



## Health and Safety Policy

### Version 1

<p><b>Important:</b> This document can only be considered valid when viewed on the Trust’s website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.</p> <p><b>Name and Title of Author:</b></p>	<p>Luc Perquin, Assistant Director of Estates &amp; Facilities</p>
<p><b>Name of Responsible Committee/Individual:</b></p>	<p>Audit &amp; Risk Committee</p>
<p><b>Implementation Date:</b></p>	<p>January 2025</p>
<p><b>Review Date:</b></p>	<p>January 2027</p>
<p><b>Target Audience:</b></p>	<p>Members, Trustees, Governors, employees, workers, students and other stakeholders</p>
<p><b>Reference Documents:</b></p>	<p>First aid Guidance  Premises Management Policy  Supporting pupils with medical conditions  Accessibility plan  Remote learning  Business Continuity Plan  Health and Wellbeing Policy</p>

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## **1. Policy Statement**

Our purpose is to make great schools and happier, stronger communities so that people have better lives. We do this by advancing high-quality inclusive education that values all young people equally, through:

- Ensuring all schools in the TEAL family are successful and all our young people thrive.
- Developing the next generation of great teachers and leaders.
- Connecting with civic leaders and influencing the system so that it becomes fairer, more inclusive and ethical.

We will always:

- Do what is right
- Stand shoulder to shoulder
- Focus on quality in everything we do.

This Health and Safety Policy forms part of The Education Alliance's internal control and governance arrangements and defines the Trust's approach to Health and Safety. This policy sits side by side with the Premises Management Policy that defines the Trust's underlying approach to estate management.

The Trust aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to our school sites
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

## **2. Legislation**

This policy is based on advice from the Department for Education on health and safety in schools, guidance from the Health and Safety Executive (HSE) on incident reporting in schools, and the legislation as listed in Appendix 1.

Sections of this policy are also based on the statutory framework for the Early Years Foundation Stage.

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

## **3. Roles and responsibilities**

### **3.1 The Trust**

The Education Alliance has ultimate responsibility for health and safety matters in each of its schools and other settings. The Board of Trustees delegates the responsibility for health and safety to the CEO who in turn delegates the day-to-day responsibility in each school to Headteacher and/or the Nominated Individual. The responsibility for H&S in the TEAL Development Centre is delegated to the Assistant Director of Estates and the Head of YWTT is responsible for YWTT.

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

The Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
  - Ensure that adequate health and safety training is provided

### **3.2 Headteacher / Nominated Individual / Head of YWTT**

The Headteacher / Head of YWTT is responsible for health and safety day-to-day on their site. This involves:

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

The Headteacher's / Head of YWTT can delegate the above day-to-day health and safety responsibilities to the Nominated Individual (\*).

(\*) The school or the YWTT have a number of Nominated Individual(s) who ensure compliance with items mentioned in this policy. The Nominated Individual(s) could vary per school / setting depending on the circumstances and the task being undertaken but could include any of the following: Site manager, Caretaker, School Business manager, Admin team member, Head of Department, Trip leaders etc.

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

The appointed health and safety lead is the Assistant Director of Estates and Facilities supported by the Director of Finance and Estates.

### **3.4 Staff**

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

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

### **3.5 Pupils and all other Visitors**

Every individual visiting / using our schools/settings are expected to follow any instruction given by TEAL staff relating to health and safety, either on-site or when on school / business / activities off-site. Health and safety incidents must be reported to a member of staff. Visitors can include but is not limited to: Parents, carers, letting customers, work experience and volunteers.

### **3.6 Contractors**

Contractors will agree health and safety practices with the Nominated Individual before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

#### **4. Site security**

The Nominated Individual(s) are responsible for the security of the school/settings sites in and out of school/working hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. For further details regarding this please refer to the Premises Management Policy.

#### **5. Fire**

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. The fire risk assessment of the premises will be reviewed regularly.

The Headteacher / Nominated Individual is responsible for implementing and reviewing the school and setting specific Fire Emergency Procedures and evacuation plans on an annual basis or when circumstances have changed. For example: staff changes, building refurbishment.

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

All schools and settings 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**

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Nominated Individual and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Hazardous products must be stored in a lockable cupboard, displaying the relevant warning notices.

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.

#### **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 and all rooms with gas appliances are checked to ensure they have adequate ventilation.

#### **8 Legionella**

A water risk assessment has been completed for each school/setting in the Trust. The Duty Holder for water is the Assistant Director of Estates and Facilities. The Nominated Individual is responsible for ensuring that the identified operational controls are conducted and recorded in the school or settings waterlog book.

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

For a list of controls to mitigate legionella, please refer to the Trust's Written Scheme of Control.

## **9 Asbestos**

Staff are briefed on the hazards of asbestos both as part of their induction and annually. Staff are able to ascertain the location of any asbestos in the school/setting via the on-line system. This on-line system also includes emergency details and the action to take if they suspect they have disturbed it. This is documented further in the schools Asbestos Management Plan.

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 that they suspect could be asbestos, they will stop work immediately until the area is declared safe.

A record is kept of the location of asbestos that has been found.

## **10. 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 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.

### **10.1 Electrical equipment**

All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely. In addition to the above:

- Any potential hazards must be reported to the Nominated Individual(s) immediately
- Permanently installed electrical equipment must be 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 isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections must 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

### **10.2 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 Nominated Individual or PE staff.

### **10.3 Display screen equipment**

All staff who use computers daily as a significant part of their normal work have the option to 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 free 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)

#### **10.4 Specialist equipment**

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

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

#### **11. 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
- Remote working, self-isolation and/or remote learning

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

If lone working is to be undertaken, it is the responsibility of the staff member who is going to work alone to inform a colleague, friend or family member about where the staff member is and when they are likely to return.

