

## HORIZONS EDUCATION TRUST

### Health & Safety Policy

April 2025

#### POLICY ISSUE CONTROL

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<b>October 2024</b>	Policy rewritten under Key model policy.
<b>April 2025</b>	<p>Roles and responsibilities have been updated to better illustrate the scheme of delegation within the trust.</p> <p>Responsibilities between trust and AAG have been divided.</p> <p>On next review, section 18 to be updated with mention of Medical Tracker in academies.</p>

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## **1.0 AIMS**

Horizons Education Trust (HEdT) aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the academy site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected
- Implementing emergency procedures, including evacuation in case of fire / other incident
- Monitoring and reviewing our policies regularly

## 2.0 LEGISLATION

- 2.1 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:
- [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 require employers to protect their staff from falls from height
- 2.2 The academy 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.
- 2.3 Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).
- 2.4 This policy complies with our funding agreement and articles of association.

### **3.0 ROLES & RESPONSIBILITIES**

#### **3.1 Horizons Education Trust (HEdT)**

- 3.1.1 The trust has ultimate responsibility for health and safety matters, but will delegate day-to-day responsibility to the head teacher.
- 3.1.2 The trust 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 academy premises.
- 3.1.3 The trust, as the employer, in consultation with the headteacher also has a duty to:
  - Ensure that adequate health and safety training is provided to people of responsibility
  - Ensure effective communication with the academies on matters of health and safety
  - Ensure familiarity with the responsibilities and requirements of any appropriate legislation
  - Ensure there is a policy for health and safety, and that the policy is implemented by all and ensure any necessary changes are made
  - Organise internal and external audits and follow up or delegate identified actions

#### **3.2 The Governing Board (AAG)**

- Assess the risks to staff and others affected by academy activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Periodically, with assistance from the academies, assess the effectiveness of the policy
- Ensure that adequate health and safety training is provided
- Attend academy health and safety walks (at least one a term)
- Provide assurances / data to the central team on a routine basis

#### **3.3 Headteacher**

- 3.3.1 The head teacher is responsible for health and safety day-to-day. This involves:
  - Implementing the health and safety policy
  - Identify key risks relating to possible accidents and injuries, and ensure they are adequately controlled, as to prevent them occurring
  - Inform employees about risks and the measures in place to manage them
  - Ensuring there is enough staff to safely supervise pupils
  - Ensuring that the academy building and premises are safe and regularly inspected
  - Providing adequate training for academy staff
  - Reporting to the governing board on health and safety matters
  - Ensuring appropriate evacuation procedures are in place and regular fire drills are held
  - Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
  - Ensuring all risk assessments are completed and reviewed
  - Monitoring cleaning contracts

3.3.2 In the headteacher's absence, members of the SLT assume the above day-to-day health and safety responsibilities

### **3.4 H&S Lead & the H&S Committee**

3.4.1 Each academy will have a nominated health & safety lead and committee which will be displayed on site.

3.4.2 The H&S Committee are tasked to:

- Be involved in the monitoring of health and safety training
- Be involved in the continuous monitoring of arrangements for health and safety
- Look at accident statistics, ill health for the academy and to monitor and review trends
- To be involved and assist the headteacher with the actions of the health and safety audit reports/Fire risk assessments by ensuring the actions/recommendations of the report is implemented
- To ensure there is a process in place for reviewing of Risk Assessments
- Organise health and safety walks of the site (at least one a term)
- Provide assurances / data to the central team on a routine basis

### **3.5 Staff**

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

3.5.2 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 academy on health and safety matters
- Work in accordance with training and instructions and comply with the health and safety policy
- 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

### **3.6 Pupils & Parents/Carers**

3.6.1 Pupils and parents/carers are responsible for following the academies health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

### **3.7 Contractors**

3.7.1 Contractors will agree health and safety practices with the head teacher before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.



## **4.0 SITE SECURITY**

- 4.1 Headteachers and site staff (usually a site manager or caretaker) are responsible for the security of the academy site in and out of academy hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.
- 4.2 Headteachers and site staff (usually a site manager or caretaker) are key holders and will respond to an emergency.

## **5.0 FIRE**

- 5.1 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.
- 5.2 Emergency evacuations are practised at least once a term.
- 5.3 The fire alarm is a loud buzzer.
- 5.4 Fire alarm testing will take place once a week.
- 5.5 New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.
- 5.6 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. These are displayed on the action notices on site.
  - Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
  - The admin team 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
- 5.7 Each academy 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.
- 5.8 Each academy has a fire risk log which will hold all appropriate emergency information and procedures. This file should be checked and maintained by the head teacher and site manager and reviewed annually or when any major change takes place.

