



Health and Safety Policy

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'We promise to shine together'
Let the light of your face shine upon us - Psalm 4:6

Our ambition is to serve our community by providing an excellent education, which is inclusive and distinctive within the context of Christian belief and practice, upholding our values in the daily life of the Academy and in our relationships with others.

1. AIMS

1.1. Our Academy aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the Academy site (including Academy activities conducted off-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

2.1. 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



- 2.2. The Academy follows [national guidance published by Public Health England](#) when responding to infection control issues.
- 2.3. Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).
- 2.4. This policy complies with our funding agreement and articles of association.

3. ROLES AND RESPONSIBILITIES

3.1. The Governing Body

- 3.1.1. The Governing Body has ultimate responsibility for health and safety matters in the Academy, but will delegate day-to-day responsibility to the Principal.
- 3.1.2. The Governing Body 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 Academy premises.
- 3.1.3. The Governing Body, as the employer, also has a duty to:
 - Assess the risks to staff and others affected by Academy 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
- 3.1.4. The Governor who oversees health and safety is the Chair of the Estates, Health & Safety Committee.

3.2. Principal

- 3.2.1. The Principal 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 Academy building and premises are safe and regularly inspected
 - Providing adequate training for Academy staff
 - Reporting to the Governing Body 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 Senior 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
- 3.2.2. In the Principal's absence, the Assistant Principal assumes the above day-to-day health and safety responsibilities.



3.3. Health and Safety Lead

3.3.1. The nominated health and safety lead is the Operations Manager

3.4. Operations Manager

3.4.1. The Operations Manager is responsible for:

- Inspecting and maintaining the Academy premises
- Conducting repairs and maintenance
- Being the first point of contact for any issues with the premises
- Conducting and keeping a record of risk assessments and incident logs related to the Academy premises
- Liaising with the Principal about what actions need to be taken to keep the Academy premises safe

This list is not intended to be exhaustive.

3.5. Staff

3.5.1. Academy staff have a duty to take care of pupils in the same way that a prudent parent/carer would do so.

3.5.2. 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
- Remember that health and safety is everyone's responsibility
- Cooperate with the Academy 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

3.6. Pupils, Parents/Carers and Visitors

3.6.1. Pupils, parents/carers and visitors are responsible for following the Academy's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

3.7. Contractors

3.7.1. Contractors will agree health and safety practices with the Operations 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 and have adequate insurance in place.



4. SITE SECURITY

- 4.1. The Operations Manager is responsible for the security of the Academy site in and out of Academy hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

5. FIRE/EVACUATION AND EMERGENCY PROCEDURES

- 5.1. The Operations Manager and some members of the Senior Leadership Team are key holders and will respond to an emergency.
- 5.2. Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessments of the premises will be reviewed regularly by the Operations Manager.
- 5.3. Emergency evacuations and Lockdown are practised at least once a term. This is logged in the fire log/emergency procedures folder, which is kept near the main reception area.
- 5.4. The fire alarm is a loud continuous siren. There is no link from the fire alarm system to the emergency services. Emergency services will need to be contacted directly via telephone when required.
- 5.5. Fire alarm testing will take place once a month on Friday the Operations Manager.
- 5.6. New staff will be trained in fire safety and lockdown as part of the induction process, and all staff and pupils will be made aware of any new fire risks.
- 5.7. If the buildings cannot be reoccupied following an evacuation, the Business Continuity Incorporating Critical Incident Plan will be activated.
- 5.8. In the Event of a Fire/Evacuation (All Staff)
- Staff or anyone on site discovering a fire or other emergency for which the buildings should be evacuated must activate the alarm by using the nearest alarm call point. Evacuation procedures will begin immediately
 - On hearing the alarm, pupils should leave quietly in a single file when instructed by the member of staff in charge of the class. The staff member in charge of the class, having already completed the daily register should conduct a headcount both on exiting the buildings and again at the assembly point
 - Everyone on site should leave by the nearest available safe marked escape route
 - The teacher should lead the class out and the Teaching Assistants should bring up the rear to ensure everyone keeps together. The last staff member/adult to leave the classroom must close the door
 - Pupils should walk to their class line up point and wait quietly with their teacher at the assembly point
 - Pupils should not be asked to close windows or doors and should not collect items from trays and desks, or coats from the cloakroom



