



Zaytouna Primary School Health & Safety Policy January 2026

STATEMENT OF INTENT

Aims

Through the way we work and behave, all our people and stakeholders will be protected from risks of occupational injury or ill health.

It is our intent to:

- Demonstrate an ongoing and determined commitment to improving health and safety at work throughout the school
- Ensure the health and safety at work of all our people and any other people who may be affected by our work activities. We will comply with the requirements of health and safety legislation.
- Promote best practice and exceed the guidance of the Health and Safety Executive and other regulatory bodies.

This policy reflects our commitment to ensuring that health and safety at work is paramount to our school, and that effective health and safety actively contributes to our success

1. **AWARENESS:** All our people and stakeholders have an awareness and understanding of health and safety hazards and risks that effect the school
 - 1.1 Health and Safety Policy Statement – adequate resources will be provided to ensure all our people, the sub-contractors and stakeholders are aware of this policy and committed to its effective implementation
 - 1.2 Communications and consultation – there will be active open communication and consultation between all our people, the sub-contractors and stakeholders. Health and safety will be integrated into our communications, wherever appropriate.
 - 1.3 Management roles and responsibilities – roles and responsibilities for health and safety will be clearly defined within job descriptions or profiles. Senior leadership will ensure that:
 - Adequate resources are provided for health and safety
 - Health and safety is adequately assessed, controlled and monitored; and
 - Our people are actively involved in matters that affect health and safety
 - 1.4 Hazard identification – we will identify our workplace health and safety hazards. We will inform our people, the sub-contractors and stakeholders, as appropriate, of those workplace hazards. We will require our sub-contractors and stakeholders, as appropriate of these hazards.

2 **COMPETENCE:** all our people and stakeholders have the competence to undertake their work with minimum risks to health and safety

2.1 Health and safety training – all our people will be adequately instructed and trained on the health and safety issues that affect them, and the safe working practices that should be followed. We will also confirm the health and safety competence of our sub-contractors.

2.2 Behaviour and culture – senior leadership will demonstrate leadership in health and safety. Senior leadership and members of the local governing board will undertake tours to ensure that health and safety issues are identified, assessed and managed. Systems will be in place and people will be empowered to raise health and safety concerns with school leadership.

2.3 Risk assessment and management – we will assess the risks associated with health and safety hazards in the workplace. All our people will be informed of the health and safety hazards and risks that affect their work. We will take action to prevent, reduce or control risks to an acceptable level and reduce the potential for incidents and accidents. We will require our sub-contractors and stakeholders to identify health and safety risks that may affect our school activities.

3. **COMPLIANCE:** Our work activities achieve compliance with legislation, and our people are empowered to take action to minimise health and safety risks.

3.1 Incident investigation – we will report and investigate accidents, incidents and near misses to drive improvement in our health and safety management. Any lessons learned from such events will be used to take corrective action to prevent recurrences.

3.2 Measuring performance – we will actively and openly, review and report on our health and safety performance against published objectives and targets. Improvement plans will be developed to support the delivery of these objectives and targets.

3.3 Health and Safety management systems – we will implement management systems to ensure we:

- Comply with health and safety legislation;
- Continually improve our health and safety performance

3.4 Sub-contractor improvement – we will engage and collaborate with our sub-contractors to ensure their:

- health and safety capability and competence to fulfil our expectations
- health and safety performance is monitored and reviewed; and
- work activities have minimal health and safety impacts on our school

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.

ROLES AND RESPONSIBILITIES

The governing board

The governing board has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to the Headteacher. The governing board has a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

Transform 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

Headteacher

The Headteacher is **Aaron Bird**. They are responsible for health and safety day-to-day. This involves:

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

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

Health and safety lead

The nominated health and safety lead is the Site Manager, **Robert Bates**.

Staff

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

All 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

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.

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. Where possible contractors chosen will be from the Trust list of approved suppliers.

