



**L A L E H A M   L E A**

A Catholic Independent Primary School for boys and girls aged 3 to 11

Headteacher: Mrs. M Reece

## **L A L E H A M   L E A   S C H O O L   &   N U R S E R Y**

### **H E A L T H   A N D   S A F E T Y   P O L I C Y**

*This is a whole school policy which applies to all sections of the school, including Early Years Foundation Stage, Out of School Care and Clubs.*

	Date	Signed
Date reviewed	January 2026	<i>M Reece</i> Headteacher <i>C Edwards</i> Operations Manager
Ratified by the Board of Governors	January 2026	<i>Y Epale</i> Chair of Governors
Date of next review	January 2028	



Headteacher: Mrs. M Reece

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

It is the general policy of the Governors to provide and maintain a healthy and safe environment for staff, pupils including the Early Years and visitors.

### **Statement of policy and intent**

The Governing Body of Laleham Lea School considers that it is important to achieve and maintain a high standard of health and safety on the premises:

- They recognise and accept their corporate responsibility to provide a healthy and safe working environment for all employees and for members of the public using the premises.
- They require employees at all levels to display a positive attitude in pursuing the Governors' objectives in respect of health and safety.
- They require all employees to recognise their responsibilities to take care for the safety of themselves, other staff, pupils, visitors and those who may be affected by the work of the school, and to co-operate fully with the Headteacher and the Governors in implementing the health and safety policy.
- They require the Headteacher to make the necessary arrangements to secure compliance with health and safety requirements and to implement and monitor the working of these arrangements, in consultation as appropriate with employees and professionally qualified advisers.
- They require that a written statement of their health and safety policy and arrangements shall be issued to every employee.
- They will take all reasonably practicable action to fulfil their responsibilities and will pay particular attention to meeting the requirements of:
  - [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to visitors on your premises
  - [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 (HSE) 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



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- [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 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](#).

### **Organisation & responsibilities**

The Health and Safety Officer, together with the Headteacher, is responsible for implementing the health and safety policy. The Operations Manager holds the responsibility of Health & Safety Officer.

The Operations Manager is responsible, together with the Headteacher, for considering all issues of health and safety and advising the Governors. This includes identifying hazards in the school and reporting issues that are raised by staff.

The Operations Manager is required:

- To review H&S issues and ensure they are reported to the Governors during Governor Meetings;
- To note health and safety instructions and advice issued by the Government or other appropriate authorities or organisations and to make this information available to employees and pupils as necessary;
- To be available to any employee to discuss and to seek to resolve health and safety problems not solved at a lower level or through the established arrangements;
- To report to the Governors instances where her authority does not allow the elimination or reduction of a hazard, but to take all necessary short-term action to avoid danger pending rectification;
- Ensuring that the school building and premises are safe and regularly inspected
- To ensure that a system is established for the reporting, recording and investigation of accidents, and that all reasonable action is taken to prevent recurrences;
- To ensure that visitors, including contractors, are informed of any hazards on site of which they may be unaware, and that consideration is given to the ways in which building, repair or maintenance work may affect pupils and staff;
- To ensure that all employees are informed annually about safety arrangements, and in particular that they are given a copy of the school's statement and an opportunity to read it before starting work;
- To ensure that there are appropriate arrangements for first-aid;
- To ensure the use of any necessary protective clothing or equipment, and that it is properly maintained and renewed when required;



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- To ensure that there are appropriate arrangements for rapid evacuation of the buildings in case of fire or other emergency, that regular fire drills are held and that fire- fighting equipment is available and maintained.
- To ensure that all checks to the fire extinguishers, alarm systems, electrical equipment and emergency lighting are made and recorded. This is in liaison with the Site Manager. Any faults noticed by staff should be reported to the Operations Manager.
- To liaise with expert health and safety consultants where relevant.
- To ensure that Risk Assessments be reviewed and shall monitor and evaluate this Health and Safety Policy along with all attendant procedures.
- To ensure that in their absence, health and safety responsibilities are delegated to another member of staff

### **All Staff**

School staff have a duty to take care of pupils in the same way that a prudent parent/carers would do so. Our staff are provided with health and safety training as part of their induction process including a 'Moving & Handling' course.

Our 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

### **Pupils and parents/carers**

Pupils and parents/carers 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.

### **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 adequate insurance and have completed an adequate risk assessment of all their planned work.

### **Information.**

Anyone in need of information on health and safety requirements should apply to the Operations Manager, who will either supply the information or indicate how it may be obtained.

