)
  - c) fire action information sheets, fire escape and fire exit signs (located around the school)

## 8. COSHH

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

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by the health and safety officer and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

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

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

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

### **8.1 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

### **8.2 Legionella**

- A Legionella Risk Assessment was carried out by Watercare Ltd on 9<sup>th</sup> May 2018. The health and safety officer 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 2 years and when significant changes have occurred to the water system and/or building footprint.
- The risks from legionella are mitigated by the following: monthly water temperature and calorifier checks, and weekly flushing of water from outlets that are infrequently used.
- Full risk assessments of the water storage tanks and the water supply are carried out by competent outside professionals, as a result of which necessary refurbishment and cleansing are undertaken. The water storage tanks and water supply system are inspected at least annually on a contracted scheduled basis by competent professionals and refurbishment and disinfection are carried out according to their recommendations

### **8.3 Asbestos**

- The school complies with the requirements of the HASAWA 74 & Control of Asbestos Regulations 2012 by keeping an Asbestos Management Plan, which details the arrangements for identifying the presence of asbestos, informing employees and contractors, and assessing and managing the risks
- 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

## 8.4 Tree Safety

- All trees in school playgrounds of a particular age and height must be checked for disease and checked to guard against falling branches
- Similarly, all low-level bushes etc. should be checked to ensure that they do not present a risk to pupils, either of scratches to skin or eye penetration by sharp twigs

## 9. 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
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents
- Equipment is serviced according to statutory requirements and to the manufacturer's recommendations
- Competent professionals are employed to inspect and maintain equipment
- Service records and inspection certificates on are kept on file
- Particular reference is made to gym equipment, boilers, intruder alarm, fire alarm, portable electrical appliances, fire extinguishers CCTV and the electric gates, all of which are maintained by specialised outside contractors on a scheduled contracted basis
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards

### 9.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil who handles electrical appliances does so under the supervision of the member of staff who directs them
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Any potential hazards will be reported to the health and safety officer immediately
- A portable appliance test (PAT) will be carried out by a competent person annually
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

### 9.2 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 health and safety officer

### 9.3 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

## 10. 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.

## 11. 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 is trained in Ladders for Working at Height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders. Teaching and other staff who assist in putting up displays in school have been advised that they must use step ladders and wear flat shoes whilst putting up displays, and not climb on furniture to put up displays.
- 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

## 12. 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

## 13. 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 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 early years school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

## 14. 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.

## 15. 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 the headteacher immediately. This applies to violence from pupils, visitors or other staff.

## 16. Smoking

Smoking is not permitted anywhere on the school premises.

## 17. 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.

### 17.1 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

### 17.2 Coughing and sneezing

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

### 17.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free 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

### 17.4 Cleaning of the environment

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

### 17.5 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

### 17.6 Laundry

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

### 17.7 Clinical waste

- Always segregate domestic and clinical waste
- Used nappies/pads, gloves, aprons and soiled dressings are stored in separate waste bags in foot-operated bins

### **17.8 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

### **17.9 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 any of these, the parent/carer will be informed promptly and further medical advice sought.

### **17.10 Exclusion periods for infectious diseases**

The school 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.

## **18. New and expectant mothers**

Risk assessments will be carried out whenever any staff member 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

## **19. Allergies**

- If a child has any allergies/medical condition, parents are asked to inform the school on the registration form or the updating details form
- A list of children with allergies/medical condition is kept in each classroom as well as in the office
- Parents are asked to keep this information up to date

## **20. Medications:**

If a child is on prescribed medication, the following procedure is followed:

- The medicine must be clearly labelled with the child's name, dosage and any other instructions
- Written permission must be given by parents/guardians for a member of staff to administer the medicine
- All medication will be kept out of reach of children
- Administering Medications form to be completed by the member of staff administering the medication

- The same applies to children’s inhalers and eczema creams. Inhalers and creams are kept in the office. All items must be named. Children over the age of 7 can administer the inhaler themselves if the parent deems them responsible. Written parental consent must be obtained.
- Teachers must take the medicine bag when the class leaves the building, such as for PE.