ARRANGEMENTS

Site security

The Site Manager is responsible for the security of the school site in school hours. First Response respond to alarm activations outside of school hours. Along with senior leaders, they are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Site Manager, Cleaner with key holder responsibility, Headteacher and Deputy Headteacher are key holders, as are First Response, an out-of-hours security company.

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.

Emergency evacuations are practised at least once a term. The fire alarm is a loud continuous sounder with flashing red beacons.

Fire alarm testing takes place once a week on a Wednesday at 5pm.

All other fire related checks are undertaken by the Site Manager in accordance with the Regulatory Reform (Fire Safety) Order 2005 and Trust policies.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks, as part of their induction.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted
- Evacuation procedures will begin immediately
- 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 fire assembly point which is the Olive Tree Arena (a.k.a. MUGA)

- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The school operations manager will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school's emergency plan sets out arrangements in place for a refuge location in the event that the building is inaccessible.

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will pay particular attention to those with disabilities. There are four Evac Chairs in school and members of staff have undertaken Evac Chair training.

A fire safety checklist can be found in appendix 1.

COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Site Manager and Catering Manager 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 are stored in a locked cupboard with access limited to the appropriate staff.

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.

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

Legionella

- A water risk assessment has been completed 20/4/22 by Water Hygiene Services. The Site Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection of showers.

Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site
- Asbestos survey is undertaken annually by accredited external company to inspect known asbestos
- Monthly documented checks are undertaken by the Site Manager to monitor the condition of known Asbestos

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
- Faulty/damaged equipment is removed from service

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 Site 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
- Any faulty/damaged electrical equipment is removed from service

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 Site Manager
- PE Equipment is inspected annually by contractor under PUWER regulations

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)

Specialist equipment

Parents 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.

Lone working

A specific risk assessment for Lone Working has been completed by the Headteacher. Lone working is limited to the Site Manager, Cleaner with key holder responsibility, the Headteacher and Deputy Headteacher.

Lone working may include:

- Late working
- Home or site visits – these are always done in pairs, as set out in home visits policy
- 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.

Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The Site 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
- Ladders (working at height equipment) is checked annually by the Trust's preferred insurance company for safe operation

Manual handling

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

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

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

Off-site visits

The Educational Visits Coordinator (EVC) is **Aaron Bird**. 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
- There will always be at least one first aider on school trips and visits
- There will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy and will have responsibility for complying with it. They will also be responsible for their own fire and emergency evacuation plan and first aid provision, which will be checked when taking bookings.

Violence at work

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

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

Smoking

Smoking is not permitted anywhere on the school premises. The use of vaping or e-cigarettes is not permitted anywhere on the school premises.

Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues including COVID 19. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable. See Appendix 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

Coughing and sneezing

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

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

Covid 19

- Robust risk assessments will be introduced, maintained and followed accordingly – following current government guidance at the time of submission

Cleaning of the environment

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

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

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

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

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

Pupils vulnerable to infection

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

Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England.

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

New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

- 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

Occupational stress

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

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

Accident reporting & 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
- All first aid incidents are logged onto Arbor
- 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/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.

Reporting to the Health and Safety Executive

The Headteacher 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 Headteacher will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death

Specified injuries. These are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding)
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days

- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done.

Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report, HSE

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

Notifying parents

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

Reporting to Ofsted and child protection agencies

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

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.

Monitoring

This policy will be reviewed every 2 years.

Links with other policies

This health and safety policy links to the following policies:

- First aid
- Supporting pupils with medical conditions
- Accessibility plan
- Home visits policy

Appendix 1 - Fire safety checklist

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

Appendix 2 - Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	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.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
Covid19	10 days from positive test/onset of symptoms	Guidance to be adhered to at the time* subject to change
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	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.
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Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	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.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	

Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	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.
Shingles	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.

Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
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Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	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
Cryptosporidiosis	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
Flu (influenza)	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.
Tuberculosis*	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.
Whooping cough*	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
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	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.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	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.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne 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.
Meningococcal meningitis* / septicaemia*	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.
Meningococcal meningitis* / septicaemia*	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.
Meningitis* due to other bacteria	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.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.

MRSA	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.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	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.