



Title	Health & Safety Policy
Purpose	To, as far as is reasonably practicable, provide a safe and healthy workplace and working environment for all employees, students, visitors and others who may be affected by the work of the school.
Relevant to	Trustees, Local Governors, whole school
Responsible Officer	Deputy Headteacher
Introduced	1/2018
Modification History	Replaces A15 Health and Safety Policy Vs10b of previous community school
Related Policies	A2 Accessibility Plan A7 Safeguarding B4 Behaviour B6 Educational Visits B10 Physical Intervention BSET16 Risk Assessment Critical Incident Plan
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Relevant Governors' subcommittee for review	Finance, Audit & General Purposes
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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, students 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 agreements and articles of association.

3. Roles and responsibilities

3.1 The governing board

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

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.

Barnet Special Education 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.

3.2 Headteacher

The Headteacher is responsible for day-to-day health and safety. This involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise students
- 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 Deputy Headteacher.

3.4 Staff

School staff have a duty to take care of students in the same way that a prudent parent would do.

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 students
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Students and parents

Students 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 or safety representative of the school 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 Caretaker, Facilities Manager and Deputy Headteacher 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.

The Caretaker, Facilities Manager and Deputy Headteacher are all key holders and will respond to an emergency.

All staff will wear or carry their ID badge whilst at work. Using their ID card, all staff should sign in to the 'Entrysign' system when arriving at, or leaving the site.

All contractors and visitors will report to the main school reception on arrival where they will sign-in to the 'Entrysign' visitor book. All contractors and visitors will be issued with a temporary ID badge that should be worn at all times whilst on site. All contractors/visitors should sign out of the system on departure from site.

During times when the school is occupied, all staff should have regard to site safety and in particular to the presence of unauthorised persons. Unknown persons on site not displaying a visitor or contractor ID badge should be politely challenged, by asking if they require help. They should be directed back to the main reception desk. If this is not successful, the member of staff should seek further help from colleagues so that a message may be relayed to the School Office. The Critical Incident Plan includes a Lockdown Procedure to be activated in the event of an unauthorised intruder who may be regarded as a threat to the school community.

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 buzzer; in the Centenary Building this is supplemented by a voice command.

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:

All staff members must know their role in an Emergency Evacuation and the route from their work location to the Assembly Point. Emergency evacuation routes are displayed in every room.

- If fire, or other situation requiring building evacuation is discovered, sound a fire alarm immediately and evacuate via the nearest exit to the ASSEMBLY POINT on the MUGA.
- If the fire alarm sounds, everyone, including kitchen staff and visitors must leave the building through the nearest exit. Visitors should be accompanied.
- If the exit route requires a fire brigade emergency padlock to be opened, take the key at the fire exit.
- Switch off electrical and gas equipment if practical.
- Do not use a fire extinguisher unless you have been trained.

The teacher in charge of the class is responsible for evacuating and supervising students at the Assembly Point. If the teacher is away from the class when the alarm sounds, or is a designated fire warden, a teaching assistant must take control. If students are with another adult, e.g. a physiotherapist, they must help them to the Assembly Point.

Students using the hydrotherapy pool should leave the water and remain in the pool room with doors to main building closed, until evacuated by a fire warden or member of the emergency services, provided they are not placed in any danger by remaining in the pool room. Gowns and footwear are available at poolside for hydrotherapy bathers.

A distressed student may refuse to leave the building. Physical intervention may be necessary but if unfeasible, use professional judgement; either leave the student, make your way to the Assembly Point and inform the Senior Fire Warden, or wait with the student for emergency services to arrive.

A wheelchair user on the upper floor of the Centenary Building should make their way to the refuge point at the top of the stairwell and use the call-point to summon help.

Fire wardens will check all areas in their appointed zone are empty and report this to the Senior Fire Warden. If they see anyone remaining they should offer help, but unless this has immediate effect they should complete their check, then report the location and difficulty to the Senior Fire Warden.

Anyone who has left the buildings should not re-enter until advised it is safe.

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. Disability evacuation routes are identified on individual emergency evacuation maps for each room in the school. Where required personal emergency evacuation plans (PEEPs) will also be agreed and in place.