## 21. Occupational stress

We are committed to promoting high levels of health and wellbeing. Please discuss your concerns with the headteacher who will endeavour to monitor workload and implement targeted support.

## 22. Accident reporting

### 22.1 Accident record

- An accident form will be completed as soon as possible after the accident occurs by the member of staff responsible
- As much detail as possible must be supplied when reporting an accident, as it could be used as legal evidence
- Information about injuries will also be kept in the pupil’s educational record
- Records held in the accident file will be retained by the school for a minimum of 10 years and then securely disposed of

### 22.2 Reporting to the Health and Safety Executive

The health and safety officer 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 health and safety officer will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - The accidental release of a biological agent likely to cause severe human illness
  - The accidental release or escape of any substance that may cause a serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

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

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

### **22.3 Notifying parents**

The school secretary 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.

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

The safeguarding officer 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 safeguarding officer will also notify Merton Safeguarding Children Board of any serious accident or injury to, or the death of, a pupil while in the school's care.

## **23. Recruitment and Training**

The school is committed to ensuring the health and safety of all employees and students through the policy of employing personnel who are competent to do the job for which they are being recruited.

Date Valley is committed to safer recruitment.

New staff are subject to an induction procedure which includes training. The induction process is designed to assist the new member of staff to adjust easily to their new work environment, to impart information about the school and its procedures, to ensure that the new employee is aware of safeguarding obligations and health and safety provisions and procedures, to identify training needs and to minimise staff turnover by addressing problems at an early stage.

The school operates a system of staff appraisals for administration staff and performance management for teaching staff which are intended to ensure that performance standards are maintained and staff training needs are identified and addressed.

## **24. Monitoring**

The effectiveness of the Health and Safety Policy is monitored through the analysis of accident reports, sickness records, staff turnover, reports on fire drills, reports on lockdown drills and progress reports on actions recommended by external auditors.

The School acknowledges, however, that effective management of Health and Safety relies equally on:

- a proactive approach and the fulfilment of arrangements detailed in this policy
- the inspection and planned maintenance of equipment and services
- the requirement for risk assessments and the identification of training needs through staff appraisals

This policy will be reviewed by the health and safety officer and the managing director every three years.

At every review, the policy will be approved by the headteacher and Date Valley School Trust Board.

## **25. Links with other policies**

This health and safety policy links to the following policies:

- Anti-Discrimination Policy and the Accessibility Plan
- Arson Prevention Policy
- Data Protection Policy
- Educational Visits Policy
- First Aid Policy
- Hygiene Policy Lockdown Policy and Procedure
- No Smoking Policy

- Safer Recruitment Policy
- School Premises Management Policy
- Security Policy
- Sick Children Policy
- Zero Tolerance Policy

This policy has been read and approved for Date Valley School Trust, by the Headteacher and the Date Valley Trust Board.

Date: November 2018

## 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 school or nursery	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chickenpox</b>	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.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
<b>German measles (rubella)*</b>	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
<b>Hand, foot and mouth</b>	None	
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.

<b>Measles*</b>	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.
<b>Molluscum contagiosum</b>	None	A self-limiting condition.
<b>Ringworm</b>	Exclusion not usually required	Treatment is required.
<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts require treatment.
<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

<b>Shingles</b>	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.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	
<b>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b>	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
<b>Cryptosporidiosis</b>	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
<b>Flu (influenza)</b>	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Tuberculosis*</b>	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.
<b>Whooping cough*</b>	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
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local PHE centre.

<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
<b>Glandular fever</b>	None	
<b>Head lice</b>	None	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A*</b>	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.
<b>Hepatitis B*, C*, HIV/AIDS</b>	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.
<b>Meningococcal meningitis*/ septicaemia*</b>	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.
<b>Meningitis* due to other bacteria</b>	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.

<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
<b>Mumps*</b>	Exclude child for five days after onset of swelling	Preventable by vaccination
<b>Threadworms</b>	None	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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