

## HEALTH AND SAFETY POLICY November 2024

### 1. AIMS

EIFA International School ("EIFA", "we", "our", "us" or the "School") aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst employees, pupils, and all visitors to the School sites
- 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 (DfE) on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting 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 UK Health Security Agency \(formerly Public Health England\)](#) when responding to infection control issues. Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

### 3. ROLES AND RESPONSIBILITIES

#### **3.1 The Board of Directors**

The Board of Directors has ultimate responsibility for health and safety matters in the School, but will delegate day-to-day responsibility to the Head of School and the Head of Administration and Compliance.

The Board of Directors has a duty to take reasonable steps to ensure that employees, pupils and visitors are not exposed to risks to their health and safety. This applies to activities on or off the School premises.

The Board of Directors, as the employer, also has a duty to:

- Assess the risks to employees 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 Head of School and Head of Administration and Compliance**

The Head of School and Head of Administration and Compliance are responsible for day-to-day health and safety matters. 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 Board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- 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 absence of the Head of School and Head of Administration and Compliance, a member of the Health and Safety Committee assumes the above day-to-day health and safety responsibilities.

#### **3.3 Health and Safety Committee**

A Health & Safety Committee is appointed and formed of senior members of staff, Building Manager, teaching and support staff representatives. The Committee ensures that the School's Health & Safety measures and provisions are up-to-date, implemented, adhered to and reviewed.

#### **3.4 Employees**

All employees are responsible for taking reasonable care of their own health and safety, as well as that of pupils, visitors, temporary employees, volunteers and contractors.

Employees will:

- Cooperate 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 and lockdown 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 the School.

### 3.6 Contractors

Contractors will agree health and safety practices with a member of the Health and Safety Committee before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment and supplied method statements, as and when necessary.

## 4. SITE SECURITY

The Head of Administration and Compliance and the Buildings Manager are responsible for the security of the School sites in and out of school hours. They are responsible for visual inspections of the sites, and for the intruder and fire alarm systems, which are monitored by external contractors.

The Head of Administration and Compliance, Buildings Manager and the appointed external contractors are keyholders.

## 5. FIRE

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. The Fire Risk Assessment of the premises will be reviewed annually and a full fire risk assessment, by an externally appointed contractor will take place if there are any significant changes to the building or following recommendations from the Fire Risk Assessment.

Emergency evacuations are practised by the whole School community at least once a term. The fire alarm is a loud continuous bell.

Fire alarm testing will take place once a week, usually out of School hours.

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 employees only, and only then if they are trained in how to operate them and are confident, they can use them without putting themselves or others at risk.

Employees and pupils will congregate at the assembly point, which is at 44 Portland Place.

- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day. Reception will take a register of employees.
- Employees 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.

Pupils with mobility needs will be accompanied by a dedicated adult who will be identified in the pupil's Personal Emergency Evacuation Plan (PEEP)

A fire safety checklist can be found in **Appendix 1**.

## 6. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (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.

Where hazardous substances are used or stored on the School premises, a risk assessment will be completed and required control measures implemented. Protective equipment will be provided.

All hazardous products are used and stored in accordance with instructions on the product label and kept in their original containers, with clear labelling and product information together with material safety data sheets for each hazardous substance. Hazard signs are displayed accordingly.

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**

- All installation, maintenance and repair of gas appliances and fittings will be carried out by a Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained and annually serviced
- All records and certificates of gas works undertaken are held by the Building Manager.

### **6.2 Legionella**

- A water quality temperature control is completed by the Building Manager, who is responsible for ensuring that operational controls are conducted and recorded in the School's water logbook
- A legionella risk assessment is carried out every year and when significant changes have occurred to the water system and/or buildings footprint
- The risks from legionella are mitigated by the following: temperature checks and running and heating of water (tested on a weekly basis) and disinfection of showers, which occurs every half-term.

### **6.3 Asbestos**

- Contractors will be notified if work is required in areas identified with or suspected asbestos, before commencing
- Contractors will be advised that if they discover material that 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 found on the School site.

## 7. EQUIPMENT

- All equipment and machinery are maintained in accordance with the manufacturers' instructions. In addition, these items will have a date marker to show when maintenance checks have taken place
- 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 employees are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any potential hazards will be reported to the Building Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- All electrical equipment will be Portable Appliance Tested (PAT) annually.
- All isolator switches are clearly marked to identify the equipment they control
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by qualified electricians.

## 7.2 Display screen equipment (DSE)

- All employees 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).

## 8. LONE WORKING

Lone working may include:

- Late working
- Weekend working
- Site management duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. These should not be performed by staff, other than the Buildings Manager. If there are any doubts about the task to be performed, then the task will be postponed until other employees 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 and will keep in regular contact. The lone worker is responsible for ensuring 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 Building Manager retains ladders for working at height
- Pupils are prohibited from 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. Ladders are regularly inspected by the Buildings Manager and will be tagged as per regulation.
- 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.