- Staff should not collect their belongings
- It is vital that everyone leaves the building as quickly as possible
- Teaching Assistants, one to one staff and any other persons available should check corridors and toilets in their area before evacuating the building
- If a pupil is not in a classroom when the alarm sounds, he/she must follow on with other classes and walk to the assembly point leaving the building by the nearest marked escape route. Once at the assembly area, they must rejoin their own class. Staff should be aware of other children who may have joined their line and direct them to the appropriate assembly point
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff, pupils and visitors will congregate at the assembly point. This is detailed on site plans throughout the Academy
- The on-duty Receptionist will bring a staff and visitor log to the assembly point to conduct a head count and will inform a member of the Senior Leadership Team immediately if anyone is unaccounted for
- Class teachers will conduct a headcount of pupils, and inform a member of the Senior Leadership Team immediately if anyone is unaccounted for
- **Staff, pupils and visitors MUST remain outside the buildings until the Senior Leadership Team or emergency services confirms that it is safe to re-enter**

5.9. The Academy will have special arrangements in place for the evacuation of people with mobility needs through a Personal Emergency Evacuation Plan (PEEPs) and fire risk assessments will also pay particular attention to those with disabilities.

5.10. Individual Staff Responsibilities in the Event of an Emergency Evacuation

- **On-duty Receptionist will:**
 - check the fire alarm board and inform the Principal (and Operations Manager if on site) of where the alarm has been set off and issue radios
 - bring a staff and visitor log to the assembly point to conduct a head count, and inform a member of the Senior Leadership Team immediately if anyone is unaccounted for
 - bring the fire log folder which will include a copy of building layout plans and pass these to the emergency services, if required
 - Also bring out the set of Master Keys.
- **Senior Leadership Team will:**
 - coordinate the evacuation (nominating Senior Leadership Team members to investigate the location of the emergency and oversee the assembly point - ensuring everyone is accounted for)
 - go to the zone where the alarm has been activated to investigate if there is a fire or false alarm and radio through to other Senior Leadership Team members to confirm
 - call 999 if it is discovered to be a fire or other emergency requiring the emergency services, and directing them to the access gate closest to the emergency, i.e Trinity Avenue or North Terrace



- If safe to do so, shut off all gas supply at the mains situated in the outside cupboard next to the kitchen bins
- liaise with the emergency services upon their arrival.
- **Operations Manager / Principal will:**
 - if on site, go to the zone where the alarm has been activated to investigate if there is a fire or false alarm and radio through to Senior Leadership Team members to confirm
 - call 999 if it is discovered to be a fire or other emergency requiring the emergency services, and directing them to the access gate closest to the emergency, i.e Trinity Avenue or North Terrace
 - If safe to do so, shut off all gas supply at the mains situated in the outside cupboard next to the kitchen bins
 - liaise with the emergency services upon their arrival.
- **Class Teachers will:**
 - ensure the whole class is evacuated safely and conduct headcount at the assembly point
 - put up a hand to indicate to the Principal (or other nominated member of the Senior Leadership Team in their absence), that all pupils, staff and visitors assigned to the class have been accounted for
 - report immediately to the Principal (or other nominated member of the Senior Leadership Team in their absence) any pupils or individuals that are missing. Under no circumstances should anyone be sent back into the building to find missing children or adults.
- **Teaching Assistants, one to one staff and any other staff will:**
 - check corridors and toilets in their area before evacuating the building
 - report immediately to the Principal (or other nominated member of the Senior Leadership Team in their absence) any pupils or individuals that are missing. Under no circumstances should anyone be sent back into the building to find missing children or adults.
- **Kitchen Staff will:**
 - hit the Red "Emergency Gas Shut-Off" switch and evacuate
 - report immediately to the Principal (or other nominated member of the Senior Leadership Team in their absence) any pupils or individuals that are missing. Under no circumstances should anyone be sent back into the building to find missing children or adults.

