



# Sir John Cass's Foundation Primary School

## Health and safety policy

<b>Date adopted</b>	March, 2019	<b>Notes</b>
<b>Last Reviewed</b>		
<b>Review Cycle</b>	As required	
<b>Review by</b>	Headteacher /SBM	

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*

---

## Vision of Sir John Cass's Foundation Primary School

Every member of our school community will develop a questioning approach to faith, grounded in the principles of Christian hope, which prompts everyone to seize every opportunity for growth, to look beyond themselves and lovingly serve their community and the wider world.

The health, safety and welfare of all the people who work or learn at our school are of fundamental importance. We aim to provide a safe, secure and pleasant working environment for everyone.

The governing body takes responsibility for protecting the health and safety of all children and members of staff.

## 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 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.

*Faith, hope and love abide, these three: and the greatest of these is love.*

The governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The governing board, 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

The governor who oversees health and safety is Ang Frain.

### **3.2 Headteacher**

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Headteacher's absence, the School Business Manager assumes the above day-to-day health and safety responsibilities.

### **3.3 Health and safety lead**

The nominated health and safety lead is School Business Manager, Lizzie Webb.

### **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/ School Business Manager 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**

- We will do all we can to ensure that the school is a safe environment for all who work or learn here. We review security measures regularly, and draw upon the advice of experts (e.g. police officers, fire officers, architects and other consultants).

- We operate one main entrance and exit and the gates are supervised at the start of the day by a member of the leadership team or a senior teacher.
- To gain access to the school visitor should buzz and inform the office staff who they are before they are allowed into the building.
- We require all adult visitors who arrive in normal school hours to be logged in the visitors' book in the reception area, and to wear an identification badge at all times whilst on the school premises.
- Visitors are made aware of safeguarding information and are asked to show photo identification and wear a visitor sticker when travelling around the school.
- Whilst waiting to be collected by a member of staff, visitors wait in the reception area outside the school office.
- Contractors on site are always met by the School Business Manager or assistant who then directs them to the area of the school where they will be working. Access is by appointment only.
- If any adult working in the school has suspicions that a person may be trespassing on the school site, they must inform the Headteacher immediately. The Headteacher will warn any intruder that they must leave the school site straight away. If the Headteacher has any concerns that an intruder may cause harm to anyone on the school site, he will contact the police.
- The school currently has 3 entry gates. **Gate 1 - for Nursery and Children's Centre only (Dukes Place)** This gate is only used for buggies and pushchair entry. **Gate 2 Vehicle entrance (Mitre Square)** : This gate is only used for delivery vehicles. Access via this playground gate is by keypad is only in use for parking cars and refuse removal services and the site manager. **Gate 3 Main Gate (St James' Passage)**: This is our main entrance. Access is via intercom, through the main entrance and into the reception area.
- We operate a car free site. Visitors, staff, trustees and governors are only permitted to bring their car onto the school site with the express permission of the Headteacher.
- At all times, entry to the school is via intercom - which is controlled by the office staff and monitored by CCTV. Unless given express permission by the Headteacher, staff in the Playcentre or Children's Centre must not use the access controls.
- All doors and windows are fitted with secure locking devices and there is sufficient security fencing around the school site. The premises manager locks up the premises at the end of each evening. The site is opened at 6am.
- Key holders to the site are: Alex Allan, Andrew Tamale and Nahid Rana.
- Security lighting and CCTV is provided around the school site to help keep it secure.
- If an alarm is activated the Alarm Monitoring Company will contact the premises manager to check the building and report as necessary to the police.
- Our site officer carries out daily checks to the school site and makes recommendations to the Headteacher in relation to any high risk areas that need to be addressed.
- All of our key school electrical equipment is kept locked in rooms that have additional locked security on the doors (e.g. ICT suite, school office). The school safe is secured in an area of the school that also has an intruder alarm.

## 5. Fire and other emergency procedures

- Procedures for fire and other emergency evacuation are displayed prominently in all rooms.
- We operate one fire assembly location and two emergency bomb spaces.
- Fire drills and Bomb drills are held termly. Arrangements are made to monitor the condition of all fire prevention equipment regularly. This includes the visual inspection of fire extinguishers, and the testing of the fire and bomb alarm system.
- Logs are checked on a termly basis with external review from the Education and Welfare officer.
- A bomb box is maintained and kept in the main office with medical information packs, water, contact numbers of parents, sweets, emergency jackets and place ultimate safety information.
- An emergency phone is maintained in the basement. All classes and spaces have telephones so contact can be made promptly.
- In the event of a bomb threat or terrorist activity we are guided by:
  - The children's wellbeing is the most important thing to consider. Staff should assess the risk quickly and take appropriate action to safeguarding the children they are working with. This may involve internal or external evacuation.
  - Keep in close contact with the City of London police, always seeking guidance and following direction.
- We work closely with the City of London Police and other emergency services to ensure procedures are up to date.