Employees 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 are completed
- All off-site visits are appropriately staffed
- The teacher responsible or group leader 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 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 sites, 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

We believe that employees should not be in any danger at work, and the School will not tolerate violent or threatening behaviour towards our employees.

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

## 14. SMOKING

Smoking is not permitted anywhere on the School premises.

## 15. INFECTION PREVENTION AND CONTROL

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We encourage employees and pupils to follow the good hygiene practices, 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 (PPE)**

- 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 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 doing so
- 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
- The School provides special spillage kits for cleaning up 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 children's soiled clothing to be sent home, never rinse by hand.

### **15.7 Clinical waste**

- Always segregate domestic and clinical waste, in accordance with local policy
- Used gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Clinical waste should be taken off the premises by specialist registered contractors
- Remove all clinical waste bags when they are two-thirds full and store them in a dedicated, secure area while awaiting collection.

## 15.8 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. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

## 15.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

We will follow local and national guidance on the use of control measures including:

- Following good hygiene practices
- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)
- Implementing an appropriate cleaning regime
- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned often
- Keeping rooms well ventilated.

We will also ensure measures are in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

## 15.10 Exclusion periods for infectious diseases

The School will follow recommended exclusion periods outlined by the UK Health Security Agency, summarised in **Appendix 2**.

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

We will ensure adequate risk reduction measures are in place to manage the spread of COVID-19 and any other infectious viruses, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

## 16. NEW AND EXPECTANT MOTHERS

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to their 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. Further information can be found in the School's Wellbeing and Stress Management Policy.

## 18. ACCIDENT REPORTING

### **18.1 Accident record keeping**

- An accident report will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. Accidents involving pupils will be recorded on CPOMs and accidents involving employees, visitors and any other person should be recorded on an Accident Report Form. A template for the Accident Report Form can be found in Appendix 3
- 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 or employee's personnel records
- Records held relating to first aid and accidents will be retained by the School for a minimum of 3 years, after the last entry in the book, 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 (HSE)**

The Head of Administration and Compliance 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 Head of Administration and Compliance 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. Any incidents resulting in a RIDDOR report will also be reported by the Head of Administration and Compliance, to the Board.

Reportable injuries, diseases or dangerous occurrences include:

#### **Accidents involving employees**

- Work-related accidents resulting in death or 'specified' injury (including as a result of physical violence) must be reported immediately (major injury examples: any loss of consciousness caused by head injury or asphyxia; amputation); or
- Work-related accidents which prevent the injured person from continuing with their normal work for more than seven days; or
- Cases of work-related diseases that a doctor notifies the School of (for example: certain poisonings; lung diseases; infections such as tuberculosis or hepatitis; occupational cancer); or
- Certain dangerous occurrences (near misses - reportable examples: bursting of closed pipes; electrical short circuit causing fire; accidental release of any substance that may cause injury to health).

## Accidents involving pupils or visitors

Accidents where the person is killed or is taken from the site of the accident to hospital and where the accident arises out of or in connection with:

- Any School activity (on or off the premises);
- The way a School activity has been organised or managed (e.g. the supervision of a field trip);
- Equipment, machinery or substances; and/or
- The design or condition of the premises.

Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](#)

### 18.3 Notifying parents

The teacher or first aider will inform parents/guardians 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 Head of School or Head of Early Years 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.

The Head of School or Head of Early Years will also notify the LADO of any serious accident or injury to, or the death of, a pupil while in the School's care.

## 19. TRAINING

Our employees are provided with health and safety training as part of their induction process and updated on an annual basis or in the event of any guidance changes. Employees who work in high-risk environments, such as in science labs, or work with pupils with special educational needs and disabilities (SEND), are given additional health and safety training.

## 20. MONITORING

This policy will be reviewed by the Health and Safety Committee every year. At every review, the policy will be approved by the Board.

## 21. LINKS WITH OTHER POLICIES, DOCUMENTS AND PROCEDURES

This Health and Safety Policy links to the following policies:

- First Aid Policy
- Risk Assessment Policy
- School Emergency Plan
- Accessibility Plan

## APPENDIX 1. FIRE SAFETY CHECKLIST

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

## APPENDIX 2. 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 the UK Health Security Agency. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.</p>
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
<b>Cold sores</b>	None.
<b>Rubella (German Measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.

<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	<p>Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed.</p> <p>For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).



<b>Head lice</b>	None.
<b>Hepatitis A</b>	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
<b>Hepatitis C</b>	None.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (methicillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.

**APPENDIX 3. ACCIDENT REPORT FORM**

Name of injured person		Role/class	
Date and time of incident		Location of incident	
<b>Incident details</b>			
Describe in detail what happened, how it happened and what injuries the person incurred			
<b>Action taken</b>			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards			
<b>Follow-up action required</b>			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again			
Name of person attending the incident			
Signature		Date	