



# Health and Safety Procedures

## Little Chestnuts Preschool Key Safeguarding Staff:

Director / Manager / SENCO / DSL	Jodie Lucas
Deputy Manager Corringham	Jodie Mason
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Stand in Deputies	Alison Cook Gina Halls
SENCO / DSL	Gina Halls
Health and Safety	Gina Halls Alison Cook Jodie Mason

### **Insurance Cover**

It is legally required to have public liability & Employers liability insurance in place which is renewed annually. The nursery insurance is provided by Ecclesiastical and is due to be renewed in August 2024. A copy of the certificates of insurance are displayed in both nursery buildings.

## I. STATEMENT OF INTENT

1. The Director of Little Chestnuts Preschool recognises that she has overall responsibility for health and safety. In keeping with her responsibilities under the Health and Safety at Work Act 1974 [‘HSWA 1974’] ensure that:
  - a. Arrangements are in place to secure, so far as is reasonably practicable, the health, safety and welfare of the children, employees and others using or visiting the premises.
  - b. The Health and safety policy is reviewed at least every three years, and more frequently where necessary.
  - c. Responsibilities are allocated to the appropriate people, who have sufficient experience, knowledge and training to manage them.
  - d. Clear procedures are created to manage risks and produce safe systems of work.
  - e. Sufficient resources are set aside with which to create and operate safe systems of work.
  - f. Health and safety performance is measured actively *and* reactively.
  - g. Health and safety risks are identified and, where these cannot be removed, ensure that they are adequately controlled.
2. In keeping with the above, this policy aims to:
  - a. Establish and maintain a safe, healthy environment throughout the setting.
  - b. Establish and maintain safe working procedures among staff and children.
  - c. Provide clear guidelines on tackling health and safety issues effectively.
3. This policy was drafted in accordance with guidance from the DfE and the following legislation:
  - a. [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees
  - b. [The Management of Health and Safety at Work Regulations 1992](#), which require employers to assess the risks to the health and safety of their employees
  - c. [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, plan to implement necessary measures, and arrange for appropriate information and training

- d. [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
  - e. [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
  - f. [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
  - g. [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
  - h. [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height
4. This policy is supported by the following documents:
- a. Fire evacuation procedures.
  - b. Risk assessments
5. Training: All new employees receive health and safety training during their induction (on fire safety, site safety procedures and first aid). Specific training will be provided when identified in a risk assessment, as part of the performance management process or when an employee starts a new role.

## II. ROLES AND RESPONSIBILITIES

6. The Director of Little Chestnuts is responsible for overseeing and ensuring compliance with this policy. In collaboration with the KMD Foundation trustees and must ensure:
- a. Compliance with legislation.
  - b. That this policy and the emergency procedures are communicated to all relevant persons, including visitors and contractors; and that all employees receive health and safety information, instruction, and training.

- c. That arrangements are in place for monitoring and auditing health, safety and welfare practice.
- d. That risk assessments are carried out, that first-aid facilities are maintained in compliance with legislation and that emergency procedures are in place.
- e. Maintain a liaison with local police.
- f. Ensure that records are kept of all relevant health and safety activities (e.g. assessments, inspections, accidents and training);

7. Employees Holding Positions of Special Responsibility (including the Health and Safety Lead ['HSL'] and the deputy managers and must ensure compliance with this policy:

- a. Ensuring that all employees under their management are familiar with the health and safety procedures at Little Chestnuts Preschool.
- b. Ensuring that all health and safety checks, reviews and risk assessments are completed, to identify and manage key risks; and that remedial work is undertaken.
- c. Ensuring that all accidents are investigated appropriately, and the correct paperwork is completed, reporting to the HSE if necessary.
- d. Resolving health, safety and welfare issues that are referred to them; and referring issues to the HSL if they cannot resolve them alone.
- e. Ensuring the provision and use of personal protective equipment ['PPE'] where necessary (e.g. using an apron when changing a soiled nappy)
- f. Ensuring that employees only work at height with supervision and assistance from staff, who are responsible for the purchase and maintenance of step ladders.
- g. Ensuring that significant manual handling tasks are always risk assessed; and performed by nursery staff wherever possible.
- h. Ensuring that any hazardous substances are correctly used and safely stored; and that no hazardous substances are used without permission of the HSL

8. All employees must:

- a. Comply with health and safety training or instruction, this policy and emergency policies.

- b. Give due care for the health, safety and well-being of themselves, children, colleagues and visitors.
- c. Ask other nursery staff for permission and assistance with heavy lifting or working at height.
- d. Report all accidents and near misses in accordance with the procedures set out or referred to in this policy.
- e. Report all concerns regarding health and safety arrangements to the HSL at the nursery.
- f. Consider the health and safety implications of their activities and the purchase of any equipment where needed.