6. COSHH

6.1. 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
- 6.2. Control of substances hazardous to health (COSHH) risk assessments are completed by the Operations Manager/Catering Manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- 6.3. 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.
- 6.4. Any hazardous products are disposed of in accordance with specific disposal procedures.
- 6.5. Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.
- 6.6. COSHH data sheets and risk assessments are stored in the shared drive; and printed copies are available from the Academy Office.
- 6.7. **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
- 6.8. **Legionella**
- A water risk assessment has been completed. The Operations Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the Academy's water log book
 - This risk assessment will be reviewed every two years or when significant changes have occurred to the water system and/or building footprint
 - The risks from legionella are mitigated by the following a regular programme of checks including; temperature checks, heating of water, disinfection of outlets.
- 6.9. **Asbestos**
- Staff are briefed on the hazards of asbestos, the location of any asbestos in the Academy 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 Academy 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 Operations 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
- A register of all items that have been PAT tested is stored in the Premises Team shared drive
- 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 Operations Manager

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

- 7.4.1. Parents/Carers are responsible for the maintenance and safety of their children's wheelchairs. In schools, staff promote the responsible use of wheelchairs.



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

8. INSPECTION AND TESTING

- 8.1. We maintain accurate records and details of all statutory tests which are undertaken at our premises.
- 8.2. This includes relevant paperwork and certificates.
- 8.3. All requirements and recommendations highlighted in inspection reports and certificates are reviewed and acted on as necessary.
- 8.4. As part of the records of completed works, we include the dates when the works were undertaken and the details of the individual or company who completed them.
- 8.5. The table in Appendix 1 sets out the issues we inspect, the inspection frequency, and the person responsible for checking each issue and, where appropriate, engaging a suitably qualified person to carry out inspection, testing or maintenance. It covers statutory checks as well as recommended good practice checks from relevant guidance. It is based on the [checks and testing sections of the DfE estates guidance](#).
- 8.6. An annual Health and Safety audit is conducted and recorded by the Chair of Estates, Health & Safety Committee with the Operations Manager.

9. LONE WORKING

- 9.1. Lone working may include:
 - Late working
 - Home or off-site visits
 - Weekend working
 - Operations Manager duties
 - Premises cleaning duties
 - Working in a single occupancy office
 - Working from home
- 9.2. 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.
- 9.3. 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.
- 9.4. The lone worker will ensure that they are medically fit to work alone.



10. WORKING AT HEIGHT

- 10.1. 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.
- 10.2. In addition:
- The Operations Manager 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

11. MANUAL HANDLING

- 11.1. 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. There is no legal maximum weight to lift at work. There are, however, guidelines which set out the recommended safe maximum weight for lifting at work. These can be seen by following this [LINK](#). This should be followed with caution after an assessment of the weight, environment and circumstances have been undertaken.
- 11.2. The Academy will ensure that proper mechanical aids and lifting equipment are available in school, and that staff are trained in how to use them safely.
- 11.3. 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

12. OFF-SITE VISITS

- 12.1. When taking pupils off the Academy premises, we will ensure that:
- Risk assessments will be completed where off-site visits and activities require them
 - All off-site visits are appropriately staffed
 - Staff will take a mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the Parents/Carers' contact details; this to include EpiPens and any other emergency medications a pupil may require
 - There will always be at least one First Aider on Academy trips and visits



- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one First Aider with a current paediatric first aid certificate

13. LETTINGS

- 13.1. This policy applies to lettings. Those who hire any aspect of the Academy site or any facilities will be made aware of the content of the Academy's health and safety policy, and will have responsibility for complying with it.
- 13.2. All hirers will be required to complete an "Application for Hire of Academy Premises" form and agree to our full terms and conditions of hire.

14. VIOLENCE AT WORK

- 14.1. We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff (see Arrangements for managing allegations of abuse against people who work with children or those in a position of trust policy).
- 14.2. All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their Line Manager/ Principal immediately. This applies to violence from pupils, visitors or other staff.
- 14.3. All parents/carers and visitors will be expected to follow our "Parent/Carer & Visitor Code of Conduct" whilst on site.
- 14.4. SMOKING
- 14.5. Smoking (including Vaping) is not permitted anywhere on the Academy premises.

15. INFECTION PREVENTION AND CONTROL

- 15.1. 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.
- 15.2. **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
- 15.3. **Coughing and Sneezing**
- Cover mouth and nose with a tissue
 - Wash hands after using or disposing of tissues
 - Spitting is discouraged
- 15.4. **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

15.5. **Cleaning of the Environment**

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

15.6. **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

15.7. **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

15.8. **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

15.9. **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

15.10. **Pupils Vulnerable to Infection**



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

15.11. Exclusion Periods for Infectious Diseases

16.11.1 The Academy will follow recommended exclusion periods outlined by Public Health England, summarised in Appendix 2.

