



FIRST BRIDGE EDUCATION

# Health and Safety Policy



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## 1. Aims

The aim of this policy is to provide and maintain a safe environment and to establish and maintain safe working procedures amongst staff, pupils and visitors to any of the First Bridge Education sites. First Bridge Education has robust procedures in place in case of emergencies. The policy also outlines safety and inspection procedures for maintaining the premises and equipment.

## 2. Definitions

“The school”, “First Bridge School” and “First Bridge Centre” are represented by First Bridge Education and will be referred to as either First Bridge School or the school, or First Bridge Centre referring to early years provision throughout this policy.

“Parents” includes the parents, guardians, or carers of a pupil.

## 3. Scope

This policy applies to all First Bridge Education employees, pupils and their parents at First Bridge School/First Bridge Centre as well as visitors and contractors.

Parents are made aware of this policy and its procedures as a part of their initial parent meeting (which usually takes place either before the pupils first day of admission, or on the day of admission), by the General Manager or Centre Manager. The policy can also be accessed at any time on the school website.

This policy is closely linked to the school’s/centre’s Safeguarding Policy, Whistleblowing Policy, Risk Assessment Policy, First Aid Policy, Medication Administration Policy, Allergy Policy, Food Policy, Intimate Care Policy, Lockdown Policy, and Fire and Emergency Evacuation Policy.

## 4. Legislation and Guidance

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 at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings.
- [Management of Health and Safety at Work Regulations 1992](#), which requires employers to assess the risks to the health and safety of their employees.
- [Management of Health and Safety at Work Regulations 1999](#), which require employers to conduct risk assessments, decide to implement necessary measures, and arrange for appropriate information and training.
- [Control of Substances Hazardous to Health Regulations 2002](#), which requires employers to control substances that are hazardous to health.
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which states that some accidents must be reported to the Health and Safety Executive and sets out the time limit for this and how long records of such accidents must be kept.

- [Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to conduct digital screen equipment assessments and states users' entitlement to an eyesight test.
- [Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be conducted by someone on the Gas Safe Register
- [Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff.
- [Work at Height Regulations 2005](#), which require employers to protect their staff from falls from height.
- First Bridge Education follows [national guidance published by UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) when responding to infection control issues.

Sections of this policy are also based on the [Statutory Framework for the Early Years Foundation Stage](#)

## 5. Roles and Responsibilities

The following defines the roles and responsibilities of all who are involved in ensuring that First Bridge Education sites are well maintained and safe at all times.

### 5.1. The Role of the Senior Management Team (SMT)

The Senior Management Team have ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Headteacher, General Manager and Centre Manager. The SMT take reasonable steps to ensure that the staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off (visits during school hours) the school premises.

The SMT are responsible for:

- Assessing the risk to staff and others affected by First Bridge Education activities to identify and introduce the health and safety measures necessary to manage those risks.
- Informing employees about risks, and the measures in place to manage them
- Ensuring that adequate health and safety training is provided

### 5.2. The Role of the General Manager

The General Manager is responsible for:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Overseeing the weekly schedule
- Ensuring the building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to SMT health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire and lockdown drills are being held

- Ensuring that in their absence, health and safety responsibilities are delegated to the Centre Manager
- Ensuring risk assessments are completed and reviewed
- Monitoring cleaning contracts and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary
- Ensuring the Health & Safety Matrix is up to date and appropriate evidence is in place
- Ensuring a Training Matrix is in place and related evidence is available in individual staff files and/or training file

In the General Manager's absence, the Centre Manager assumes the above day-to-day health and safety

### **5.3. The Role of the Centre Manager**

The Centre Manager is responsible for:

- Deputising for the General Manager
- Following Health & Safety Policy and related instructions from the General Manager
- Overseeing Early Years Provision ensuring compliance with EYFS
- Ensuring Health & Safety Reports are communicated to the General Manager
- The Centre closure plans and booking of the cleaning teams
- Booking relevant maintenance professionals to ensure that any repairs are actioned in the timely manner
- Ensuring maintenance log is kept up to date

### **5.4. The Role of the Receptionist**

The Receptionist is responsible for:

- Ensuring appropriate procedure is adhered to when signing in and out any visitors
- Ensuring that visitors are informed of the safeguarding reporting procedure and are given a lanyard with the necessary information
- Ensuring that visitors are informed of planned fire drills and emergency evacuation upon their arrival
- Ensuring that visitors are informed about the mobile phone policy and that the centre is nut free
- Ensuring that the safeguarding poster is up to date, and that nut free and no mobile phone posters are displayed

### **5.5. The Role of Employees**

Employees of First Bridge Education are responsible for:

