



## Health and Safety Policy

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## 1. Aims

*The trustees the New Generation Schools Trust are committed to do all that it reasonably can to provide a secure, healthy and safe working and learning environment for all users of the site.*

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 states users' entitlement to an eyesight test

[The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register

[The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff

[The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/908583/Bomb\\_Threats\\_Form\\_5474.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908583/Bomb_Threats_Form_5474.pdf)

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

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

Covid Guidance – DFE guidelines <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools>

See Risk assessment for managing risks associated with Covid 19

### **3. Roles and responsibilities**

#### **3.1 The Trust Board**

The trust board has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Principal.

The trust 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 New Generation Schools Trust, as the employer, also has a duty to:

Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks

Inform employees about risks and the measures in place to manage them

Ensure that adequate health and safety training is provided

A member of the School council oversees health and safety.

#### **3.2 Principal**

The Principal is responsible for health and safety day-to-day. This involves:

Implementing the health and safety policy

Ensuring there is enough staff to safely supervise pupils

Ensuring that the school building and premises are safe and regularly inspected

Providing adequate training for school staff

Reporting to the School Council 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 Principal's absence, an Assistant Principal assumes the above day-to-day health and safety responsibilities.

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

The nominated health and safety lead is the Principal.

#### **3.4 Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent 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

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 Principal before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

The Catering contractor is responsible for monitoring compliance with and effectiveness of Health and Safety policies in relation to food they have prepared or served on site.

## **4. Site security**

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

The Premises Manager and the Principal are key holders and will respond to an emergency.

### **4.1 Visitors**

All visitors should be directed and must report to the school reception, this includes parents who enter the site to bring or collect pupils from school outside of the normal school start and finish times. All visitors (including supply and Initial Teacher Training students) must sign in and out, and visitors must wear an identifying badge. This is important for reasons of security and fire safety.

During the times when pupils enter and leave the site, the Main school gate is to be supervised by a member of staff who is responsible for supervising entrance to the site. No dogs are allowed on site, unless specific permission has been given.

Visitors to the school are accompanied to their destination and staff are requested to challenge any 'stranger' on site who is not clearly wearing a 'visitors badge' but in a way not to cause themselves to be vulnerable.

In the event of an intrusion staff should keep pupils in the classroom and await instructions, which could be through the telephone system.

## **5. Fire**

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

Emergency evacuations are practiced at least once a 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 pupils will be made aware of any new fire risks.

In the event of a fire:

The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately

Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk

Staff and pupils will congregate at the assembly points in the main playground.

Class teachers will take a register of pupils, which will then be checked against the attendance register of that day

A member of office staff will take a register of all staff and any visitors on site.

Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

A fire safety checklist can be found in appendix 1.

Personal Emergency Evacuation Plans (PEEP's) are written for staff/volunteers/pupils with accessibility difficulties.

Under RIDDOR 95 (2013), all fires occurring which result in the suspension of normal work in the premises for more than 24 hours must be reported.

Emergency lighting, emergency equipment including fire call points, smoke detectors, the fuel shut-off mechanism in the boiler house and kitchen and the identification of escape routes are checked annually by an external contractor. If staff report a fault this is assessed for priority and repair is undertaken as soon as possible.

Fire extinguishers are serviced annually or recharged if necessary as soon as possible.

Fire doors and door closers are checked every term and repairs undertaken as soon as possible.

## **6. COSHH**

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

Chemicals

Products containing chemicals

Fumes

Dusts

Vapours

Mists

Gases and asphyxiating gases

Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by the Premises manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary. Data sheets are obtained for any new hazardous substances and an assessment made, such information be made available to relevant personnel.

Our staff use and store hazardous products in accordance with instructions on the product label. Where possible all hazardous products are kept in their original containers, or dispensed into dedicated containers with clear labelling and product information.

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.

## **6.1 Gas safety**

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer

Gas pipework, appliances and flues are regularly maintained

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

## **6.2 Legionella**

The risks from legionella are mitigated by monthly temperature checks and an annual check by an external specialist firm.

## **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 made aware of any asbestos on the premises and that it is not disturbed by their work.

Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

A record is kept of the location of asbestos that has been found on the school site and this is kept in the Main office and shared with contractors working 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 Premises Manager or Principal immediately

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed

Only trained personnel can check plugs. A portable appliance test (PAT) will be carried out by a competent person

All isolators switches are clearly marked to identify their machine

Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions

Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

## **7.2 PE equipment**

Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely

Any concerns about the condition of the gym floor or other apparatus will be reported to the Premises Manager.

Movement and organisation of apparatus must be orderly and safe.

All apparatus, including playground apparatus must be checked regularly by the site manager. It must be checked annually by an external contractor.

## **7.3 Display screen equipment**

All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time

Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

## **8. Lone working**

Lone working may include:

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, a colleague, friend or family member will be informed about where the member of staff is and when they are likely to return.

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

## **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.

In addition:

The Premises Manager retains ladders for working at height

Pupils are prohibited from using ladders

Staff will wear appropriate footwear and clothing when using ladders

Contractors are expected to provide their own ladders or other more suitable equipment for working at height

Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety. Ladders and other work equipment should be inspected by a trained and competent person, and records retained, prior to use.



Access to high levels, such as roofs, is only permitted by trained and supervised persons

### **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 must ask for assistance.

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

Staff and pupils are expected to use the following basic manual handling procedure:

Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help

Take the more direct route that is clear from obstruction and is as flat as possible

Ensure the area where you plan to offload the load is clear

When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

### **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, information about the specific medical needs or special educational needs of pupils along with the parents' contact details

Staff will ensure that any personal emergency medication required by individuals, such as Inhalers or EpiPen auto-injectors is taken.