15.12. 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

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

16.2. 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
- Further information reference notifying female staff who may be pregnant can be found on the NHS website, specifically:

<https://www.nhs.uk/pregnancy/keeping-well/infections-that-may-affect-your-baby/>

17. OCCUPATIONAL STRESS

17.1. We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessments.

17.2. Systems are in place within the Academy for responding to individual concerns and monitoring staff workloads.



18. RISK ASSESSMENTS

18.1. Our Academy Aims to Ensure That:

- All risks that may cause injury or harm to staff, pupils and visitors are identified, and all control measures that are reasonably practicable are in place to avoid injury or harm
- Risk assessments are conducted and reviewed on a regular basis

18.2. Legislation and Statutory Requirements

19.2.1 This section is based on the following legislation and Department for Education (DfE) guidance:

- Paragraph 16 of part 3 of [The Education \(Independent Academy Standards\) Regulations 2014](#) which requires proprietors to have a written risk assessment policy
- Regulations 3 and 16 of [The Management of Health and Safety at Work Regulations 1999](#) require employers to assess risks to the health and safety of their employees, including new and expectant mothers
- Regulation 4 of [The Control of Asbestos Regulations 2012](#) requires that employers carry out an asbestos risk assessment
- Employers must assess the risk to workers from substances hazardous to health under regulation 6 of [The Control of Substances Hazardous to Health Regulations 2002](#)
- Under regulation 2 of [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), employers must assess the health and safety risks that display screen equipment pose to staff
- Regulation 9 of [The Regulatory Reform \(Fire Safety\) Order 2005](#) says that fire risks must be assessed
- Regulation 4 of [The Manual Handling Operations Regulations 1992](#) requires employers to conduct a risk assessment for manual handling operations
- [The Work at Height Regulations 2005](#) say that employers must conduct a risk assessment to help them identify the measures needed to ensure that work at height is carried out safely
- [DfE guidance on first aid in Schools](#) says schools must carry out a risk assessment to determine what first aid provision is needed
- [DfE guidance on the prevent duty](#) states that Academies are expected to assess the risk of pupils being drawn into terrorism

18.3. The following is a statutory list of all the risk assessments schools are required to have in place:

- Workers under the age of 18
- Asbestos
- Substances hazardous to health
- Display screen equipment
- Fire
- First aid
- Manual handling
- Working at height
- Children being drawn into terrorism



18.4. In addition to the risk assessments we are required to have in place, we ensure that we complete further risk assessments as and when the need arises.

18.5. **Definitions**

Area:	Description:
Risk assessment	A tool for examining the hazards linked to a particular activity or situation, and establishing whether enough precautions have been taken in order to prevent harm from them based on their likelihood and their potential to cause harm
Hazard	Something with the potential to cause harm to people, such as chemicals or working from height
Risk	The chance (high or low) that people could be harmed by hazards, together with an indication of how serious the harm could be
Control measure	Action taken to prevent people being harmed

18.6. **Responsibilities**

18.6.1. **Principal**

The Principal, or in the Principal's absence, the Deputy Principal, is responsible for ensuring that all risk assessments are completed and reviewed.

18.6.2. **Academy Staff and Volunteers**

Academy staff are responsible for:

- Completing risk assessments for activities they are leading
- Assisting with, and participating in, risk assessment processes, as required
- Familiarising themselves with risk assessments
- Implementing control measures identified in risk assessments
- Alerting the Principal to any risks they find which need assessing

18.6.3. **Pupils and Parents/Carers**

Pupils and Parents/Carers are responsible for following the Academy's advice in relation to risks, on-site and off-site, and for reporting any hazards to a member of staff.



18.6.4. **Contractors**

Contractors are expected to provide evidence that they have adequately risk assessed all their planned works before any work is undertaken.

18.7. **Risk Assessment Process**

18.7.1. When assessing risks in the Academy, we will follow the process outlined below.

18.7.2. We will also involve staff, where appropriate, to ensure that all possible hazards have been identified and to discuss control measures, following the risk assessment steps below:

Step 1: identify hazards – we will consider activities, processes and substances within the Academy and establish what associated-hazards could injure or harm the health of staff, pupils and visitors.

