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Health and Safety Policy

Ratified by the Trustee on 4th July 2025

Review date 4th July 2026

1. Aims

Our school aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, students, and all visitors to the school site.
- Have robust emergency procedures in place
- 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 following legislation:

- ➔ Health and Safety, etc. The 1974 Act sets out employers' general duties towards employees and duties relating to lettings.
- ➔ The Management of Health and Safety at Work Regulations 1992 require employers to assess the risks to their employees' health and safety.
- ➔ The Management of Health and Safety at Work Regulations 1999 require employers to carry out risk assessments, determine the necessary measures, and provide appropriate information and training.
- ➔ The Control of Substances Hazardous to Health Regulations 2002 require employers to control hazardous substances.
- ➔ The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and the length of time records of such accidents must be kept.
- ➔ The Health and Safety (Display Screen Equipment) Regulations 1992 require employers to conduct digital screen equipment assessments and inform users of their entitlement to an eye test.
- ➔ The Gas Safety (Installation and Use) Regulations 1998 require work on gas fittings to be carried out by a Gas Safe-registered engineer.
- ➔ The Regulatory Reform (Fire Safety) Order 2005 requires employers to take general fire precautions to ensure the safety of their staff.

- ➔ The Work at Height Regulations 2005 require employers to protect their staff from falls from heights.

When responding to infection control issues, the school follows national guidance published by the UK Health Security Agency (formerly Public Health England) and government guidance on living with COVID-19.

3. Roles and Responsibilities

3.1. The Trustee Board

The Trustee Board has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to the Head of School.

The Trustee Board must take reasonable steps to ensure that staff and students are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Trustee board, as the employer, also has a duty to:

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

3.2. Head of School

The Head of School is responsible for health and safety on a day-to-day basis. This involves:

- ➔ Implementing the health and safety policy
- ➔ Ensuring there is enough staff to supervise students safely.
- ➔ Ensuring that the school building and premises are safe and regularly inspected.
- ➔ Providing adequate training for school staff
- ➔ Report to the Trustee Board on health and safety matters
- ➔ Ensuring appropriate evacuation procedures and regular fire drills are in place.
- ➔ Ensuring that health and safety responsibilities are delegated to another staff member in their absence.
- ➔ Ensuring all risk assessments are completed and reviewed.

In the head of the school's absence, Chloe Scott assumes the above day-to-day health and safety responsibilities

3.3. Health and Safety Lead

The nominated health and safety lead is Philippa Wall.

3.4. Staff

School staff must take care of students in the same way a prudent parent or carer would.
Staff will:

- ➔ They must take reasonable care of their own health and safety, and of the health and safety of others affected by their work.
- ➔ Co-operate with the school on health and safety matters.
- ➔ Work by 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 students.
- ➔ Understand emergency evacuation procedures and feel confident in implementing them.

3.5. Students and parents/carers

Students and parents/carers are responsible for following the school's health and safety advice, on-site and off-site, and reporting any health and safety incidents to a staff member.

3.6. Contractors

Contractors will agree on health and safety practices with the school's head before commencing 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

Philippa Wall, Emma Quartey, and Chloe Scott are responsible for the security of the school site during both school hours and after-school hours. They are responsible for visual inspections of the site, intruder, and fire alarm systems.

Philippa Wall, Emma Quartey, and Chloe Scott are keyholders who will respond to emergencies.

5. Fire

Safety signs and notices identify emergency exits and assembly points, providing instructions for assembly areas. The premises' fire risk assessment will be reviewed regularly.
Emergency evacuations are practised once every half term.
The fire alarm is a loud, continuous bell.
Fire alarm testing will take place once a week.
New staff will be trained in fire safety, and all staff and students will be informed about the latest fire risks.
In the event of a fire:

- ➔ The alarm will be raised immediately by whoever discovers the fire, and emergency
- ➔ services will be contacted. Evacuation procedures will also begin immediately.
- ➔ Staff may use fire extinguishers only if they are trained to operate them and confident
- ➔ they can use them without putting themselves or others at risk.
- ➔ Staff and students will congregate at the assembly points
- ➔ Staff will take a student register, which will then be checked against the attendance. The head of school will take a register of all staff.
- ➔ Staff and students will remain outside the building until the emergency services say it is safe to re-enter.