There will always be at least one first aider on school trips and visits

### **12. Lettings**

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy, and will have responsibility for complying with it.

### **13. Violence at work**

New Generation School Trust have a policy of Zero Tolerance to abuse and 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/Principal immediately. This applies to violence from pupils, visitors or other staff.

In the case of an emergency staff are to the telephone in most rooms or use a walkie-talky to summon support

### **14. Smoking**

Smoking and/or vaping is not permitted anywhere on the school premises.

## **15. 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.

### **15.1 Handwashing**

Wash hands with liquid soap and warm water, and dry with paper towels or a hand drier.

Always wash hands after using the toilet, before eating or handling food, and after handling animals, soil, sand or plants.

Cover cuts and abrasions where applicable with the appropriate dressing.

### **15.2 Coughing and sneezing**

Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach

Cover mouth and nose with a tissue

Wash hands after using or disposing of tissues

Spitting is not permitted

### **15.3 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

### **15.4 Cleaning of the environment**

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

### **15.5 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

Make spillage kits available for blood spills

### **15.6 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

## **15.7 Clinical waste**

Always segregate domestic and clinical waste

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

## **15.8 Pupils vulnerable to infection**

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

## **15.9 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3.

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

## **16. New and expectant mothers**

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

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

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

If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation

Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

## **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.

Occupational stress is a workplace hazard and can lead to ill health. The school will ensure that steps are taken to discover the cause of the illness and monitor whether the control measures that have been put in place are effective.

Counselling arrangements can be made via the Principal, who will contact the person concerned as well as the Business Manager who may refer the person to Occupational Health Services.

## **18. Accident reporting**

### **18.1 Accident record book**

An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.

Staff are to record first aid using the reporting slips stored in the class first aid bag to record incidents involving children.

Parents are informed of any medical attention that their child may have received either through their contact book or by telephone if the condition, in the view of the designated first aider, would necessitate further medical checks being sought.

As much detail as possible will be supplied when reporting an accident.

The school should keep a record:

Where an accident leads to someone being taken to hospital

Where something happens that does not result in an injury, but could have done

Information about serious injuries will also be kept in the pupil's educational record. Please see point 18.2 below for a (not exhaustive) list of injuries considered serious

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

See Appendix 2 Accident reporting template

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

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

Reportable injuries, diseases or dangerous occurrences include:

Death

Specified injuries. These are:

Fractures, other than to fingers, thumbs and toes

Amputations

Any injury likely to lead to permanent loss of sight or reduction in sight

Any crush injury to the head or torso causing damage to the brain or internal organs

Serious burns (including scalding)

Any scalping requiring hospital treatment

Any loss of consciousness caused by head injury or asphyxia

Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours

Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days

Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

The collapse or failure of load-bearing parts of lifts and lifting equipment

The accidental release of a biological agent likely to cause severe human illness

The accidental release or escape of any substance that may cause a serious injury or damage to health

An electrical short circuit or overload causing a fire or explosion

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

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

### **18.3 Notifying parents**

The Class teacher 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.

### **18.4 Reporting to child protection agencies**

The Principal will notify the Local authority of any serious accident or injury to, or the death of a pupil while in the school's care.

### **18.5 Reporting to Ofsted**

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

### **19 Bomb alerts**

The Principal will make the decision to evacuate following the guidelines given by the LEA and notify the LEA and police accordingly. The designated person will sound the fire alarm and the school will follow the procedures as for a fire evacuation.

*Follow the procedures outlined in Appendix 5: Actions to be taken on receipt of a bomb threat*

<https://www.gov.uk/government/publications/bomb-threats-guidance>

### **20 Other emergency procedures**

Critical Incidents such as those that are outside the normal range of experience, and which are extremely distressing to those concerned; such as the death of a student or teacher, serious violence or assault, hostage taking, road, sea or air accident involving students/staff in death or serious injury.

Principles

- remain calm and maintain control
- notify the LEA emergency officer as soon as possible
- put safety of pupils and staff first
- manage people and resources to achieve the aims of this policy
- manage the collection and dissemination of factual information
- work as a team using LEA support where possible

### **21 Administration of Medicines/Medical Treatment**

A list of known medical conditions is to be shared with all class based staff

Children with serious medical conditions must have an Individual Health Care Plan drawn up and agreed by parents/carers and the Principal, following advice/involvement of the School Nurse or a specialist medic associated with a knowledge of the child's condition. All staff must acquaint themselves with these plans which are readily accessible in the Staffroom and School Office. A copy is also kept with the First Aid.

Inhalers and EpiPen auto-injectors must be labelled and stored in the Class first aid bag, ready for use.

Other medication which has to be used on a regular basis, must be labelled and stored in the School Office. It is the parents' responsibility to ensure that all medicines are 'in date' and that full administration instructions are attached. A record must be kept of all medication administered.

The School cannot accept responsibility for administering medicines for minor/occasional illnesses. If it is necessary for a child to take medicine during the day for a set period of time, a parent/carer must come into School to administer it. Please refer to the Administration of Medicines Policy.

## **22. Training**

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

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

## **23. Monitoring**

This policy will be reviewed by the Principal every two years.

At every review, the policy will be approved by the School Council.

## **24. Links with other policies**

This health and safety policy links to the following policies:

First aid

Supporting pupils with medical conditions

Accessibility plan

Safeguarding

### Appendix 1. Fire safety checklist

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

## Appendix 2. Accident report

Note: When recording accidents involving pupils, staff are to use the accident reporting forms kept in the first aid bags.

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



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

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from Public Health England. 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>	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.
<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>	<p>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.</p> <p>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.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
<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.
<b>Covid 19</b>	Follow the latest guidance form Public Health England

Appendix 5: Actions to be taken on receipt of a bomb threat

<https://www.gov.uk/government/publications/bomb-threats-guidance>