### **III. PROCEDURES**

- 9. The following procedures assist with the reduction and/or elimination of risks to health and safety; and promote compliance with health and safety requirements.
- 10. Active Monitoring Systems check for compliance and provide essential feedback on performance before an accident, incident, or ill health; and help to measure success and recognise good practice. The following systems are in place:
  - a. The periodic examination of documents (e.g., risk assessments and training or induction records) to check that standards are met.
  - b. The systematic inspection and maintenance of premises and equipment to ensure that they are suitable for their purpose and, as far as is reasonably practicable, free from risk of injury. Where the safety of workplaces and equipment is dependent on proactive inspection and maintenance, a programme will be established for a competent person to carry out the necessary works (e.g., portable appliance testing – PAT). Appropriate records and relevant test certificates will be maintained.
  - c. The HSL will conduct periodic evaluations of all reported incidents, near misses and incidents of ill health, to identify and prevent patterns.
  - d. Termly safety walks will be completed (health and safety, fire risk etc.)

**11. Risk Assessment:** It is the responsibility of the director/manager and other staff holding positions of responsibility such as the HSL/deputy manager to complete risk assessments at the nursery.

- a. Risk assessments should identify all defects/deficiencies and the remedial action/risk control measures required.
- b. Higher risk areas/activities (e.g. forest garden – using tools) may have a regular programme for risk assessments. Other areas require annual risk assessments.

**12. Risk Assessments for workers/employees under 18 but over 16 ('young persons'):** Under the Management of Health and Safety at Work Regulations 1999, Little Chestnuts Preschool will ensure that young persons employed by the organisation are not exposed to risk due to their lack of experience, maturity, or unawareness of risks. Young persons can carry out work involving identified risks if it is necessary for their training, supervised by a competent person, and if the risks are reduced to the lowest level, so far as reasonably practicable. Risk assessments for young persons will consider:

- a. The physical, biological and chemical agents the young person will be exposed to, and how they will handle equipment.
- b. Whether the young persons' work will involve risks arising from extreme cold, heat, noise, or vibration, or harmful exposure to toxic substances.
- c. The extent of training needed.
- d. Whether the work a young person will do is within his/her physical or psychological capacity.
- e. Whether the work a young person will do involves risk of accidents that cannot reasonably be recognised or avoided by due to lack of experience or training.

**13. Accident and Incident Reporting:**

- a. All employees, parents and visitors should report any sub-standard conditions or practices to the director, manager or HSL.
- b. Records held in the first aid and accident folder will be retained 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.
- c. All accidents, incidents and be dealt with immediately.

d. The member of staff who witnessed the accident must follow this procedure:

- First make the child who is injured the priority. If you are not PFA trained, then call to a member of staff who is PFA trained so they can administer first aid if required.
- Access the area and ask other staff to make it safe if this is needed.
- Record the details of the incident in the accident folder, giving as much details as possible, e.g. time of accident, area of injury, whether someone else was involved, action taken.
- Contact parent and liaise with deputy manager/manager if you feel it is necessary.

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

a. The HSL will keep a record of any accident that results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

b. The HSL 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.

c. 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

- d. Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- e. Where an accident leads to someone being taken to hospital
- f. Where something happens that does not result in an injury, but could have done
- g. Near-miss events that do not result in an injury but could have done. Examples of near-miss events relevant to a nursery setting include, but are not limited to:
  - The collapse or failure of load-bearing parts of lifts and lifting equipment
  - 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>

#### **15. Accident Investigation:**

- a. All accidents, however small, should be investigated and the findings recorded by the HSL and reviewed by the director.
- b. The time allocated to each investigation will depend on the seriousness of the accident.
- c. During or on completion of an investigation, a risk assessment should be carried out to avoid reoccurrence.

#### **16. SEN/D Needs:**

Wherever possible, all risk assessments and curricular activities must be adapted to ensure the health, safety and wellbeing of children with SEN/D needs. Unless absolutely unavoidable, students with SEN/D needs should not be excluded from activities on health and safety grounds.

- a. The director, manager and SENCO are responsible for ensuring that there are adequate facilities and support staff to ensure the health, safety and welfare of SEN/D students.
- b. All staff must ensure that they are fully aware of and responsive to the needs of SEN/D students.

## 17. Fire Precautions Statement:

- a. Emergency exits, assembly point instructions and evacuation procedures are clearly identified by safety signs and notices throughout the premises. Risk assessments of the premises are reviewed regularly.
- b. All new employees are trained in fire safety on induction, and all staff and parents will be made aware of any new fire risks.
- c. The HSL is responsible for the formal maintenance and regular testing of the fire alarm (unless the site has its own maintenance and testing schedule), the maintenance of exit/escape routes and signage; and the supervision of contractors undertaking work with a significant fire risk.
- d. Procedures to be followed in the event of fire are circulated to all staff; and notices giving instructions are displayed in the building.
- e. A fire drill is to be held once every term and relevant details recorded in the Health and Safety folder (or kept in central records if the site is management externally)
- f. In the event of a fire:
  - i. The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately.
  - ii. Employees with mobility needs will be evacuated in accordance with their PEEP.
  - iii. 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.
  - iv. Staff and children will congregate at the assembly points, which are marked clearly on evacuation plan in the nursery building.
  - v. The fire Marshall will take a register of children, which will then be checked against the attendance register of that day.
  - vi. The same person will take a register of all staff.