The school will make special arrangements for evacuating people with mobility needs, and fire risk assessments will also consider those with disabilities.
A fire safety checklist is available in Appendix 1

6. COSHH

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

- ➔ Chemicals
- ➔ Products containing chemicals.
- ➔ Fumes
- ➔ Dusts
- ➔ Vapour's
- ➔ Mists
- ➔ Gases and asphyxiating gases
- ➔ Germs that cause diseases, such as leptospirosis or Legionnaires' disease

COSHH Safety & Storage Policy
We follow strict safety measures for handling hazardous substances to ensure the well-being staff and students.

Risk Assessments & Staff Training

- COSHH risk assessments are completed by [name/role] and shared with all employees working with hazardous substances.
- Staff are provided with protective equipment when necessary.
- All hazardous products are used and stored according to the manufacturer's instructions.

Storage & Pupil Access

- All dangerous substances are kept in original containers with clear labels and instructions.
  Hazardous products are stored securely in a locked cupboard in the kitchen, ensuring that no pupils have access.

Disposal & Emergency Procedures

- Specific disposal procedures must be followed for hazardous substances.
- Emergency procedures for handling spills are displayed near storage areas and areas where hazardous products are routinely used

6.1. Gas Safely

- ➔ A competent Gas Safe registered engineer will install, maintain, and repair gas appliances and fittings.
- ➔ Gas pipework, appliances, and flues are regularly maintained.
- ➔ All rooms with gas appliances are checked to ensure adequate ventilation.

6.2. Legionella

This risk assessment will be reviewed annually and whenever significant changes occur to the water system and/or the building footprint.

- ➔ Temperature checks, heated-water checks, and shower disinfection help mitigate the risks associated with Legionella

6.3. 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 aware of any asbestos on the premises and that their work does not disturb it.
- ➔ Contractors will be advised that if they discover material they suspect may contain asbestos, they will stop work immediately until the area is declared safe.
- ➔ A record of the location of asbestos found on the school site is kept.

7. Equipment

All equipment and machinery are maintained by the manufacturer's instructions. Additionally, maintenance schedules outline when extra checks should be performed.

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.

7.1. Electrical Equipment

- ➔ All staff are responsible for ensuring they use and manage electrical equipment sensibly and safely.
- ➔ Any student or volunteer who manages electrical appliances does so under the supervision of a member of staff who directs them.
- ➔ Any potential hazards will be reported to Philipp Wall 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 competent person will conduct a Portable Appliance Test (PAT).
- ➔ All isolator switches are marked with their machine identification.
- ➔ Wet hands must not touch electrical apparatus or connections and must only be used in dry conditions.
- ➔ Only a competent person should conduct maintenance, repair, installation, and disconnecting work associated with permanently installed or portable electrical equipment

7.2. PE equipment

- ➔ Students are taught how to use and set up PE equipment safely and efficiently, and staff ensure it is set up safely.
- ➔ Any concerns about the equipment's condition will be reported to Philippa Wall.

7.3. Garden Supervision

- ➔ Appropriate levels of supervision will be maintained in the Garden as described in the Garden risk assessment

7.4. Supervision of Students

Sensible, safe behaviour will be promoted to students by all staff members.

- ➔ Dangerous behaviour displayed by students will be addressed and dealt with according to the school rules.
- ➔ Students will only be allowed into or stay in classrooms under adult supervision.
- ➔ Appropriate supervision of cloakrooms and toilet access will be in place at busy times.

7.5. Food Technology

Cooking equipment, including ovens and hobs, will only be used if fire precautions and appropriate risk assessments are in place.

- ➔ Staff must be satisfied that the tasks are appropriate for the pupils.
- ➔ Close supervision will be appropriate for riskier parts of the cooking process, i.e. taking food in or out of hot ovens.

7.6. Display Screen Equipment

All staff who use computers daily as a significant part of their everyday work have a display screen equipment (DSE) assessment conducted. 'Significant' is considered continuous/near continuous spells of an hour or more.

8. Lone Working

Lone working may include:

- ➔ Late working
- ➔ Home or site visits
- ➔ Weekend working.
- ➔ Site cleaning duties
- ➔ Remote working, self-isolation, and/or remote learning

Potentially dangerous activities, such as falling from a height, will not be undertaken when working alone. If there are any doubts about the task, it will be postponed until other staff members are available.

If lone working is undertaken, a colleague, friend, or family member will be informed about the staff member's location and when they are expected to return.