Step 2: decide who may be harmed and how – for each hazard, we will establish who might be harmed, listing groups rather than individuals. We will bear in mind that some people will have special requirements, for instance pupils with special educational needs (SEN) and expectant mothers. We will then establish how these groups might be harmed.

Step 3: evaluate the risks and decide on control measures (reviewing existing ones as well) – we will establish the level of risk posed by each hazard and review existing control measures. We will balance the level of risk against the measures needed to control them and do everything that is reasonably practicable to protect people from harm.

Step 4: reporting and recording significant findings – the findings from steps 1-3 will be written up and shared with the Senior Leadership Team for review. A risk assessment template is available from the School Business Manager and/or Operations Manager. This must be signed off by a member of the Senior Leadership Team before the activity can proceed.

Step 5: review the assessment and update, as needed – we will review our risk assessments, as needed, and the following questions will be asked when doing so:

- Have there been any significant changes?
- Are there improvements that still need to be made?
- Have staff or pupils spotted a problem?
- Have we learnt anything from accidents or near misses?

Step 6: retaining risk assessments – risk assessments are retained for the 3 years after the length of time they apply. Risk assessments are securely disposed of.

18.8. **Other checks**

18.9. We also make sure further checks are made to confirm the following:

- Correct and up-to-date information is displayed in all notices



- Compliance with the Construction (Design and Management) Regulations 2015 during construction projects
- Contractors have the necessary qualifications to carry out the specified work
- Compliance with the Equality Act 2010 when making changes or alterations to a building or the external environment



19. ACCIDENT REPORTING

19.1. 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. Accident forms are available from the Academy Office
- As much detail as possible will be supplied when reporting an accident
- Accident forms will be reviewed by Committee Members at the Estates, Health & Safety Committee meetings; with any further actions recorded
- 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 Academy 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. For pupils this will be longer - D.O.B +25 years.

19.2. Reporting to the Health and Safety Executive

19.2.1. The Principal 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).

19.2.2. The Principal 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.

19.2.3. Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - 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

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

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

19.3. Notifying Parents/Carers

19.3.1. The Class Teacher or Academy Office will inform parents/carers 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.

19.4. Reporting Child Protection Agencies

19.4.1. The Principal/Member of the Senior Leadership Team will notify relevant child protection agencies of any serious accident or injury to, or the death of, a pupil while in the Academy's care.

20. FIRST AID

20.1. Our Academy Aims to:

- Provide a framework for responding to an incident and recording and reporting the outcomes

20.2. Legislation and Guidance

20.3. This section is based on the [Statutory Framework for the Early Years Foundation Stage](#), advice from the Department for Education on [first aid in schools](#) and [health and safety in schools](#), and the following legislation:

- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [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 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records
- [The Education \(Independent Academy Standards\) Regulations 2014](#), which require that suitable space is provided to cater for the medical and therapy needs of pupils



20.4. Responsibilities

20.4.1. In Early Years Foundation Stage (EYFS) provision, at least one person who has a current paediatric first aid certificate must be on the premises at all times. Beyond EYFS the amount of trained First Aiders is dependent upon the needs of the staff and children. The Academy will ensure that we have a sufficient number of suitably trained First Aiders to care for pupils and staff at each point within the day, including when on out of Academy visits. A trained First Aider must attend all trips and visits. A paediatric trained First Aider must attend all EYFS trips and visits.

20.5. Appointed person(s) and First Aiders

20.5.1. The Academy's appointed First Aiders are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Making themselves and others aware of pupils and staff that may have allergies or medical conditions requiring specialist first aid e.g. EpiPens
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

20.5.2. First Aiders are trained and qualified to carry out the role (see 21.10) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils and/or staff home to recover, where necessary
- Filling in an accident form on the same day or as soon as is reasonably practicable after an incident
- Keeping their contact details up to date

20.5.3. Our Academy's appointed person(s) and First Aider's names will be displayed on the Health and Safety notice board near the Operations Manager's office and available from the Academy Office.

