



Health and safety policy

The Alwyn and Courthouse Federation

Approved by:	Governing Board
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PART 1: Policy Statement

1. In recognition of its statutory duties in accordance with the provisions of the Health and Safety at Work etc. Act, the Governing Board of the schools will take all reasonably practicable steps to ensure the health, safety and welfare of staff, children and others whilst engaged in school activities.
2. In particular, the Governing Board will ensure, so far as it is reasonably practicable: -
 - (a) That all places under its control, where staff, children and others are required to work, are maintained in a condition that is safe and without risk to health and safety;
 - (b) That hazards arising from the use, handling, storage and transportation of articles and substances used in the school are adequately controlled; and,
 - (c) That equipment and systems of work are safe and without risk to health and safety.
3. Furthermore, the schools undertake to provide adequate information, instruction, training and supervision to enable staff and children to avoid hazards and contribute positively towards their own health and safety and that of others.
4. In addition, the schools will ensure, so far as is reasonably practicable, that the health and safety of others is not adversely affected by its activities. This would include, for example visitors, contractors etc., and may involve providing appropriate information, suitable safety arrangements and monitoring these against agreed safety standards.
5. The schools and Governing Board should ensure safety surrounding the school sites are taken into consideration, including the securing of the sites as far as is practically possible and ensuring the necessary traffic control measures are in place within the school site.
6. The Executive Headteacher with the assistance of the senior leadership teams and all staff will endeavour to implement this policy.
7. The schools believe that no policy is likely to be successful unless it actively involves staff themselves. For this reason, the policy will include appropriate arrangements for consultation with staff on health and safety matters and will encourage them to identify hazards and suggest measures for improving safety performance.
8. The schools undertake to monitor and review their systems and control measures to ensure they are effective.
9. This policy statement supersedes any previously issued.

PART 2: Responsibilities for implementing the policy

1 Aims

Our schools aim to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, children and all visitors to the 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 Roles and responsibilities

2.1 The Local Authority

The Royal Borough of Windsor and Maidenhead has ultimate responsibility for health and safety at the schools, but delegates responsibility for the strategic management of such matters to the schools' Governing Board.

2.2 The Governing Board

The Governing Board is accountable for ensuring that health and safety procedures within the schools are adequate. The Executive Headteacher will assume responsibility for the day to day management and implementation of the policy and will ensure that all necessary procedures are devised, implemented, monitored and reviewed.

The Governing Board has a duty to take reasonable steps to ensure that risks to the health and safety for staff and children are minimised. This applies to activities on or off the school premises.

The Governing Board, in lieu of the Local Authority, also has a duty to:

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

The link governor for health and safety is Eduard Woltjer.

2.3 The Executive Headteacher

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise children
- Ensuring that the school buildings 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 Executive Headteacher's absence, the Head of School assumes all day-to-day health and safety responsibilities.

2.4 Health and safety lead

The nominated health and safety lead is the Executive Headteacher.

2.5 Staff

School staff have a duty to take care of children. They 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 children
- Understand emergency evacuation procedures and feel confident in implementing them.

2.6 Children and parents

Children and parents are responsible for following the schools' health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

2.7 Contractors and others

Contractors and others will agree health and safety practices with the School Business Manager and the Executive Headteacher 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 will include appropriate communication, co-operation and co-ordination concerning health and safety matters.

PART 3: Procedures and Arrangements

3 Site security

Each Site Controller is responsible for the security of each school site in and out of school hours. They are responsible for visual inspections of the site and for the intruder and fire alarm systems.

In the case of a site security breach out of school hours, the schools use Arena Security as the first emergency key holder. The School Business Managers have a list of the other RBWM registered key holders on file.

4. 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 and staff are trained in their responsibilities. The fire alarm is a loud continuous bell. Fire alarm call point testing will take place once a week. The fire alarm system will be regularly serviced by a qualified engineer. New staff will be trained in fire safety and all staff and children will be made aware of any new fire risks.

In the event of a fire:

- The fire alarm will be raised immediately by whoever discovers the fire. This is done by activating the nearest call point. A triggered smoke detector will automatically activate the alarm.
- Evacuation procedures will also begin immediately (see critical incident/emergency procedure plan).
- ALWYN SCHOOL: Emergency services are automatically alerted upon the fire alarm sounding via a monitoring station.
- COURTHOUSE SCHOOL: The school office calls 999 when a fire has been confirmed.
- Fire extinguishers may be used by staff who are trained and confident in how to operate them to make a safe exit.
- Staff and children will congregate at the designated assembly point on the Courthouse playground, away from school buildings.
- Class teachers first take a head count and then a register of children, which will then be checked against the attendance register of that day,
- A designated member of the office will take a register of all staff and visitors.
- Staff and children will remain outside the building until the emergency services say it is safe to re-enter.