- Staff receive regular training on what to do if an intruder enters the site and poses a risk to children. We follow City of London Police advice.

## 7. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by [name of individual and/or role] 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.

*Insert additional information on how hazardous products will be stored and details on pupil access to substances.*

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 [date] by [name of individual and/or role]. [Name of individual and/or role] 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 [frequency] and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: [insert examples of controls or checks that are in place e.g. temperature checks, heating of water, disinfection of showers, etc.]

### 6.3 Asbestos

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

## 7. Equipment

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards

- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

### **7.1 Electrical equipment**

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the School Business Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

### **7.2 PE equipment**

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported to the Caretaker

### **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**

- Individual plans and risk assessments will be drawn up in the event of a child or member of staff requiring specialist equipment such as a wheelchair or oxygen.

## **8. Lone working**

See Lone Working Policy

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

## **10. Manual handling**

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

*Faith, hope and love abide, these three: and the greatest of these is love.*

6

*1 Corinthians 13:13*

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

Staff and pupils are expected to use the following basic manual handling procedure:

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

## 11. Off-site visits and risk assessments

- See Educational Visits Policy

## 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.

See Lettings Policy for further information.

## 13. Violence at work

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

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

## 14. Smoking

Smoking is not permitted anywhere on the school premises.

## 15. Intimate care

- a) We recognise that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress, embarrassment or pain. The Intimate Care Guidelines apply to everyone involved in the intimate care of children.
- b) Intimate care is any care which involves washing, touching or carrying out an invasive due to either the child being too young to manage the activities with independence or where a child is of an age to carry out for themselves, but are unable to do due so.
- c) In the early years nappy changing and intimate care is undertaken adhering to the following procedure:
  - In a designated area, with a degree of privacy but in accordance with other safeguarding measures
  - Where possible undertaken by a child's key worker
  - Where staff are not comfortable with changing a child they should ask for another member of staff to be within sight
  - Staff always use gloves, wipes and adhere to the highest standards of personal hygiene.
  - We work proactively with parents and carers to encourage children to be potty trained when they are ready.
- d) In other year groups where intimate care is needed we work together with parents and families to develop a medical support plan appropriate to the needs of the child and in accordance with our other policies.

## 16. Medication

- a) Most pupils will at some time have a condition requiring medication. For many the condition will be short-term — perhaps the duration of a short absence from school.
- b) A child may soon be well enough to be back at school but medication may perhaps still be required during the school day for a short period. Written permission to administer prescribed or non-prescribed medicine must be given to the school signed by the parent. Medicine may only be given by the Headteacher, Deputy Headteacher or may be delegated to the administration officer.
- c) Where a child has long-term medical needs we will set up a medical support plan with parents and carers to guide all staff working with the family to support the child to attend school regularly. Parents must give us details of the child's condition and medication, and bring the medication to school in a secure, labelled container. Records will be kept of all medication received and administered by the school. This are checked on a termly basis.
- d) Staff involved in administering the medication will receive training, usually from the school nurse. Medicines are stored centrally in the main school office and checks are carried out on administration records on a termly basis. Where necessary, some non-prescribed creams and treatments are stored in the EYFS setting for example where a child has nappy rash.
- e) The school keeps a supply of salbutamol inhalers and 3 adrenaline auto injectors in school. We follow advice outlined in the following documents to treat children in emergency situations as necessary. Permission is sought by parents as part of our data protection and consent
  - Guidance on the use of emergency salbutamol inhalers in schools:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)
  - Guidance on the use of auto-injectors in schools:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)
- f) Children in EYFS have medicines administered to them in their own setting supervised by a member of the Attendance, Welfare and Administration team.
- g) We have a common sense approach to non-prescribed medicines. We will administer non-prescribed medicine where the following conditions are met:
  - We will always follow manufacturers guidelines as stated on the packaging. We will not administer additional doses or half measures.
  - We will only administer treatments from a reputable supplier or a known brand e.g. Calpol.
  - We do not administer homeopathic treatments or alternative remedies.
  - We do not administer treatments purchased from outside EU.
  - Any administration of non-prescribed medication should be infrequent and temporary.
  - We reserve the right not to administer non-prescribed medical.

## 15. Infection prevention and control

We follow national guidance published by Public Health England 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 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 nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

## 15.8 Animals

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

## 15.9 Pupils vulnerable to infection

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

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

*Faith, hope and love abide, these three: and the greatest of these is love.*

- 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.

See Wellbeing and Mental Health policy.

## 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.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of

### 18.2 Reporting to the Health and Safety Executive

The admin team 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 admin team 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>

For our Early Years Foundation Stage provision see below:

### **18.3 Notifying parents**

A member of office staff will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

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

The Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Headteacher will also notify the relevant local safeguarding agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*

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

Infection or complaint	Recommended period to be kept away from school or nursery
<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.

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*

<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 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 advisor 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 (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*

<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.

*Faith, hope and love abide, these three: and the greatest of these is love.*

*1 Corinthians 13:13*