20.6. Principal

20.6.1. The Principal is responsible for:

- Ensuring that an appropriate number of trained first aid personnel are present in the Academy at all times
- Ensuring that First Aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that Managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils
- Reporting specified incidents to the HSE when necessary (see section 6)



20.7. Staff

20.7.1. Academy staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the First Aiders in Academy are
- Completing accident forms for all incidents they attend to where a First Aider/appointed person is not called
- Informing the Principal/Principal or their Line Manager of any specific health conditions or first aid needs

20.8. First Aid Procedures

20.8.1. In-Academy Procedures

20.8.2. In the event of an accident resulting in injury:

- The closest member of staff present will assess the seriousness of the injury and seek the assistance of a qualified First Aider, if appropriate, who will provide the required first aid treatment
- The First Aider will assess the injury and decide if further assistance is needed from a colleague or the emergency services.
- If an ambulance is required the First Aider is to contact the **Academy Office** who will telephone the emergency services. The First Aider is to remain on the scene and relay any questions raised by the emergency services via radio.
- Once emergency services are called, the Academy Office will contact parents/carers immediately. The First Aider will accompany the pupil to hospital and remain until the parent/carer arrives
- If the emergency services are not required, the First Aider will decide on the appropriate action to take and a member of SLT informed (see steps below)
- If the First Aider and member of SLT assesses that a pupil is too unwell to remain in school, parents will be contacted (by the Academy Office) and asked to collect their child. Upon their arrival, the First Aider will recommend next steps to the parents/carers, for example visiting a doctor

In the case of any doubt about whether emergency medical attention is required, the following actions should be undertaken:

- The First Aider should seek a second opinion from another First Aider and if appropriate further medical advice (for example by phoning the NHS 111 helpline)
- A member of SLT must be informed
- The child's parent/carer must be contacted and appraised of the situation.

The SLT member and parent/carer will decide on the appropriate course of action, guided by advice from the First Aider(s). Possible courses of action may be:

- To seek further medical advice, examination or immediate treatment
- The parent/carer may collect the child and keep them at home for observation



- It may be decided that the child can remain at school but be kept under observation.

Any child who remains at school after an injury or illness should be kept under observation, and the following steps undertaken:

- All staff who may come into contact with the child during the course of the day (for example Class Teacher, Play Leaders) must be made aware of their condition, the need to monitor them and any symptoms they should look out for
- A First Aider must re-assess the child on one or more planned occasions during the day
- There may be a need to restrict the activities of the child during the day (for example participation in PE lessons) and the appropriate staff members must be informed.

Where the child has remained in school following an incident, the parent/carer must be informed about the incident when they collect their child from school (or updated if they have been previously contacted about the incident).

The First Aider linked with the incident will complete an accident report form on the same day or as soon as is reasonably practical after an incident resulting in an injury.

20.9. Off-site Procedures

20.9.1. When taking pupils off the Academy premises, staff will ensure they always have the following:

- A mobile phone
- A portable first aid kit
- Information about the specific medical needs of pupils; this to include EpiPens and any other emergency medications a pupil may require
- Parents/Carers' contact details
- Field File including risk assessment as stated in Evolve

20.9.2. There will always be at least one First Aider on Academy trips and visits. Risk assessments will be completed by the class teacher prior to any educational visit that necessitates taking pupils off Academy premises.

20.9.3. Within EYFS there will always be at least one First Aider with a current paediatric first aid certificate on Academy trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

20.10. First Aid Equipment

20.10.1. A typical first aid kit in our Academy will include the following:

- A leaflet with general first aid advice
- Regular and large bandages
- Eye pad bandages
- Triangular bandages
- Adhesive tape i.e. micropore
- Safety pins



- Nitrile powder free disposable gloves
- Antiseptic wipes
- Washable plasters of assorted sizes
- Tuff cut scissors
- Cold compresses
- Burns dressings
- Sterile eye wash capsules
- 1 revive aid
- 1 burn shield dressing
- 1 disposable heat retaining foil blanket
- Water wipes

20.10.2. No medication is to be kept in first aid kits.

20.10.3. First aid kits are stored in a cupboard or drawer in each area clearly marked with the green first aid symbol and all staff are aware how to access them:

- The medical room
- Academy Office
- The main hall
- The Arc
- All classrooms
- The Academy kitchen
- The ECO Centre
- The HUB

