

# **Health and Safety Policy Statement**

## **For**

# **Charlton School**

**Approved by:**

**Date:**

**Last reviewed on:**

**Next review due by:**

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# 1. Aims

Charlton 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.

This policy complies with our funding agreement and articles of association.

# 3. Roles and responsibilities

## 3.1 The local governing body (LGB)

The local governing board has responsibility for health and safety matters in the academy but will delegate day-to-day responsibility to the Principal.

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 school premises.

The governing body shall ensure that the Policies and Procedures are implemented and complied with in their school.

The governing body shall ensure that a suitable governor is in place who oversees health and safety.

## 3.2 Principal

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

- Implementing the approved 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 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 member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring all external and third party contracts, ensuring that they have a Safety Policy, Contractors Liability Insurance and that Risk Assessments/Method Statements are in place and are being adhered to.

The Principal shall:

- Implement and chair termly health and safety consultation meetings at their school with relevant employee representatives including key staff such as trade union representatives (if applicable) and a Senior Manager responsible for Health and Safety. Ensure that meetings are accurately recorded and actions arising are addressed accordingly.
- Attend termly Trust Health and Safety consultation meetings.
- Report significant Health and Safety matters/concerns immediately to the COO.
- Report accident and near miss data to the COO monthly.

### **3.3 Staff**

School staff have a duty to take care of pupils.

- 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
- Follow the Trust's Code of Conduct for all staff

### **3.4 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. The school will have a detailed behaviour policy that students will be expected to adhere to.

### **3.5 Contractors**

Contractors will agree health and safety practices with the Site 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. This applies to all schools and academies including PFI. Client annual audit reports from the PFI contractor are available for inspection to ensure effective management of contractors.

## **4. Site security**

The school and Business Watch are responsible for the security of the school site in and out of school hours. Both are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Both are key holders and will respond to an emergency.

## **5. Fire**

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly (2 yearly as a minimum).

Emergency evacuations are practised at least once a term.

The fire alarm is a loud intermittent siren that alerts occupants until a high pitch warble signifies evacuation.

Fire alarm testing will take place once a week early morning on a Wednesday.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- 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 and pupils will congregate at the assembly points. These are: the tennis courts and outside reception for visitors.
- Students with PEEPs (Personal Emergency Evacuation Plans) to follow agreed protocol as shared with identified staff
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- Staff and pupils will remain outside the building until the emergency services or Site Staff say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

## 6. COSHH

Academies 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 when required by a suitably qualified member of staff and circulated to all employees who work with hazardous substances and are reviewed annually. 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.

Staff should ensure that 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 in line with legislation for the type of equipment.
- The Site Managers shall ensure that gas pipework, appliances and flues are regularly maintained in line with the school's Mechanical & Electrical PPM Planners.
- The Site Managers will ensure that all rooms with gas appliances are checked to ensure that they have adequate ventilation

### 6.2 Legionella

The Trust will act as the Duty Holder for each school and will ensure that:

- A water risk assessment has been completed every 2 years or when there is a significant change to the building or management team.
- Charlton is the responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book in accordance with the Building Services Management system.

- This risk assessment will be reviewed every 2 years and when significant changes have occurred to the water system and/or building footprint.

### **6.3 Asbestos**

There is written confirmation that no Asbestos is present on site.

## **7. Equipment**

- The Principal will ensure that: 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**

The Principal will ensure that:

- 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
- 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**

The Principal will ensure that:

- 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 Site Manager

### **7.4 Display screen equipment**

The Principal will ensure that:

- 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)

### **7.5 Specialist equipment**

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff should promote the responsible use of wheelchairs.

## 8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

Potentially dangerous activities, such as those where there is a risk of falling from height, will not be undertaken when working alone. If there are any doubts about the task to be performed, then the task will be postponed until other staff members are available.

If lone working is to be undertaken, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

The lone worker will ensure that they are medically fit to work alone.

## 9. Working at height

Staff 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 Site Team 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
- Any staff using ladders in school will have attended ladder training

## 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 should ask for assistance.

The school will ensure that proper mechanical aids and lifting equipment are available on site, 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

When taking pupils off the school premises, we will ensure that:

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, a portable first aid kit, information about the specific medical needs of pupils along with the parents' contact details
- Only staff with a MIDAS certificate will be permitted to drive a mini bus. All drivers must have a suitable driving licence with the correct classification for the type of vehicle.
- Minibus drivers must carry out pre vehicle checks before use and record in the vehicle log book.