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Caretaker, Facilities Manager or Head of Science 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 hazardous products will be kept in secure storage. Student access to hazardous substances will only be granted under direct staff supervision, using protective equipment as required by the COSHH assessment.

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 has been completed on 24th May 2017 by Churchill Environmental Services. The Premises Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water logbook.
- 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 a control scheme for correct and safe system operation that includes weekly, monthly, quarterly and annual checks and procedures for hot and cold water outlets; monthly checks with annual disinfection of water heaters and annual inspection of cold water storage tanks. Water boilers, water coolers and air conditioning equipment are maintained according to manufacturer's instructions.

6.3 Asbestos

- Staff are provided with information 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 student 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 immediately to the Premises Manager via an online helpdesk system.
- 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 annually 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

- Students are taught how to carry out and set up PE equipment safely and efficiently according to their developmental capability. 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 Head of Physical Education who will inform the Premises Manager as appropriate to the identified defect.

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 and will ensure access to specialist contractors for their regular maintenance schedule.
- As and when required, oxygen cylinders will be stored in a designated space, and staff will be trained in their removal, storage and replacement.

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 Premises Manager retains ladders for working at height
- Students 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 to trained persons, using safety equipment where provided for such use.

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 students (where appropriate) 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 most 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 in accordance with the school's Educational Visits Policy that:

- Risk assessments are 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
- It is preferable there is at least one first aider on school trips and visits; if this cannot be achieved, the visit leader will assume first aid responsibility.

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

Notwithstanding the recognition that some of our students will at times present a physical risk as a result of a diagnosed medical condition, we believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour directed 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 and through our online reporting system when practical to do so. This applies to violence from students, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the school premises, except for a small designated outdoor space that is not visible to students.

15. Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy 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

15.4 Cleaning of the environment

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

15.5 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

15.6 Laundry

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag soiled clothing to be sent home, never rinse by hand

15.7 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 students 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.

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. This school uses an [online accident/incident record book within the SchoolPod management information system](#). An example accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- When an accident/incident report is filed where the injured person is a student, whose injuries have been sustained as a result of school working arrangements, then information about injuries will also be kept in their 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 Deputy Headteacher 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).

For the purposes of RIDDOR, an accident is a separate identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

The Deputy Headteacher 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 (except suicide)
- 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

- Report to the HSE within 15 days accidents which prevent the injured person from continuing their normal work for more than 7 days (not counting the day of the accident, but including weekends and other rest days)
- Work-related accidents involving visitors or people who are not at work if a person is injured and is taken from the scene of the accident to hospital for treatment to that injury. (There is no need to report incidents where people are taken to hospital as a precaution when no injury is apparent.)
- Report to the HSE any case of a specified work-related disease that affects an employee and that a doctor confirms in writing. These may include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis
 - Hand-arm vibration syndrome
 - Occupational asthma
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
- Report any work-related deaths and specified injuries to self-employed people that take place while they are working at the premises
- 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>

18.3 Notifying parents

The Headteacher will ensure that parents/carers are informed by the school of any accident or injury sustained by a student, 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 will notify Ofsted of any serious accident, illness or injury to, or death of, a student while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify London Borough of Barnet Local Authority Designated Officer of any serious accident or injury to, or the death of, a student while in the school's care.

19. Training

Staff are provided with health and safety training appropriate to their role and risk environment as part of their induction process.

20. Monitoring

This policy will be reviewed by the Deputy Headteacher every 3 years.

Following every review, the policy will be approved by the Local Governing Body and Board of Trustees.

Appendix 1. Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2. Accident report



News: [Formative Assessments](#)

Mr I Kingham

File Note

PI

Rewards

First Aid

Staff First Aid

Communications

Accident/Incident Report

Slip

Staff Please select a staff memt

Status Open **Location** Please select a location

Date 08 Jan 2018 **Time** 2 32 pm

Details of injured person (IP)

- IP Name IP Address
- IP City/Town IP Postcode
- IP Telephone IP Occupation

Details of person reporting this accident

- Name Address
- City/Town Postcode
- Telephone Occupation

Details of Accident/Incident

- Where did the accident/incident take place?
- Say how the accident/incident happened, give a cause if you can
- Details of injury
- First aid given
- Other comments

Employers use only

- Managers Report

Cancel

Print



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.