- Taking reasonable care of their own health and safety and that of others who may be affected by what they do at work or in some cases outside of work
- Co-operate with First Bridge Education on health and safety matters
- Completing their training and keeping it up to date in line with Frist Bridge Education timescales
- Working in accordance with training and instruction, and policies and procedures

- Informing the appropriate person of any work situation representing a serious and immediate danger so the remedial actions can be taken
- Completing appropriate documentation in the event of an incident, accident or near-miss
- Modelling safe and hygienic practice for pupils
- Understanding emergency evacuation procedures and feeling confident in implementing them

### **5.6. The Role of the Parents**

Parents are responsible for following FBE's health and safety advice, on-site and off-site, and reporting any health and safety incidents to either the Centre Manager or General Manager

### **5.7. The Role of the Pupils**

Pupils attending FBE have either a diagnosis of Autistic Spectrum Disorder or developmental delay, therefore may not comprehend any or some health and safety advice. It is imperative that each child is guided by FBE's staff as well as parents/carers to ensure their health and safety whilst on or off site.

### **5.8. The Role of Contractors**

Contractors will agree health and safety practices with the General or Centre Manager before works begin. The contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

### **5.9. The Role of Cleaners**

Cleaners have presented a relevant Disclosure Barring Service (DBS). They commence cleaning duties only after all pupils leave the premises as well as termly deep cleans over the weekend. Cleaners are responsible for:

- Following the cleaning schedule
- Communicating any low stock on cleaning materials to the General Manager
- Closing the centre and setting the alarm

## **6. 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. Any fire equipment will be serviced and checked based on legal requirements. Emergency evacuations are practiced at least once a term.

- Fire Risk Assessment – Annually
- Fire Extinguishers Service – Annually
- Emergency Lighting – Annually
- Smoking Detectors and Fire Panel – Annually
- Fire Door Service – Annually
- PAT – Annually
- Fixed Wire Certificate – 5 Yearly
- Fire Alarm Test – Weekly
- Fire Door – Weekly (Visual)

- Emergency Lighting – Monthly
- Fire Extinguishers – Daily (Visual)

New staff will be trained in fire safety, and all staff and pupils will be made aware of any new fire risks. Visitors and contractors are to be informed of any planned fire drills and emergency evacuation procedures whilst being signed in. For details on the emergency evacuation procedure refer to the Fire and Emergency Evacuation Policy.

## **7. COSHH**

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

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

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

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. Data sheets are available in the Health and Safety Folder for any chemical products used within the Centre.

Any hazardous products are disposed of in accordance with specific disposal procedures. Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

### **7.1. Legionella**

A Risk Assessment is completed and reviewed annually by a professional (Water Hygiene). The General Manager is responsible for ensuring this is reviewed on the annual basis. Water Checks are performed by professionals (Water Hygiene) on monthly basis. A Legionella risk assessment is in place and is conducted by a professional.

### **7.2. Asbestos**

No asbestos was identified within the building. Any modification to the building will require a building regulation certificate.

### **7.3. Gas Safety**

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained



- All rooms with gas appliances are checked to ensure they have adequate ventilation

## **8. Equipment**

All equipment and machinery are maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place. Any equipment should be visually inspected before use, for any signs of obvious damage such as an exposed wire, damage to the outer casing or missing parts.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards. All equipment is stored in the appropriate storage container and areas. All containers are labelled with the correct hazard sign.

### **8.1. Electrical Equipment**

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- Any pupil who handles electrical equipment does so under the supervision of the member of staff
- Where necessary a Portable Appliance Test (PAT) is carried out by a competent person
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- Any potential hazards are to be reported to the General Manager

### **8.2. Display Screen Equipment (DSE)**

- All staff who use computers daily as a significant part of their normal work have a display screen equipment 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 the regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

### **8.3. Specialist Equipment**

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

## **9. Loan Working**

Loan working may include:

- Late working
- Home to site visits
- Weekend Working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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

If loan 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 loan worker will ensure that they are medically fit to work alone.

## 10. Working at Heights

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.

- Small step ladders are allowed to be used for the purpose of reaching a higher cupboard, no chairs are to be used
- No pupils or visitors are allowed to use a step ladder
- Staff will wear appropriate footwear and clothing whilst using the ladder
- Contractors are expected to provide their own ladders for working at heights
- Before using a step ladder, staff are expected to conduct a visual inspection to ensure it is safe
- Pupils can only use a climbing frame under supervision and staff are to wear appropriate footwear and clothing. Open toe shoes must not be worn.
- Staff to ensure that there are other staff and pupils in the garden
- A risk assessment is in place for swing and climbing frame

## 11. 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 lifting an item could result in an 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 are to ensure that their training is up to date.