## 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 Trust's health and safety statement, and will have responsibility for complying with it. The lettings coordinator should ensure that:

- Signed hire agreement forms are in place which includes damage responsibility and accident reporting
- Business users and event organiser have suitable and sufficient risk assessments in place and have been approved by the academy

## 13. Car Parks

Car parks have lots of hazards, all staff must:

- Park appropriately in the designated parking bays.
- Obey traffic signage such as speed limits, give way notices, crossing points and parking restrictions.
- Not park in disabled or parent and toddler bays unless permitted to do so from the Principal or have a parking permit badge clearly displayed.

## 14. 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 immediately. This applies to violence from pupils, visitors or other staff.

## 15. Smoking

Smoking, e-cigarettes and vaping is not permitted anywhere on the school premises.

## 16. Infection prevention and control

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

### 16.1 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

### 16.2 Coughing and sneezing

- Cover mouth and nose with a tissue
- Wash hands after using or disposing of tissues
- Spitting is not permitted

### 16.3 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
- Personal protective equipment is provided for all staff where it has been identified in a risk assessment

## 16.4 Cleaning of the environment

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

## 16.5 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

## 16.6 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

## 16.7 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

## 16.8 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

## 16.9 Pupils vulnerable to infection

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 either of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

## 16.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

## 17. New and expectant mothers

Risk assessments will be carried out whenever any employee or pupil notifies the academy that they are pregnant. This includes advice, support and making reasonable adjustments for reducing physical activity in the workplace.

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

## 18. 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 will be in place within the academies for responding to individual concerns and monitoring staff workloads. The school provides a number of support systems for staff including referral to Occupational Health (referred to in the school's staff absence management policy). Wellbeing support from SAS our absence insurance scheme is also available.

## 19. Accident and near miss 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. An accident form template can be found in appendix 2
- 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.

### 19.2 Reporting to the Health and Safety Executive

The COO 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 COO 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:

### **19.3 Notifying parents**

The school will inform parents or 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 to Ofsted and child protection agencies**

The school 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.

### **19.5 Reporting a Near miss**

- A near miss form will be completed as soon as possible after the incident occurs by the member of staff who deals with it.
- As much detail as possible will be supplied when reporting a near miss. A copy of the near miss will be sent to the COO as soon as possible
- Investigation must take place to identify the root cause, applicable risk assessments and methods statements will be adjusted to reflect the investigation out come if applicable
- 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.

## **20. Training**

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

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.

## **21. Monitoring**

This policy will be reviewed by the COO every 2 years. At every review, the policy will be approved by the Local Governing Body

## **22. Risk Assessment**

Every activity within the school MUST have a suitable and sufficient risk assessment in place. The agreed risk assessment recording template can be found in appendix 5 of this document.

All assessments MUST:

- Be in place and signed by staff that are expected to carry out the task before work proceeds.
- Identify any associated hazards.
- Identify Persons that may be harmed.
- Detail existing controls that are in place.
- Assess the risk using a 5x5 template for severity v probability.
- Detail and record any further actions required and reassess if required.
- Review the assessment annually or if there are any significant changes.

## **23. First Aid**

The Principal will ensure that first aid risk assessments have been carried out. The assessment will:

- Identify the number and type of first aiders required.
- Identify the number, type and location of first aid boxes required.
- Persons responsible for monitoring first aid box contents.

## **24. Monitoring and Auditing**

The Trust will ensure that academies and schools are audited by the COO annually or following a significant near miss/accident. Significant audit findings will be reported to the Local Governing Body and to the Trust's Business and Personnel Committee with a detail rectification action plan to ensure that academies are compliant. Significant risks will be added to the Trust's risk register by the COO.