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

The evacuation arrangements for children with mobility needs can be found in their personal emergency evacuation plans (PEEPs).

A fire safety checklist can be found in Appendix 1.

5 Control of Substances Hazardous to Health (COSHH)

We control hazardous substances:

- Cleaning products
- Germs / viruses that cause diseases, such as leptospirosis or Legionnaires disease
- Petrol for leaf blower (Courthouse)
- Petrol used by Thames valley Landscapes for both schools)
- Kitchen COSHH risk assessments are completed by the catering contractor
- Chlorine and swimming (Courthouse)
- Paint
- Pet care disinfectant (Alwyn)

Risk assessments for control of substances hazardous to health (COSHH) related to cleaning products are completed by the cleaning contractors for Alwyn and the site controller for Courthouse.

Staff will also be provided with protective equipment where necessary.

All COSHH summaries (including where to find the full risk assessments) are kept in designated areas alongside the substances to which they relate.

Our staff and contractors use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in containers, with clear labelling and product information. All hazardous products are kept in locked, appropriate cupboards in designated areas. 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 (e.g., spill kit for petrol).

5.1 Gas safety

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer. Gas pipework, appliances and flues are regularly maintained. The kitchens (both schools) and boiler rooms (Alwyn) with gas appliances are checked to ensure that they have adequate ventilation.

5.2 Legionella

Site controllers carry out monthly temperature checks. They also flush low use outlets weekly and before reopening after a holiday. The Site Controller is responsible for ensuring that the identified operational controls are conducted and recorded in the Legionella folder. Legionella risk assessments are completed every two years by external specialists (Panama Blue). They also carry out sampling twice per year which result in recommendations for the school to act on.

5.3 Asbestos

The School's asbestos register is located with the Site Controller. Bright stickers indicate for all staff where asbestos is located. Senior leaders and site staff are trained 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 known 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. Before any refurbishment or demolition work, contractors are required to carry out a survey. Each school has a risk assessment carried out by an external specialist.

6 Equipment

Kiln (Alwyn)

- Serviced yearly

Kitchen steam ovens

- Daily checks

Biomass boiler(Courthouse)

- Twice a year servicing by EvoGreen.

Floor cleaner

- Maintained by site controllers

Dining room tables

- Daily checks by site controllers.

All equipment and machinery are 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.

6.1 Electrical equipment

All staff are responsible for ensuring that they use and handle portable mains electrical equipment sensibly and safely. Any child or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them. Any potential hazards will be reported to the School Business Manager immediately. Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed. All isolator switches are clearly marked to identify their machine.

Portable appliance testing (PAT) is carried out by one of the site controllers who is trained. Maintenance, repair, installation, and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.

6.2 PE / play equipment

Children 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 hall floor or other apparatus will be reported to the Site Controller. Universal Services conduct annual checks on all PE equipment in both schools. Play equipment is serviced by the Play Inspection Company at Alwyn and Universal Services for Courthouse.

6.3 Display screen equipment

Regulations that cover the use of display screen equipment are covered by the Health and Safety (Display Screen Equipment) Regulations. The Executive Headteacher will ensure that Display Screen Equipment (DSE) Guidance is implemented and any employee that uses a computer receives information on health and safety relating to display screen equipment use.

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 Lone working

Our policy is not to encourage Lone Working. In the exceptional event of Lone Working being requested the Site Controller is to be informed. Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site Controller 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.

8 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 Controller retains ladders and the scaffolding tower for working at height
- Children are prohibited from using ladders
- Site controllers 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, site controllers are expected to conduct a visual inspection to ensure its safety (including recording this on the equipment).
- Access to high levels, such as roofs, is only permitted by trained persons

9 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 children 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.

10 Off-site visits

When taking children 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 children along with the parents' contact details
- There will always be at least one first aider on school trips and visits

11 Lettings

This policy applies to lettings at Courthouse. 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.

12 Violence at work

We believe that staff should not be in any danger at work and do 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 the Executive Headteacher immediately. This applies to violence from children, visitors or other staff.

13 Smoking

Smoking is not permitted anywhere on the school premises.

14 Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues, including any specific instructions for Covid-19. We will encourage staff and children to follow this good hygiene practice, outlined below, where applicable.

14.1 Handwashing

- Wash hands with liquid soap and 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.

14.2 Coughing and sneezing

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

14.3 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 eye protection and surgical face mask if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

14.4 Cleaning of the environment

- Clean the environment frequently and thoroughly.

14.5 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.
- All hazardous products in use for cleaning up body fluids will have a COSHH risk assessment completed as per clause 5 and appropriate gloves will be provided and worn.
- 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.

14.6 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.

14.7 Clinical waste

- Always segregate domestic and clinical waste, in accordance with local policy.
- Used nappies/pads, gloves, aprons, masks and soiled dressings are stored in foot-operated bins.
- Remove clinical waste with a registered waste contractor (PHS for Courthouse and Citron for Alwyn).