20.11. **Record-keeping and Reporting**

20.11.1. **First Aid and Accident Record Book**

- An accident book entry must be completed by the relevant member of staff on the same day or as soon as possible after an incident resulting in an injury
- In the case of a serious accident, an H&S Accident/Incident Report Form must be completed and handed to the Academy Office
- As much detail as possible should be supplied when reporting an accident, including all of the information included in the accident form
- In the case of a serious accident: A copy of the accident report form will also be added to the pupil's educational record by the relevant member of staff
- Records held in the first aid and accident book will be retained by the Academy 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. For pupils this will be longer - D.O.B +25 years

20.12. **Reporting to the Health and Safety Executive**

20.12.1. Please refer to the procedure above under accident reporting.

20.13. **Notifying Parents/Carers**



20.13.1. Please refer to the procedure above under accident reporting.

20.14. **Training**

20.14.1. All Academy staff are able to undertake first aid training if they would like to.

20.14.2. All First Aiders must have completed a training course, and must hold a valid certificate of competence to show this. The Academy will keep a register of all trained First Aiders, what training they have received and when this is valid until.

20.14.3. Staff are encouraged to renew their first aid training when it is no longer valid.

20.14.4. At all times, at least one staff member will have a current paediatric first aid (PFA) certificate which meets the requirements set out in the Early Years Foundation Stage statutory framework and is updated at least every 3 years.

21. **TRAINING**

21.1. Our staff are provided with health and safety training as part of their induction process.

21.2. Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

22. **MONITORING AND REVIEW ARRANGEMENTS**

22.1. The Principal/Operations Manager will be responsible for monitoring the implementation and effectiveness of this policy. It will be reviewed annually by the Estates, Health and Safety Committee; or before at any time, if there is new relevant legislation or guidance.



APPENDIX 1 - INSPECTION AND TESTING

Issue to Inspect:	Frequency:	Person Responsible:
Portable appliance testing (PAT)	<p>Variable, according to risk and how the equipment is constructed.</p> <p>Regular visual inspections where PAT is not required.</p> <p>We will refer to HSE guidance on maintaining portable electric equipment for suggested intervals and types of testing/inspection.</p>	Supplier identified and contracted by Operations Manager (Annually)
Fixed electrical installation tests (including lightning conductors)	<p>Variable, according to the number and severity of faults found at last inspection.</p> <p>Inspection and testing is always carried out by a competent person.</p>	Supplier identified and contracted by Operations Manager
Emergency lighting	<p>Monthly flash test.</p> <p>6-monthly condition test (including 3-hour battery test) by a competent person.</p>	<p>Operations Manager (Monthly)</p> <p>Supplier identified and contracted by Operations Manager(Quarterly)</p>
Gas appliances and fittings	<p>Routinely, in accordance with manufacturer recommendations (or other professional advice if unavailable).</p> <p>Annual safety checks (in line with good practice / required if the premises are used for residential accommodation).</p> <p>All work carried out by a Gas Safe Registered engineer.</p>	Supplier identified and contracted by Operations Manager (Annually)



<p>Air conditioning systems</p>	<p>Inspections by an energy assessor at regular intervals (not exceeding 5 years).</p> <p>Annual certificated inspection to ensure no refrigerant leakage.</p> <p>Bi-annual checks and an annual maintenance schedule (in line with good practice).</p>	<p>Supplier identified and contracted by Operations Manager</p>
<p>Pressure systems</p>	<p>No fixed maintenance requirement (our programme takes account of the list on page 44 of the HSE's Safety of Pressure Systems guidance, and an examination of the system is carried out by a competent person by the date set at the previous examination – see pages 35 to 37 of the HSE guidance).</p>	<p>Supplier identified and contracted by Operations Manager</p>
<p>Legionella checks on all water systems</p>	<p>Risk assessment of each site carried out and reviewed regularly by a competent person.</p> <p>The frequency of monitoring checks varies for evaporative cooling systems, hot and cold water systems and other risk systems – specific details can be found in guidance for each type from the HSE.</p>	<p>Supplier identified and contracted by Operations Manager (Every 2 Years)</p> <p>Operations Manager (Monthly)</p>
<p>Asbestos</p>	<p>Regular inspections as part of the asbestos register and management plan.</p> <p>Reviews of the asbestos register annually.</p> <p>Refurbishment and demolition surveys before any</p>	<p>Supplier identified and contracted by Operations Manager</p>