### 11.1. Lifting Children

To minimise the risk of injury when lifting children, staff should only lift children who are a part of the Early Years cohort during specific, previously agreed physical play activities. Staff must adopt a stable stance at all times and conduct dynamic risk assessments of their environments at all times. Children part of the School cohort, are to be lifted **only** when necessary (i.e. for safety reasons or emergency situations). Children are to be supported to move independently, whenever possible.

In the case of emergency, the employees are to conduct a dynamic risk assessment (e.g. pupil's weight, mobility ability, potential hazards in the environment). They are to adopt a stable stance (feet shoulder-width apart, one foot in front of the other), bend their knees and keep the pupil close to their body. It is essential for the member of staff to communicate both with colleagues as well as the pupil to reduce distress and possibility of injury.

## **11.2. Positive Handling/Team Teach**

In the rarest of circumstance, a child's behaviour may pose imminent risk to the safety of him/herself or others. In these cases, staff may determine it is appropriate to use restrictive physical intervention as an emergency procedure to maintain safety. Restrictive physical interventions will always be used reasonably, only when necessary and proportionate to the behaviour. All staff working directly with children at First Bridge Education are trained in Team Teach strategies, however only certified Team Teach staff will engage in Team Teach holds.

Please refer to Positive Handling policy for more information.

## **12. Off-site Visits**

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

- Risk assessment to be completed for the off-site trip / activity
- Pupils' individual risk assessment to be completed
- Consent forms to be signed
- Off-site trip / activity check list to be completed
- Enough high-vis jackets available for all pupils attending the trip
- Appropriate staffing level: all pupils must have their 1-to-1, and clinical supervisor must attend
- Staff will take the Centre mobile phone and appropriate portable information about the specific medical needs of pupils, along with the parents / carers contact details any resources medication to be taken
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate

## **13. 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 Clinical Supervisor or the General Manager immediately. This applies to violence from pupils, visitors or other staff.

## **14. Smoking**

Smoking is not permitted anywhere on the school premises.

## **15. Infection Control**

We follow national guidance published in the UK Health Security Agency when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

### **15.1. Handwashing**

- Wash hands with liquid soap and warm water, and dry with paper towels
- Posters about hand hygiene are displayed in the pupils' toilets

- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings
- Hand sanitizers are scattered around the Centre

### **15.2. Coughing and Sneezing**

- Cover mouth and nose with a tissue (available around the Centre)
- Wash hands after using or disposing of tissues
- Spitting is discouraged
- Masks / visors are not mandatory, but available for staff if they experience mild flu like symptoms

### **15.3. Personal Protective Equipment**

- Wear disposal non-powdered vinyl or latex-free gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (e.g. nappy changing)
- Use the correct personal protective equipment with handling cleaning chemicals
- Use personal protective equipment to control the spread of infectious disease where required and recommended by government guidance and/or a risk assessment

### **15.4. Cleaning of the Environment**

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

### **15.5. Cleaning of Blood and Body Fluid Spillages**

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharge immediately and wear PPE
- When spillages occur, clean using a product that combines detergent and a disinfectant and use as per manufacturer instructions. Ensure it is effective against viruses and bacteria and is suitable for use on the affected area.
- Never use mops for cleaning up blood and body fluid spillages – use disposable paper towel and discard them in clinical waste as described below

### **15.6. Laundry**

- Wash laundry is in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear PPE when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **15.7. Clinical Waste**

- Always segregate domestic and clinical waste in accordance with local policy
- Used nappies, gloves, aprons, and soiled dressings are stored in correct clinical waste bags, in foot operating bins
- Remove clinical waste with registered waste contractor (PHS)
- Remove clinical waste bags on daily basis or when they are 2/3 full and store in dedicated and secure area while awaiting collection

### **15.8. Animals**

- No animals are permitted in the centre
- Any interactions with animals will as a part of organised activity e.g. Zoo trips
- Wash hands before and after touching animals
- Supervise children whilst playing with animals
- Complete risk assessment before the trip is taking place

## **15.9. Infectious Disease Management**

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

### **15.9.1. Following Good Hygiene Practices**

We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitisers and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate protective equipment.

### **15.9.2. Implementing an Appropriate Cleaning Regime**

We will regularly clean the equipment, resources, rooms and ensure frequently touched resources are cleaned.

### **15.9.3. Keeping Rooms Well Ventilated**

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

## **15.10. Pupils Vulnerable to Infection**

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

## **15.11. Exclusion Periods for Infectious Diseases**

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

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

## **16. New and Expectant Mothers**

A Risk Assessment will be carried out whenever an employee at First Bridge Education informs us that they are pregnant.