## Appendix 1. Accident Report Form

Appendix 1 - CHARLTON SCHOOL Accident Report (Part A)										
<b>Name of injured person:</b>										
<b>Injured person status:</b>	Student		Employee		Visitor		Public		Contractor	
<b>Date and time of incident:</b>				<b>Precise location of incident:</b>						
<b>Incident details: (Consider the activity at the time of incident, how did it happen? Any equipment involved)</b>										
								Sketch if this would illustrate events more clearly:		
<b>Staff based actions:</b>										
Student Received First Aid at the Scene and Released			Y	N	Parent/Carer Contacted			Y	N	
Student Received First Aid and taken to Recovery Area			Y	N	Unable to Contact Parent			Y	N	
Staff Administer Approved Medication			Y	N	Collected from School			Y	N	
Staff call Shrop Doc or Emergency Services**			Y	N	Parent Taking Student to Hospital **			Y	N	
<b>Any additional actions taken by the first aider:</b>										
<b>What follow-up action is required?</b>										
First Aider to Investigate and Contact Appropriate Person			Y	N	Contact Chief Operations Officer			Y	N	
Feedback to Teacher or Subject Leader			Y	N	Contact Facilities Management			Y	N	
Feedback to Member of SLT			Y	N	Contact Family			Y	N	
Feedback to Headteacher			Y	N	Call meeting of stakeholders to discuss incident			Y	N	
<b>Additional Notes if required:</b>										
<b>Name of person attending the incident</b>					<b>Signature:</b>				<b>Date:</b>	
<b>THIS FORM MUST BE SENT TO THE OPERATIONS MANAGER WITHIN THE SAME WORKING DAY OF INCIDENT</b>										

\*\* = Please complete Part B on the reverse of this form

<b>Appendix 1 - CHARLTON SCHOOLCAccident Report (Part B)</b>			
<b>Part B is only to be completed if the incident has led to hospital treatment or if the first aider feels there is a need for a formal investigation by H&amp;S leads to prevent repeat occurrences.</b>			
<b>Name of Senior Leader/COO</b>		<b>Date Form Received:</b>	
<b>Was the first aider authorised to carry out treatment?</b>	Y N	<b>Names of Witnesses:</b>	1. 2. 3.
<b>Are you satisfied that the information in Part A is correct? If NO, please provide details:</b>			
<b>What has been done to prevent a recurrence of the incident?</b>			
<b>Additional Information if required:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>PART B MUST BE COMPLETED (IF REQUIRED) WITHIN 1 WORKING DAY OF INCIDENT AND RETURNED TO THE OPERATIONS MANAGER</b>			

## 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 Public Health England (PHE).

### Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chickenpox</b>	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
<b>German measles (rubella)*</b>	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
<b>Hand, foot and mouth</b>	None	

<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
<b>Molluscum contagiosum</b>	None	A self-limiting condition.
<b>Ringworm</b>	Exclusion not usually required	Treatment is required.
<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts require treatment.
<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

<b>Shingles</b>	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	
<b>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b>	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
<b>Cryptosporidiosis</b>	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Flu (influenza)</b>	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Tuberculosis*</b>	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Whooping cough*</b>	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

## Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local PHE centre.

<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
<b>Glandular fever</b>	None	
<b>Head lice</b>	None	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
<b>Hepatitis B*, C*, HIV/AIDS</b>	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
<b>Meningococcal meningitis*/ septicaemia*</b>	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
<b>Meningitis* due to other bacteria</b>	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.

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

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



<b>5. Attendees</b>			
<b>No.</b>	<b>Print Name</b>	<b>Position</b>	<b>Signature</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Risk rating system\***

<b>SEVERITY</b>			<b>PROBABILITY</b>	
<b>outcome</b>	<b>example</b>	<b>score</b>	<b>outcome</b>	<b>score</b>
<b>MINOR</b>	Bruising, minor cuts, mild irritation to skin or eyes	<b>1</b>	<b>Unlikely</b> (eg no previous history)	<b>1</b>
<b>SERIOUS</b>	Loss of consciousness , burns, broken bones, injury or condition resulting in 3 or more days absence	<b>2</b>	<b>Possible</b> (eg similar incidents have happened in the past)	<b>2</b>
<b>MAJOR</b>	Permanent disability , major notifiable injury or disease	<b>3</b>	<b>Probable</b> (eg same situations have happened in the past)	<b>3</b>
<b>FATAL</b>	DEATH	<b>5</b>	<b>Highly probable</b> (eg has occurred recently here or in another organisation)	<b>5</b>

**Probability score x Severity score = Risk Rating total**

*Risk rating total*

- 1-4            *low risk*
- 5-10         *medium risk*
- 15-25       *high risk*

**\*\*Specialist assessments may also be needed for:** fire, hazardous substances, significant manual handling tasks, computer workstation users (DSE), nursing or expectant mothers, working at height, noise, use of personal protective equipment, and hand-arm or whole body vibration