	refurbishment or demolition work.	
Equipment used for working at height	<p>Inspected before use, and at suitable intervals appropriate to the environment it's used in and how it's used.</p> <p>In addition, inspections after anything that may affect the safety or stability of equipment, e.g. adverse weather or accidental damage.</p>	<p>Supplier identified and contracted by Operations Manager (Annually)</p> <p>Operations Manager (Prior to use)</p>
Fire detection and alarm systems	<p>Weekly alarm tests, with a different call point tested each week where applicable.</p> <p>Quarterly and annual inspections and tests by a competent person.</p> <p>Annual fire risk assessment by a competent person also includes the maintenance of fire detection and alarm systems.</p>	<p>Operations Manager (Weekly)</p> <p>Supplier identified and contracted by Operations Manager (Quarterly)</p>
Fire doors	Regular checks by a competent person.	Operations Manager (Daily)
Firefighting equipment	Most equipment – extinguishers, fire blankets, hose reels, fixed systems (such as sprinkler systems) and fire service facilities (such as dry risers and access for emergency vehicles) – are inspected annually (by a competent person where required) unless manufacturers' guidelines suggest differently.	<p>Supplier identified and contracted by Operations Manager (Annually)</p> <p>Operations Manager (Monthly)</p>
Extraction systems	Regular removal and cleaning of grease filters and cleaning of ductwork for kitchen extraction systems.	Supplier identified and contracted by Catering Manager



	<p>Local exhaust ventilation systems (such as those for working with hazardous substances) are examined and tested at least every 14 months by a competent person.</p> <p>More routine checks are also set out in system logbooks.</p>	
Chemical storage	<p>Inventories are kept up-to-date.</p> <p>Risk assessments for the Control of Substances Hazardous to Health (COSHH) are reviewed on a regular basis, plus whenever it's considered that the original assessment may no longer be valid, or where the circumstances of the work change significantly and may affect employees' exposure to a hazardous substance (in line with HSE guidance on COSHH assessment).</p>	Operations Manager
Playground and gymnasium equipment	<p>Regular inspections – at least annually, and more regularly where any equipment is used more frequently than normal (e.g. where community use increases how often equipment is used).</p> <p>Outdoor fixed play equipment – periodic and annual inspections by a competent person.</p>	<p>Supplier identified and contracted by Operations Manager</p> <p>Operations Manager (Daily)</p>
Tree safety	<p>As part of risk assessment responsibilities, periodic visual checks for stability are carried out, with more detailed assessments if suspected structural faults or other risks are found.</p>	<p>Supplier identified and contracted by Operations Manager</p> <p>Operations Manager (Daily)</p>



<p>Radon</p>	<p>Risk assessments including radon measurements will be carried out in all of our above-ground workplaces in radon-affected areas, and all of our below-ground workplaces.</p> <p>Radon measurements will last for 3 months, using radon monitors, in line with Public Health England radon guidance for Schools</p> <p>Where measurements show radon levels below 300Bq/m³, radon levels will be remeasured at least every 10 years. If significant changes are made to the buildings or work processes, remeasurement will also be considered.</p> <p>For any sites with radon levels above 300Bq/m³ we will work with a radiation protection adviser to manage reduction and decide on risk assessment and remeasurement frequency.</p>	
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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, the guidance refers to public health exclusions to indicate the time period an individual should not attend a setting to reduce the risk of transmission during the infectious stage.

Infection	Exclusion period	Comments
Athlete's foot	None.	Children should not be barefoot at school (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None.	Avoid kissing and contact with the sores.
Conjunctivitis	None.	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend school.
Diarrhoea and vomiting	Staff and students can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A For more information see chapter 3.
Diphtheria*	Exclusion is essential.	Preventable by vaccination.



	Always consult with your UKHSA HPT.	Family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered.	Report outbreaks to your local HPT. For more information see chapter 3.
Glandular fever	None	
Hand foot and mouth	None.	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None.	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of Hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None.	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered.	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed



Meningitis viral	None.	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None.	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more.
Mumps*	5 days after onset of swelling.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after the first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed).	Pregnant contacts should consult with their GP or midwife.
Threadworms	None.	Treatment recommended for child and household.
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the	Only pulmonary (lung) TB is



	<p>start of effective antibiotic treatment if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers.</p>	<p>infectious to others, and needs close, prolonged contact to spread. Your local HPT will organise any contact tracing.</p>
Warts and verrucae	None.	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics.	Preventable by vaccination. After treatment, non- infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.