14.8 Animals (Alwyn)

- 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 children.
- Supervise children when playing with animals.
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet.

14.9 Children and staff vulnerable to infection

Some medical conditions make children and staff vulnerable to infections that would rarely be serious in most children and adults. The school will normally have been made aware of such vulnerable children or adults. 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.

14.10 Exclusion periods for infectious diseases

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

15 New and expectant mothers

Risk assessments will be carried out whenever any employee or children 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 encounters 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.

16 Occupational stress

This school is committed to promoting good health and wellbeing and recognises 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 workload. Staff can independently access Lifestyle Support on 0808168 2143 or be referred to RBWM Occupational Therapy.

17 On site vehicle movement

We only allow vehicle to move on site when the playgrounds are not being used. All vehicles are supervised by the site controller when moving on site.

18 Slips and trips

We encourage all colleagues to report spillages, trip hazards and near misses. All hazards are signposted by the site controller immediately and rectified as soon as possible.

19 Accident reporting

All staff are required to ensure that all accidents/incidents and near misses are reported to the School Business Manager. This person will also ensure the reporting of more serious accidents/ incidents to the RBWM Health and Safety Adviser / Health and Safety Executive (HSE) where required in accordance with the RBWM Accident Reporting procedure.

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.
- As much detail as possible will be supplied when reporting an accident.
- Information about injuries will also be kept in the children's educational record
- Records held in the first aid and accident book will be retained by the school in line with GDPR and data protection requirements.
- The Executive Headteacher will report accident and first aid records to the Governing Board and local authority.

19.2 Reporting to the Health and Safety Executive

The Executive Headteacher will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR (Reporting of Injuries Diseases & Dangerous Occurrence Regulations) 2013 legislation.

The Executive Headteacher will submit an online [RIDDOR](#) report to the Health and Safety Executive (HSE) 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:
 - 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

19.3 Notifying parents or carers

The class teacher or the school office will inform parents of any accident or injury sustained by a child, and any first aid treatment given, on the same day.

19.4 Reporting to Ofsted and child protection agencies

The Executive Headteacher will notify Ofsted of any serious accident, illness or injury to, or death of, a child 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 Executive Headteacher will also notify RBWM Social Care of any serious accident or injury to, or the death of, a child while in the school's care.

20 Managing medicines / drugs

This is linked to two other policies:

- Supporting children with medical conditions
- First aid

21 Risk Assessments

The schools have a register of Risk Assessments.

Risk assessments are reviewed regularly by multiple colleagues who have expertise in the aspect of school life that is being assessed.

Risk assessments are shared annually in September with all staff and training records are kept to ensure all staff are aware of risks and control measures.

The Executive Headteacher and class teachers are responsible for ensuring risk assessments are undertaken for school visits or events. The Executive Headteacher is responsible for undertaking specific risk assessments e.g. return to work, maternity, young people where appropriate e.g. for work experience.

22 Reporting to Governors

The Governing Board responsible for ensuring that the Health and Safety Policy is regularly reviewed, monitored and implemented. There is a nominated Health and Safety Governor.

23 Training

Staff are provided with health and safety training as part of their induction process. Staff who work in high risk environments, such as the site controller, or work with children with special educational needs or disabilities (SEND), are given additional health and safety training. All staff are trained annually in health and safety matters.

24 Monitoring

This policy will be reviewed by the Executive Headteacher and Governing Board on a yearly basis.

Quint

28.11.2023

Appendix 1. Fire safety checklist

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

Appendix 2. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
Name of person attending the incident			
Signature		Date	

Appendix 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from [non-statutory guidance for schools and other childcare settings](#) from Public Health England (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	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
COVID-19	5 days	
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	
Diphtheria	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand, foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures

Commented [1]: This references a 2017 document – is this correct? I believe that it has had the following updates since:
 27 March 2019
 Updated exclusion table to include new guidelines on Rubella.
 28 December 2018
 Replaced the exclusion tables.
 29 May 2018
 Updated guidance on Gastroenteritis in chapter 9.
 22 February 2018
 Updated guidance on Chicken pox and Hand, foot and mouth disease.
 12 February 2018
 Amendments to guidance on Chicken pox.
 21 December 2017
 Updated guidance in Chapter 4: what to do if you suspect an outbreak of infection.
 18 September 2017
 First published.

Commented [2R1]: Updated, thanks.

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
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 vaccination (2 doses of MMR). Promote MMR for all children and staff. Pregnant staff contacts should seek prompt advice from their GP.
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information.
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all children and staff.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Rubella	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all children and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Child can return after first treatment	Household and close contacts require treatment.

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Scarlet fever*	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
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.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, noninfectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

*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).