Laleham Lea Primary School, 29 Peaks Hill, Purley, Surrey, CR8 3JJ

All meetings have a 'Health & Safety' item on the agenda and everyone in our school community has an arena where they can raise and issues relating to health & safety (Governors meetings/Staff meetings/PTA/meeting/PSHE lessons).

## **The School's Arrangements**

### **Site Security & Safety**

- The Site Manager and Operations Manager are 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 Headteacher, Site Manager and Operations Manager are key holders and will respond to an emergency.
- The premises are frequently inspected by the Headteacher, Operations Manager and Site Manager, with particular reference to health and safety. Where appropriate, qualified specialist advisers are called in.
- Parents and teachers (with the exception of the Headteacher) are not allowed to park on the school site.
- Smoking is not permitted anywhere on the school premises.

### **Hazards**

Anyone noticing anything that appears to be a threat to safety, such as defects which are immediately apparent, e.g. lack of equipment or blocked fire escapes, should immediately report it to the Operations Manager or Headteacher. Anyone noticing any defect in heating, equipment, lighting or ventilation should immediately report it to the Operations Manager or Headteacher.

### **Accidents.**

All staff and pupils should be aware of the importance of preventing accidents, especially by identifying and dealing with hazards and dangerous situations. Accidents should be reported to the school office, who will inform the Headteacher (or Health and Safety Officer) of any accident causing more than minor injury. The A First Aider will enter details in the Accident Report book, asking members of staff for oral or written reports, if necessary, to assist her in compiling her report. Members of staff who witness accidents or to whom accidents are reported should investigate the cause as soon as possible (though attention to any injury should be the first priority) and pass on the resulting information to the Headteacher (or Health and Safety Officer), who will decide what further investigation, if any, is necessary.

### **First Aid.**

Injured or sick persons should normally go or be taken to the school office for administration of first aid, who will if appropriate summon the Headteacher. If there is any doubt about whether the casualty should be moved they should be left in place (with someone to watch over them) and the Health and Safety Officer (or any member of staff nearer the scene) should be immediately informed. The Headteacher will normally decide whether an ambulance should be called, but if this would cause delay in what appears to be an extreme emergency any



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member of the teaching or administration staff should make the call. Injuries occurring in areas where there are subsidiary first-aid boxes may, if they need immediate treatment or if they are very minor, be treated by members of staff on the spot. Subsidiary first-aid boxes are located in the Staff Room, Art Room, Reception Classroom, Kitchen and Nursery. A decision as to whether a sick or injured pupil should be sent home should be made by the Lead First Aider or Headteacher. The class teacher of a pupil sent home should always be informed. Serious accidents must be reported to the Health and Safety Executive as soon as possible. A record must be kept of all accidents (see accident book).

### **Reporting accidents**

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. The accident book is kept in the First Aid cupboard in the School Office. As much detail as possible will be supplied when reporting an accident.

Accidents and injuries in Nursery are recorded in the Nursery Accident Book, The Nursery Leader 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.

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

The Operations 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 Operations Manager will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

### **School staff: reportable injuries, diseases or dangerous occurrences**

These include:

#### ➤ Death

#### ➤ Specified injuries, which are:

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
  - Covers more than 10% of the whole body's total surface area; or
  - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia



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- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Operations Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include, but are not limited to:
  - Carpal tunnel syndrome
  - Severe cramp of the hand or forearm
  - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
  - Hand-arm vibration syndrome
  - Occupational asthma, e.g from wood dust
  - Tendonitis or tenosynovitis of the hand or forearm
  - Any occupational cancer
  - Any disease attributed to an occupational exposure to a biological agent
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:
  - The 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

### **Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**

These include:

- Death of a person that arose from, or was in connection with, a work activity
- An injury that arose from, or was in connection with, a work activity and the person is taken directly from the scene of the accident to hospital for treatment

An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)



Information on how to make a RIDDOR report is available here: [How to make a RIDDOR report, HSE](#)

### **Fire Precautions.**

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

- Emergency evacuations are practised at least once a term.
- The fire alarm is a loud continuous bell
- Fire alarm testing will take place once a week
- All staff are 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 point on the lawn at the front of the school.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The Headteacher will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

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

Please see Fire Safety and Procedures Policy for further information

### **Hazardous substances - COSHH.**

Schools are required to control hazardous substances, which can take many forms, including but not limited to:

- 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 Operations 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 and stored in a labelled, locked COSHH cupboard.

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.