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

9. Manual Handling

Individuals must determine whether they can lift or move equipment and furniture. If they feel that lifting an item could result in injury or exacerbate an existing condition, they will ask for assistance.

Staff and students 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 a more direct route, free of obstructions and as flat as possible.
- ➔ Ensure the area where you plan to offload the load is clear.
- ➔ When lifting, bend your knees, keep your back straight, and keep your feet apart and angled out. Ensure the load is held close to the body and is firmly secured. Lift smoothly and slowly, avoiding twisting, stretching, and reaching where practicable.

10. Off-site visits

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

- ➔ Risk assessments will be completed for all off-site visits and activities that require them.
- ➔ All off-site visits are appropriately staffed.
- ➔ Staff will take a school mobile phone, an appropriate portable first aid kit, information about students' specific medical needs, and the parents/carers' contact details.
- ➔ There will always be at least one first aider on school trips and visits

11. Violence at work

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

All staff will report any incidents of aggression or violence (or near misses) directed at them to their Head of School immediately. This applies to violence from students, visitors, or other staff.

12. Smoking

Smoking or Vaping is not permitted anywhere on the school premises.

13. Infection prevention and control

When responding to infection control issues, we follow the UK Health Security Agency's national guidance. Where applicable, we will encourage staff and students to follow the hygiene practices outlined below.

13.1. Handwashing

- ➔ Wash your hands with liquid soap and warm water, and dry with paper towels.
- ➔ Always wash your hands after using the toilet, before eating, and after handling food.
- ➔ Cover all cuts and abrasions with waterproof dressings.

13.2. Coughing and Sneezing

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

13.3. 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.
- ➔ 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

13.4. Cleaning of the environment

- ➔ Keep the environment clean and thoroughly maintained

13.5. Cleaning of blood and body fluid spillages

- ➔ Clean up all blood, faeces, saliva, vomit, and nasal and eye discharges immediately, and wear personal protective equipment.
- ➔ When spillages occur, clean with a product that combines a detergent and a disinfectant, following the manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface.
- ➔ Never use mops to clean up blood and body fluid spillages—use disposable paper towels and discard clinical waste as described below.

13.6. Infectious diseases management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19. We will conduct appropriate risk assessments, review them regularly, and monitor whether the implemented measures are effective.

We will follow local and national guidance on the use of control measures, including:

Follow good hygiene practices

- ➔ We will encourage all staff and students to regularly wash their hands with soap and water or use hand sanitiser, and to follow recommended respiratory hygiene practices.

Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime
We will regularly clean equipment and rooms, ensuring that frequently touched surfaces are cleaned

Keeping rooms well ventilated
We will use risk assessments to identify rooms or areas with poor ventilation and implement measures to improve airflow, including opening external windows, internal doors, and mechanical ventilation.

Students are vulnerable to infection
Some medical conditions make students more vulnerable to rare, severe infections that are typically not seen in most children. The school will be aware of such vulnerable children.

These children are particularly susceptible to chickenpox, measles, or slapped cheek disease (parvovirus B19). If exposed to any of these, the parent/carer will be informed promptly, and further medical advice will be sought. We will advise these children to have additional immunisations, such as pneumococcal and influenza.

Exclusion periods for infectious diseases
The school will follow the recommended exclusion periods outlined by the UK Health Security Agency and other relevant government guidance, as summarised in Appendix 4.

In the event of an epidemic or pandemic, we will follow the UK Health Security Agency's guidance on the appropriate course of action.

14. New and expectant mothers

Risk assessments will be conducted whenever any employee or pupil notifies the school that they are pregnant.
Appropriate measures will be implemented to mitigate the identified risks. Some specific risks are summarised below:

- ➔ Chickenpox can affect a 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. The same virus that causes chickenpox also causes shingles,

so anyone who has not had chickenpox is potentially vulnerable to shingles if they have close contact with a case.

- ➔ 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

15. Occupational stress

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

Systems are in place within the school to respond to individual concerns and monitor staff workloads.

Risk Assessment

- The school maintains a comprehensive set of risk assessments that cover curriculum-based activities in school, school visits and the running of the school building and grounds.
- The management team will take steps to ensure that appropriate staff are aware of the risk assessments appropriate to their role and will monitor compliance with control measures specified in the risk assessments.
- All risk assessments are reviewed on an annual basis (except risk assessments for school trips, which should be reviewed each time they take place)

Slips, Trips, and Falls on the Level

The potential for slips, trips, and falls in school has been risk-assessed, and Appropriate controls have been implemented.

