



# STEP BY STEP SCHOOL

## Health and Safety Policy

### Statement of intent:

Step by Step School is committed to maintaining a healthy and safe place of work for employees, as well as taking all reasonable steps to ensure that pupils, parents and members of the public are exposed to the lowest practicable level of risk. In addition, we will ensure that best practices are shared and our policies comply with the Health & Safety at Work Act 1974.

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## 1. Aims

Our school aims to:

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

## 2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

- › [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- › [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- › [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- › [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- › [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- › [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and state users' entitlement to an eyesight test
- › [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- › [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- › [The Work at Height Regulations 2005](#), which require employers to protect their staff from falls from height

The school follows [national guidance published by Public Health England](#) when responding to infection control issues.

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

## 3. Roles and responsibilities

### 3.1 The 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.

The governing board, 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

The governor who oversees health and safety is Jill Moss.

### **3.2 Headteacher**

The headteacher is responsible for health and safety day-to-day. However, this role is delegated to the School Business Manager.

This involves:

- › Implementing the health and safety policy
- › Ensuring there are 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 School Business Manager's absence, Ererton Harrison (School Caretaker) assumes the above day-to-day health and safety responsibilities.

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

The nominated health and safety lead is Clare Eastwood (School Business Manager).

### **3.4 Staff**

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

Staff will:

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

### **3.5 Pupils and 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.

### **3.6 Contractors**

Contractors will agree health and safety practices with the 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.

## 4. Site security

The school caretaker is responsible for the security of the school site in school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems. The School Business Manager is responsible out of School hours.

The school has 7 CCTV camera's in place which is streamed directly to the School Business Managers phone. Please see our CCTV policy for further details

## 5. Fire

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

Emergency evacuations are practiced at least once a term.

- The fire alarm is a loud continuous bell
- Fire alarm testing will take place once a week

Please see our Fire Policy for full details.

## 6. COSHH

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

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

Training is provided for all new employees as part of the induction program and further training is carried out as part of the Health and Safety training in the first two weeks of a person joining the school.

Control of substances hazardous to health (COSHH) risk assessments are completed by the health & safety lead and circulated to all employees who work with hazardous substances.

Staff will also be provided with protective equipment where necessary, and must wear gloves when cleaning.

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.

All hazardous substances will be stored in the flammable yellow cabinet in the caretaker's shed away from all unauthorised 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.

Please see our COSHH policy for further details.

## 6.1 Legionella

- A water risk assessment has been completed on 16 August 2018 by Reef Water Solutions. The School Caretaker is responsible for ensuring that the identified operational controls are conducted and recorded in the water log slip found on the School Pod.
- This risk assessment will be reviewed when significant changes have occurred to the water system.
- The risks from legionella are mitigated by the following: weekly water temperature checks put in place and carried out by the caretaker and health & safety managers based in each classroom.

## 6.2 Asbestos

There is no asbestos on site.

## 7. 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

### 7.1 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 caretaker immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Where necessary, a portable appliance test (PAT) will be carried out by a competent person every two years
- All isolator switches are clearly marked to identify the machine that they supply power to
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

### 7.2 PE & Gym equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- All staff receive gym induction training which is updated annually
- Any concerns about the condition of the gym floor or other apparatus will be reported to the caretaker

## 7.3 Display screen equipment

- › Please see our DSE Policy

## 8. Lone working

Lone working may include:

- › Early / late working
- › Home or site visits
- › Weekend working
- › Site manager duties
- › Site cleaning duties
- › Working in a single occupancy office

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

If lone working is to be undertaken following agreement by the headteacher, a member of the Senior Leadership Team (SLT) will be responsible for keeping in contact with the staff member whilst they are on site. The staff member is responsible for informing the SLT when they arrive and leave the school. A 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 and that they are competent with the door alarm system.

## 9. 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.

For further information, please see our Working at Height Policy

## 10. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they 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, ensuring it 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, keep your back straight, feet apart, and angled out. Ensure the load is held firmly close to the body. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

Further information can be found in our Manual Handling Policy

## 11. Off-site visits

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

- › Risk assessments will be completed where off-site visits and activities require them

- › All off-site visits are appropriately staffed
- › Staff will take a school mobile phone, a portable first aid kit, and information about the specific medical needs of pupils, along with the parents' contact details
- › There will always be at least one first aider (qualified in basic first aid) on school trips and visits

## **12. 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 or the headteacher immediately.

## **13. Smoking**

Smoking is only permitted in the staff car park and cigarettes are extinguished in the smoking bins provided.