### **Gas safety**

Everyone on the school premises must be aware of the hazards involved in the use of gas. Any defects noticed, including a smell of gas, must be reported immediately to the Operations Manager and Head Teacher. If the source of a leak can be identified, the gas supply to the appliance involved must be turned off without delay. Windows and doors must be opened to disperse escaped gas. If there is any doubt about the source of the smell of gas – the building must be evacuated immediately and British Gas called by mobile phone away from the building.

- 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

### **Legionella**

A full Legionella risk assessment has been completed In November 2025 by Aquatech. The Site Manager and Operations Manager are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book

This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint

The risks from legionella are mitigated by following a written scheme of control including regular temperature checks and bi-annual servicing, flushing, water sampling and specialist cleaning by Aquatech.

Please see Legionella Control Policy for full details.

## **Asbestos**

The school has an annual inspection of any Asbestos on site by a qualified professional and has an Asbestos Management Plan in place which is reviewed annually.

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 that 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 in the Asbestos Management Plan. Please see Asbestos Policy for full details.

## **Electrical safety.**

### **Electrical equipment**

- All staff are responsible for ensuring 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 Operations Manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Portable appliance testing (PAT) is carried out by a competent person on all electrical equipment on an annual basis.
- 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

## **Infectious diseases.**

We follow national guidance published by 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.

### **Handwashing**

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

### **Coughing and sneezing**

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

### **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 (e.g. nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

### **Cleaning of the environment**

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

### **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

### **Keeping rooms well ventilated**

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

### **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.

### **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 **Appendix 1**.

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

### **Preventing and controlling infections in EYFS**

In addition to general cleaning guidance, we will:

- Ensure all toys carry a BS, BSI or CE mark and where possible buy toys and equipment that can be easily cleaned
- Store toys in a clean container
- Not let children take toys into toilet areas
- Store reusable equipment that has been cleaned but is not in use separately from used equipment and away from where equipment cleaning takes place

### **New and expectant mothers**

Risk assessments will be carried out whenever any employee 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 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 comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

## Manual Handling

- All staff must do a Moving and Handling course as part of their induction.
- The procedures related to manual handling apply to activities where there is a foreseeable risk of injury.
- 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 seek further assistance.
- We will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and that those who may be involved in manual handling activities are required to read it. We will make sure proper mechanical aids and lifting equipment are available in the school, and that staff are trained in how to use them safely.

Staff 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

## Off Site Visits

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

- Risk assessments will be completed for all off site visits and events
- All off-site visits are appropriately staffed
- Staff will take a mobile phone, an appropriate portable first aid kit and information about the specific medical needs of pupils
- There will always be at least 1 first aider on school trips and visits with a current pediatric first aid certificate and training in administering medication.
- The school minibus is kept on the school grounds and is regularly maintained and serviced. The school adheres to Government Guidelines on who can drive the school minibus. Drivers all hold a relevant license and undertake MIDAS training relevant to our vehicle. All drivers are aware of safety procedures and ensure all relevant checks are undertaken and recorded each time the bus is used. Please refer to our minibus policy for further details.
- When other transport companies are hired, checks are made regarding seat belts, bus safety, insurance and staff employment/DBS checks.
- When public transport is used staff adhere to the guidelines in the Educational Visits Policy regarding supervision ratios of adults to pupils. All journeys are preceded by a written risk assessment, which is kept on file.



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This health and safety policy links to the following policies:

- First Aid Policy
- Fire Safety & Procedures Policy
- Risk Assessment Policy
- Accessibility Policy & Plan
- Emergency Evacuation Response
- Minibus Policy



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## 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 we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<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>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>Conjunctivitis</b>	None.
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
<b>Diarrhoea and/or vomiting (Gastroenteritis/norovirus)</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.





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Infection or complaint	Recommended period to be kept away from school or nursery
	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.
<b>Diphtheria</b>	Exclusion is essential. Contact your local UKHSA health protection team about any cases in your setting.  For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.
<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>Flu (influenza)</b>	Until recovered.
<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>Giardiasis (giardia)</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<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>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.



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<b>Hepatitis C</b>	None.
<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>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>	Until recovered.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Mpox</b>	Until recovered and deemed safe to return by their clinician or in line with current guidance.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Respiratory infections including coronavirus (COVID-19)</b>	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.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Rotavirus</b>	Until 48 hours after symptoms have stopped.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.



# L A L E H A M L E A

A Catholic Independent Primary School for boys and girls aged 3 to 11

Headteacher: Mrs. M Reece

Infection or complaint	Recommended period to be kept away from school or nursery
<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 a 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>Threadworm</b>	None.
<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>Typhoid and Paratyphoid fever</b>	Inform your local health protection team as soon as possible. Seek advice from environmental health officers or the local health protection team on required exclusion periods.
<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.