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

#### **12. Working at height**

The Nominated Individual 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 Nominated Individual 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

#### **13. 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 must ask for assistance.

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

Everyone involved in lifting / moving is 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

#### **14. Off-site visits**

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

- Risk assessments are completed where off-site visits and activities require them (Evolve)
- All off-site visits are appropriately staffed
- Staff need to ensure they are contactable via telephone (in some schools mobile phones are specifically available for trips) and take a portable first aid kit, information about the specific medical needs of pupils along with the parents/carers' contact details
- There will always be at least one first aider on school 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

#### **15. Lettings**

This policy applies to lettings. Those who hire any aspect of the school/settings site or any facilities will be made aware of the content of this health and safety policy and will have responsibility for complying with it. Each school/setting also has a terms of hire document that must also be complied with.

#### **16. Violence at work**

We believe that staff should not be in any danger at work and the Trust 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.

#### **17. Smoking**

Smoking, vaping and the use of e-cigarettes is not permitted anywhere on our premises.

#### **18. Infection prevention and control**

We follow national guidance published by the UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice. Detailed hygiene practices are outlined in Appendix 3.

#### **19. New and expectant mothers**

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an 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
- Some pregnant women will be at greater risk of severe illness from COVID-19

## **20. 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 and our Workload Charter.

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

Refer to the Trust Health and Wellbeing Policy for further information.

## **21. Accident reporting**

### **21.1 Accident record book**

An accident report must be completed for staff, visitors and contractors as soon as possible after the accident occurs by the member of staff or first aider who deals with it. Schools/settings that have access to the online reporting system must use this to record accidents. An accident book must be used in any school/setting that doesn't have access to the online reporting system.

Pupil accidents are recorded on the pupil file. 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 / online reporting system entries will be retained by the school/setting 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.

### **21.2 Reporting to the Health and Safety Executive**

The Nominated Individual 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 Nominated Individual will notify the Assistant Director of Estates and Facilities before reporting these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

#### **Staff: reportable injuries, diseases or dangerous occurrences**

These include:

- Death
- Specified injuries, which 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) which:
    - Covers more than 10% of the whole body's total surface area; or
    - Causes significant damage to the eyes, respiratory system or other vital organs
  - 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
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Nominated Individual will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

Carpal tunnel syndrome

- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendinitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to Trusts 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

Near-miss events must be reported through using the Near-miss / Hazard reporting QR code.

### **Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

- Death of a person that arose from, or was in connection with, a work activity\*
- An injury that arose from, or was in connection with, a work activity\* and the person is taken directly from the scene of the accident to hospital for treatment

\*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

### **21.3 Notifying parents/carers**

A school staff member 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.

### **21.4 Reporting to child protection agencies**

A school staff member will notify the local child protection agencies of any serious accident or injury to, or the death of a pupil while in the school’s care.

### **21.5 Reporting to Ofsted (Schools with Early Years Foundation Stage provision and registered with Ofsted)**

A school staff member 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.

## **22. 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.

## **23. Monitoring**

This policy will be reviewed by the Assistant Director of Estates and Facilities every 3 years.

At every review, the policy will be approved by the Audit & Risk Committee.

## **Appendix 1 - Links with other policies**

This Health and Safety Policy links to the following policies:

- First aid Guidance
- Premises Management Policy
- Supporting pupils with medical conditions
- Accessibility plan
- Remote learning
- Business Continuity Plan
- Health and Wellbeing Policy

## **Appendix 2 - 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 require employers to protect their staff from falls from height

## **Appendix 3 - Infection prevention and control**

### **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

### **2 Coughing and sneezing**

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

### **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 (e.g. 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
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

### **4 Cleaning of the environment**

The schools are responsible to ensure that their environments are cleaned frequently and thoroughly including toys and equipment.

### **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

### **6 Laundry**

- Wash laundry in a separate dedicated facility
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **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

## **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 school pet

## **9 Infectious disease management**

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

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

- **Following good hygiene practices**

The school will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

- **Implementing an appropriate cleaning regime**

The school will ensure that equipment and rooms are regularly cleaned and ensure surfaces that are frequently touched are cleaned.

- **Keeping rooms well ventilated**

The school will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation.

## **10 Pupils vulnerable to infection**

Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to 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.

## **11 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

#### Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

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

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



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

## **Appendix of policy updates following each review**

### January 2025

This is a new Health & Safety policy which has replaced the existing Health & Safety policy. In order to meet the necessary requirements and good practice of a H&S Policy in a school setting we have reviewed the template guidance provided by the key and also other Trust's (of a similar size) H&S Policies. This policy links to the new Premises Management Policy. This H&S policy also reflects the current process for accident / hazard / near miss reporting. This rewritten policy reduces the previous 33-page policy to 18 pages (incl. Appendixes) for enhanced clarity and ease of use. This policy also negates the need for a separate Electrical Safety Policy, Asbestos Policy, Lone Working Guidance, Working at Height Guidance and Manual Handling Guidance.

The updated policy has the following added vs old Health and Safety Policy:

- Policy statement updated to reflect 2024/25 TDP
- Purpose and scope removed and reflected in Roles & Responsibilities
- Legislation changed to short statement with the individual Regulations reflected in an appendix rather than the main document
- Roles & Responsibilities changed to reflect current structure and titles and the inclusion of the nominated individual to reflect the fact that there are a number of people responsible for various items within this policy.
- COSHH, Gas safety, Legionella, Asbestos, Equipment, Lone working, Working at Height, Manual Handling, Off -site visits, lettings, Violence at work, New and Expectant Mothers, Occupational Stress, Accident Reporting sections all have reduced wording and reflect recommended wording from The Key.
- Infection Prevention Control reduced statement length with the guidance now reflected in an appendix