## **14. Infection prevention and control**

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

### **14.1 Handwashing**

- › Wash hands with liquid soap and warm water, and dry with paper towels for a least 20 seconds
- › Use hand sanitizer if water isn't available
- › 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
- › Dispose of tissues in a bin with a secure lid
- › Wash hands after using or disposing of tissues
- › Spitting is discouraged

### **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 a mask, face shield or goggles 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, including toys and equipment, 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
- › 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
- › Spillage kits are available for blood spills

## **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 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

## **14.8 Animals**

- › Wash hands before and after handling any animals
- › Supervise pupils when playing with animals

## **14.9 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). If exposed to any of these, the parent/carer will be informed promptly, and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal disease and influenza.

## **14.10 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 2.

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 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 their 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 carer and GP, as this must be investigated promptly

## **16. 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.

Please see our Stress Management Policy for further details

## **17. Accident reporting**

All accidents should be reported using schoolpod which is classed as our accident book and should include your line manager and the School Business Manager.

### **17.1 Accident record**

- › An accident form will be completed via School Pod (or recorded in the class book if minor) 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 on the pupils' educational records
- › Records held in the first aid slip on School Pod 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.

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

The School Business Manager 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 School Business Manager 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

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

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

### 17.3 Notifying parents

The Class Leader 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.

### 17.4 Reporting to child protection agencies

The Designated Safeguarding Lead will notify local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

## 18. Training

Our staff are provided with health and safety training as part of their induction process and ongoing via Educare throughout the year.

## 19. Monitoring

The head teacher will review this policy annually.

At every review, the governing board will approve the policy.

## 20. Links with other policies

This health and safety policy links to the following policies:

- › First aid
- › Fire safety
- › Working at height
- › DSE
- › Risk assessment
- › Supporting pupils with medical conditions
- › Accessibility plan
- › Stress management plan
- › Critical incidents

<b>Policy</b>	<b>Health &amp; Safety</b>
<b>Statutory Requirement</b>	<b>Yes</b>
<b>Approved</b>	<b>March 2022</b>
<b>Responsible Office</b>	<b>CE</b>
<b>Responsible Governor/s</b>	<b>JM</b>

<b>Date of last review</b>	<b>March 2021</b>
<b>Frequency of Review</b>	<b>Annually</b>

## Appendix 1. Checklist in place

### Coronavirus health and safety checklist

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## Arrangements in place to reduce spread of virus should further lock downs be imposed

MEASURE TO TAKE	✓
Make sure you have the right number of staff in attendance every day to maintain an appropriate ratio with pupils and to cover any essential staff roles you have identified (get more help with that <a href="#">here</a> ) – try to keep class sizes as small as possible.	
Identify which parts of the school you will be using and close off unused parts, to reduce the amount of cleaning needed – see our article on <a href="#">how to approach cleaning</a> for more advice on this.	
Stagger the beginning and end of the school day, so not all pupils enter and leave school at the same time using the same entrances and exits.	
Discourage parents picking up their children from gathering at the school gates.	
<p>If parents are coming to school to pick up free school meals:</p> <ul style="list-style-type: none"> <li>• Stagger pick-up times so they're not all coming in at once</li> <li>• If there'll be a queue, set out 2-metre markers on the ground for them to stand on – use tape or cones</li> <li>• Make soap and water or alcohol-based hand sanitiser available to them as they pick up the meal</li> </ul> <p>If you can, avoid letting parents into your school – consider whether you can deliver the meal packages or take them outside to parents.</p>	
<p>Identify a room that sick pupils can be kept in until parents come to collect them, ideally with:</p> <ul style="list-style-type: none"> <li>• A door you can close</li> <li>• A window you can open for ventilation</li> <li>• A separate bathroom they can use (either attached to the room or nearby)</li> </ul>	
<p>Make sure staff in school know that they should:</p> <ul style="list-style-type: none"> <li>• Move pupils to this room if they're sick</li> <li>• Wash their hands for 20 seconds after making contact with the ill pupil</li> </ul>	

MEASURE TO TAKE	✓
<p>Make sure you know:</p> <ul style="list-style-type: none"> <li>• How to get in touch with the parents of children at school if they need to pick their child up</li> <li>• If you need to contact social workers if the pupil is a vulnerable child</li> </ul>	