This includes working procedures for mopping floors, the use of absorbent floor mats near entrances, and regular hazard-spotting inspections.

Snow and Ice

A plan has been produced outlining the main pedestrian routes that the site staff will strive to keep open during snowy and icy conditions.

If it becomes impossible to keep these routes clear, the headteacher is informed. This information immediately contributes to any decision to close the school.

16. Accident Reporting

16.1. Accident Record Book

- ➔ The member of staff or first aider who deals with the accident will complete an accident form as soon as possible after it occurs.
- ➔ As much detail as possible will be supplied when reporting an accident
- ➔ Information about injuries will also be kept in the pupil's educational record.
- ➔ Records held in the first aid and accident book will be retained by the school for at least 3 years, in accordance with Regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

16.2. Reporting to the Health and Safety Executive

The Head of School will record any accident resulting in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

The head of School reports these to the HSE as soon as is reasonably practicable and, in any event, within 10 days of the incident—except as indicated below.

Fatal and major injuries, as well as dangerous occurrences, will be reported promptly (i.e., by telephone) and followed up in writing within 10 days.

School 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 result in an employee being away from work or unable to perform their regular duties for more than 7 consecutive days (excluding the day of the incident). In this case, the head of school will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

Occupational diseases are when a doctor makes a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramping 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
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to 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 schools include, but are not limited to:

- 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

Students 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 the 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)

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

17. Training

Our staff receive health and safety training as part of their induction process.

18. Monitoring

This policy will be reviewed annually by the Head of School.
At every review, the Governing Body will approve the policy

19. Links with other policies

This health and safety policy links to the following policies:

- ➔ First aid
- ➔ Risk assessment
- ➔ Supporting students with medical conditions
- ➔ Accessibility plan
- ➔ Remote learning
- ➔ Emergency or critical incident plan

Appendix 1. Fire safety checklist.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 firefighting equipment include details on the type of fire for which it should be used?	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 students understand what to do in the event of a fire?	YES
Can you easily hear the fire alarm from all areas?	YES

Appendix 2. Accident report

Name of injured person		**Role/class**	
Date and time of incident		**Location of incident**	
Incident details			
Action taken			
Follow-up action required			
Name of person attending the incident			
Signature		**Date**	

Appendix 3. Asbestos record

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 4. A recommended absence period is needed to prevent 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 infection or complaint, 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
Athlete's food	None
Campylobacter	Until 48 hours after symptoms have stopped
Chicken pox (shingles)	Cases of chickenpox are 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.
Cold sores	None
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive COVID-19 test result should not attend the setting for three days after the day of the test. Rubella (German measles) 5 days from the appearance of the rash.
Rubella (German measles)	
Hand, foot, and mouth	It is safe for children 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
Impetigo	Until lesions are crusted and healed, or 48 hours after antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is essential to ensure cases are excluded from school during this period
Ringworm	Exclusion is not needed once treatment has started
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet Fever	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, carers, and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed)
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of Shigella species before the child or food handler returns to school.
Diarrhoea and/or vomiting (Gastroenteritis)	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 whole course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required, and microbiological clearance may be needed. Your local health protection team, school health adviser, or environmental health officer will advise on these groups.

	If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E.coli (verocytotoxigenic Or VTEC)	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 (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food Poisoning	Until 48 hours after the last episode of vomiting and diarrhoea, and they are well enough to return. Some infections may require extended periods
Salmonella	Until 48 hours after symptoms have stopped
Typhois and Paratyphoid Fever	Seek advice from environmental health officers or the local health protection team
Flu (influenza)	Until recovered
Tuberculosis (TB)	Students 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. Students and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whopping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and feel well enough to do so, or 21 days from the onset of illness if no antibiotic treatment has been received.
Conjunctivitis	None
Giardia	Until 48 hours after symptoms have stopped
Glandular fever	None (can return once they feel well)
Head lice	None

Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice), 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 before diagnosis.
Hepatitis 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 instances of chronic 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.
Hepatitis C	None
Meningococcal meningitis/septicaemia	If the child has been treated and has recovered, they can return to school
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None
MRSA (methicillin-resistance Staphylococcus aureus)	None
Mumps	5 days after the onset of swelling (if well)
Threadworm	None
Rotavirus	Until 48 hours after symptoms have subsided.

philippa wall