## 6.0 COSHH

- 6.1 Academies 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
- 6.2 Control of substances hazardous to health (COSHH) risk assessments are completed by the outsourced cleaning company or the science teacher and kept by the site manager and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- 6.3 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.
- 6.4 Cleaner cupboards and science stores are kept locked at all times and pupil access is prohibited.
- 6.5 Any hazardous products are disposed of in accordance with specific disposal procedures.
- 6.6 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 they have adequate ventilation

### 6.2 Legionella

- A water risk assessment is completed every **2 years** by an outsourced competent person. The headteacher and site manager are responsible for ensuring that the identified operational controls are conducted and recorded in the academies water log book
- This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following various controls; temperature checks, heating of water, flush out protocols.

### 6.3 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the academy 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 academy site

## 7.0 EQUIPMENT

- 7.1 All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.
- 7.2 When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.
- 7.3 All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

### 7.1 Electrical Equipment

- All staff are responsible for ensuring they use and 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 site manager immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary, a Portable Appliance Test (PAT) will be carried out by a competent person
- All isolator 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 site manager

### 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)

### 7.4 Specialist Equipment

- 7.4.1 Parents/carers are responsible for the maintenance and safety of their children's wheelchairs. In the academy, staff promote the responsible use of wheelchairs.
- 7.4.2 Oxygen cylinders are stored in a designated space, and staff are trained in the removal, storage and replacement of oxygen cylinders.

## 8.0 LONE WORKING

- 8.1 Lone working may include:
- Late working
  - Home or site visits
  - Weekend working
  - Site manager duties
  - Site cleaning duties
  - Working in a single occupancy office
  - Remote working, self-isolation and/or remote learning
- 8.2 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.
- 8.3 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.
- 8.4 The lone worker will ensure they are medically fit to work alone.

## 9.0 WORKING AT HEIGHT

- 9.1 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.
- 9.2 In addition:
- The site staff retain 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 for working at height
  - Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety

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

## **10.0 MANUAL HANDLING**

- 10.1 It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.
- 10.2 The academy will ensure that proper mechanical aids and lifting equipment are available in academy, and that staff are trained in how to use them safely.
- 10.3 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

## **11.0 OFF-SITE VISITS**

- 11.1 When taking pupils off the academy 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 academy mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
  - 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
  - For other trips, there will always be at least one first aider on academy trips and visits

## **12.0 LETTINGS**

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

## **13.0 Violence at work**

- 13.1 We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.
- 13.2 All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/head teacher immediately. This applies to violence from pupils, visitors or other staff.

## **14.0 SMOKING**

14.1 Smoking, including vaping, is not permitted anywhere on the academy premises.

## **15.0 INFECTION PREVENTION & CONTROL**

15.0.1 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.

### **15.1 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

### **15.2 Coughing & Sneezing**

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

### **15.3 Personal Protective Equipment (PPE)**

- 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

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

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

### **15.5 Cleaning of Blood & 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, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

### 15.8 Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet
- Have relevant policies and risk assessments in place

### 15.9 Infectious disease management

15.9.1 We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

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

#### **Following good hygiene practices**

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

#### **Implementing an appropriate cleaning regime**

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned

#### **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

### **15.10 Pupils vulnerable to infection**

- 15.10.1 Some medical conditions make pupils vulnerable to infections that would rarely be serious in most children. The academy 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**

- 15.11.1 The academy will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 1.
- 15.11.2 In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action.

## **16.0 NEW & EXPECTANT MOTHERS**

- 16.1 Risk assessments will be carried out whenever any employee or pupil notifies the academy that they are pregnant.
- 16.2 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

## **17.0 OCCUPATIONAL STRESS**

- 17.1 We are committed to promoting high levels of health and wellbeing, and recognise the importance of identifying and reducing workplace stressors through risk assessment.
- 17.2 Systems are in place within the academy for responding to individual concerns and monitoring staff workloads.



## 18.0 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.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record
- Records held relating to first aid and accidents will be retained by the academy 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

### 18.2 Reporting to the Health & Safety Partner

18.2.1 The academy 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).

18.2.2 The academy will report these to the trust's Health & Safety Partner, who will pass this information 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.

#### 18.2.3 Academy staff: Reportable Injuries, Diseases or Dangerous Occurrences

These include:

- Death
- Specified injuries, which are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - *Covers more than 10% of the whole body's total surface area; or*
    - *Causes significant damage to the eyes, respiratory system or other vital organs*
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that 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 academy 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:
  - 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 academies 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

#### **18.2.4 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)

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

18.2.6 To report an injury to the trusts Health and Safety partners use the online form:  
<https://www.reportincident.co.uk/>

### **18.3 Notifying parents/carers**

- 18.3.1 The academy 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.

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

- 18.4.1 The academy will notify the local child protection agencies of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the academies care.

### **18.5 Reporting to Ofsted**

- 18.5.1 The academy will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the academies care. This will happen as soon as is reasonably practicable, and no later than **14 days** after the incident.

## **19.0 TRAINING**

- 19.1 Our staff are provided with health and safety training as part of their induction process.
- 19.2 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.

## **20.0 MONITORING**

- 20.1 This policy will be reviewed by the Director of Operations every 2 years.
- 20.2 At every review, the policy will be approved by the finance people and premises committee.

## 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 academies 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.

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>
<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>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>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 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>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 adviser 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.