## During the school day

MEASURE TO TAKE	✓
<p>Keep pupils at their desks, away from each other, for as much of the school day as you can, ideally 2 metres (3 steps) apart – try to keep class sizes small so you can achieve this more easily.</p>	
<p>Avoid any group activities that require pupils to be in close physical contact with each other, such as:</p> <ul style="list-style-type: none"> <li>• Assemblies – you could deliver these online, even for pupils in school</li> <li>• Certain sports and playground games</li> </ul>	
<p>When serving meals:</p> <ul style="list-style-type: none"> <li>• Stagger lunch times so fewer children are eating in the same area at once</li> <li>• If there'll be a queue, set out 2-metre markers on the ground for them to stand on – use tape or cones</li> </ul>	
<p>Make sure everyone is washing their hands with soap and water for at least 20 seconds across the school day, particularly:</p> <ul style="list-style-type: none"> <li>• After coming into school</li> <li>• After sneezing or coughing</li> <li>• Before and after handling or eating food</li> <li>• After going to the toilet</li> <li>• Before and after staff hand out food packages, if that's how you're organising free school meals</li> </ul>	
<p>If you can, place alcohol-based hand sanitisers at the entrance of each room you are using, including toilets, classrooms and halls.</p>	
<p>Encourage pupils and staff to avoid touching their face with unwashed hands.</p>	
<p>Provide tissues in rooms that you are using, and make sure pupils and staff are trying to catch sneezes and coughs in these and binning them afterwards, or using their elbow if they do not have a tissue available.</p>	
<p>When possible, open windows to increase airflow and ventilation.</p>	

## Daily cleaning

MEASURE TO TAKE	✓
<p>Use standard cleaning products to clean and disinfect frequently touched objects and surfaces, including:</p> <ul style="list-style-type: none"> <li>• Banisters</li> <li>• Classroom desks and tables</li> <li>• Bathroom facilities (including taps and flush buttons)</li> <li>• Door and window handles</li> <li>• Furniture</li> <li>• Light switches</li> <li>• Reception desks</li> <li>• Teaching and learning aids</li> <li>• Computer equipment (including keyboards and mouse)</li> <li>• Sports equipment</li> <li>• Toys</li> <li>• Telephones</li> <li>• Fingerprint scanners</li> </ul>	
<p>Remove rubbish daily and dispose of it safely.</p>	

## Cleaning if there's been a suspected case in school

MEASURE TO TAKE	✓
<p>Clean and disinfect surfaces the person has come into contact with, including:</p> <ul style="list-style-type: none"> <li>• Objects which are visibly contaminated with body fluids</li> <li>• All potentially contaminated high-contact areas (e.g. bathrooms, door handles, telephones, grab-rails in corridors and stairwells)</li> </ul> <p>You don't need to specially clean public areas they've passed through briefly (e.g. corridors) which aren't visibly contaminated with body fluids</p>	
<p>When cleaning hard surfaces and sanitary fittings, use either:</p> <ul style="list-style-type: none"> <li>• Disposable cloths, or</li> <li>• Paper rolls and disposable mop heads</li> </ul>	
<p>When cleaning and disinfecting, use either:</p> <ul style="list-style-type: none"> <li>• A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine</li> </ul>	

MEASURE TO TAKE	✓
<ul style="list-style-type: none"> <li>• A household detergent, followed by a disinfectant with the same dilution as above</li> <li>• An alternative disinfectant, that's effective against enveloped viruses</li> </ul>	
<p>Make sure all cleaning staff:</p> <ul style="list-style-type: none"> <li>• Wear disposable gloves and apron</li> <li>• Wash their hands with soap and water once they remove their gloves and apron</li> </ul> <p>If there is a higher level of contamination, (e.g. the individual has slept somewhere) or there is visible contamination with body fluids, you might need to provide cleaning staff with a surgical mask or full-face visor. The local health protection team's risk assessment will let you know if you need this equipment.</p>	
<p>Wash any possibly contaminated fabric items, like curtains and beddings, in a washing machine. Clean and disinfect anything used for transporting these items with standard cleaning products.</p>	
<p>Launder any possibly contaminated items on the hottest temperature the fabric will tolerate.</p>	
<p>If items cannot be cleaned using detergents or laundering (e.g. upholstered furniture), use steam cleaning.</p>	
<p>Dispose of any items that are heavily soiled or contaminated with body fluids.</p>	
<p>Keep any waste from possible cases and cleaning of those areas (e.g. tissues, disposable cloths and mop heads) in a plastic rubbish bag and tie when full.</p>	
<p>Place these bags in a suitable and secure place away from children and mark them for storage. Wait until you know the test results to take the waste out of storage.</p>	
<p>If the individual tests negative, put the bags in with the normal waste.</p> <p>If the individual tests positive, then you will need a safe and secure place (away from children) where you can store waste for 72 hours.</p> <p>If you don't have a secure place, you'll need to arrange for a collection for 'category B' infectious waste from either your:</p> <ul style="list-style-type: none"> <li>• Local waste collection authority (if they currently collect your waste)</li> <li>• Or, by a specialist clinical waste contractor</li> </ul>	

## 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. For each of these infections or complaints, there is further information in the [guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school.</p> <p>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.</p>
<b>Cold sores</b>	None.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better; there is no need to stay off until the blisters have all healed.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from school during this period.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).

<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.

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