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman encounters 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 woman will be at greater risk of severe illness from COVID-19

## **17. 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.

## **18. Accident Reporting**

### **18.1. Accident Report**

- 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 pupils' educational record
- Records held in the incident and accident book will be held by the Centre for minimum of three years in accordance with regulation 25 of the Social Security (Claims 7 Payments) Regulations 1979, and then securely disposed of

### **18.2. Reporting to the Health and Safety Executive**

The General Manager will keep 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 General Manager will report these to HSE as soon as is reasonably practicable and in any event within 10 days of the incident with exception of fatal, major injuries and dangerous occurrences will be reported without delay (e.g. by telephone) and followed up in writing within 10 days.

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

[How to make a RIDDOR report, HSE](#)

### **18.3. Notifying Parents / Carers**

The General Manager, Clinical Supervisor or Lead will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

- Staff member involved or witnessing an accident or incident is to complete an incident and accident on FAMLY
- Before submitting the notification, staff are to seek senior leadership team member approval (Clinical Supervisor, Clinical Lead, General Manager)
- Once the report form is submitted it will be automatically sent to parents/carers

#### **18.4. Reporting to Child Protection Agencies**

The General Manager, Principal or Designated Safeguarding Lead (DSL) will inform Hammersmith and Fulham LADO of any serious injury to, or death of, a pupil in the Early Years foundation Stage or school whilst in our care.

#### **18.5. Reporting to Ofsted**

The Principal or Registered Manager will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage or school whilst in our care. This will happen as soon as reasonably practicable, and no later than 14 days after the incident.

### **19. Training**

Our staff are provided with health and safety training as a part of their induction process and with regular refreshers thereafter.

Staff who work with pupils with special educational needs (SEN), are given additional training reflecting pupil's needs e.g. epilepsy or positive handling

### **20. Version History**

This is version three of First Bridge Education's Health and Safety Policy. This policy will be reviewed annually by the General Manager/Principal.

### **21. Links to Legislation and Guidance**

Document	Location
Department for Education on Health and Safety in Schools	<a href="#">health and safety in schools</a>
Health and Safety Executive (HSE) on Incident Reporting in Schools	<a href="#">incident reporting in schools</a>
Health and Safety at Work Act 1972	<a href="#">The Health and Safety at Work etc. Act 1974</a>
The Management of Health and Safety at Work Regulations 1992	<a href="#">The Management of Health and Safety at Work Regulations 1992,</a>
The Management of Health and Safety at Work Regulations 1999	<a href="#">The Management of Health and Safety at Work Regulations 1999,</a>
The Control of Substances Hazardous to Health Regulation 2002	<a href="#">The Control of Substances Hazardous to Health Regulations 2002,</a>
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013	<a href="#">The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013,</a>
Health and Safety (Display Screen Equipment) Regulations 1992	<a href="#">The Health and Safety (Display Screen Equipment) Regulations 1992,</a>





Gas Safety (Installation and Use) Regulations 1998	<a href="#">The Gas Safety (Installation and Use) Regulations 1998,</a>
Regulatory Reform (Fire Safety) Order 2005	<a href="#">The Regulatory Reform (Fire Safety) Order 2005</a>
Work at Heights Regulations 2005	<a href="#">The Work at Height Regulations 2005,</a>
National Guidance Published by UK Health and Security Agency	<a href="#">national guidance published by UK Health Security Agency (formerly Public Health England)</a>
Government Guidance on Living with COVID-19	<a href="#">living with COVID-19</a>
Statutory Framework for the Early Years Foundation Stage	<a href="#">statutory framework for the Early Years Foundation Stage</a>
Completing RIDDOR Report	<a href="#">How to make a RIDDOR report. HSE</a>

## 22. Related Policies

Safeguarding Policy
Whistleblowing Policy
Risk Assessment Policy
First Aid Policy
Medication Administration Policy
Allergy Policy
Food Policy
Intimate Care Policy
Lockdown Policy
Fire and Emergency Evacuation Policy
Loan Working Policy
Incident and Accident Policy
Team Teach Policy

### Appendix 1. Recommended absence period for preventing the spread of infection

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

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

Infection/Complaint	Recommended period to be away from school/nursery
Athlete's foot	None
Campylobacter	Until 48 hours after symptoms have stopped.





Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
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 test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	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.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment
Measles	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.
Ringworm	Exclusion 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 or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).



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 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 adviser 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.
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning 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 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 adviser 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.
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 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).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.



Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and if 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.
Whooping cough (pertussis)	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.
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, 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.
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 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.
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 resistant Staphylococcus aureus)	None
Mumps	5 days after onset of swelling (if well).
Threadworm	None
Rotavirus	Until 48 hours after symptoms have subsided.