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

#### **18. Security:**

- a. All visitors will be signed in and issued with a visitor's badge.
- b. All visitors will be given some basic information on Health and Safety such as the fire assembly point and whether we are expecting a fire drill.

#### **19. Off-site visits:**

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

- a. Risk assessments are completed where off-site visits and activities require them.
- b. All off-site visits are appropriately staffed.
- c. Staff will take a nursery mobile phone (or their personal phone if a nursery phone is not available), portable first aid kit and information about the specific medical needs of children
- d. There will always be at least one first aider who has been trained in Paediatric First Aid with any group who leaves the setting.

#### **20. Hygiene/Disease and Infection Prevention:**

The maintenance of good hygiene standards is important. The risk from infection from bodily fluids etc. will be adequately controlled providing the hygiene procedures outlined below are followed:

- a. Recommended exclusion periods outlined by Public Health England for infectious diseases.
- b. Recommended action from Public Health England in the event of an epidemic/pandemic.
- c. Disposable gloves are provided as required.
- d. Disposable aprons are provided as required.
- e. Assume body fluids (blood, vomit, urine etc.) may be infectious so staff should always follow correct hygiene procedures such as wearing gloves and washing hands afterwards.
- a. Always wash hands before and after applying dressings.

- b. Cuts and abrasions on exposed skin of the first aider should be covered with a waterproof plaster before treating the casualty.
- c. Disposable gloves must be worn if contact with body fluids likely.
- d. Skin that has been in contact with another person's blood, vomit etc. should be washed with soap as soon as possible.
- e. Splashes into eyes or mouth should be rinsed freely with clean cold water.
- f. Puncture wounds should be encouraged to bleed freely. They should be washed with soap (not around eyes) and water and covered with a sterile dressing.
- g. Blood and other body fluid spillages should be cleaned using whatever absorbent materials are available e.g. toilet paper, paper towels
- h. Disposable gloves should be worn when cleaning such spills.
- i. Disinfect spillage area.
- j. Disposable gloves, together with contaminated absorbent material and dressings, should be placed in a nappy sack before being placed in a bin.
- k. Tables are cleaned between activities using a chemical that is safe for children, particularly tables where children eat food such as snack and lunch tables.
- l. Toilets are cleaned at regular intervals throughout the day.
- m. Tissues are provided and children are encouraged to dispose of them hygienically in the waste bins.
- n. Children are required to wash/ sanitise their hands after using the toilet, engaging in messy play activities and always before eating food.
- o. Children with pierced ears are not allowed to try on each other's earrings.
- p. Any fabrics in nursery contaminated with body fluids are removed from the nursery and thoroughly washed at the correct temperature.

#### Changing a child's nappy

To prevent the spread of bacteria staff must follow these procedures when changing a child's nappy:

- a. Use disposable gloves and an apron when changing a soiled nappy.
- b. Clean the child using the baby wipes provided by the parent and make sure the child is changed into clean clothes if necessary.
- c. Clean the changing mat with child safe anti-bacterial cleaner after each use.

#### **21. Working at height:**

Little Chestnuts Preschool 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:

- a. The setting provides a stepladder for working at height.
- b. Children must be supervised when using the stepladder.
- c. Staff will wear appropriate footwear and clothing when using the stepladder.
- d. Contractors are expected to provide their own ladders for working at height.
- e. Before using a ladder, staff are expected to conduct a visual inspection to ensure its safe.
- f. Access to high levels, such as roofs, is only permitted by trained persons.

## **22. Manual Handling:**

It is up to individuals to determine whether they are fit to lift or move equipment and furniture.

- a. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they must ask for assistance.
- b. Staff and pupils are expected to use the following basic manual handling procedure:
  - i. 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.
  - ii. Take the more direct route that is clear from obstruction and is as flat as possible.
  - iii. Ensure the area where you plan to offload the load is clear
  - iv. 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.
  - v. When moving resources from height, staff must do so in pairs, with one staff standing on the ladder and passing the item to the other member of staff standing on the floor.

### 23. COSHH:

Early years settings are required to control hazardous substances, which can take many forms (chemicals, fumes, dusts, vapours, mists, gases, disease causing germs).

- a. Control of substances hazardous to health (COSHH) risk assessments are completed by the HSL/Director and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.
- b. 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.
- c. Any hazardous products are disposed of in accordance with specific disposal procedures.

### 24. Legionella:

When returning to the nursery after a period of closure (e.g. summer break) water temperatures are completed by the HSL/Director; and written records are maintained.

If the site is externally maintained then the Legionella testing will be completed as part of this maintenance.

### 25. Lone Working is defined as "work in any situation in which the ability to summon assistance may be impaired".

- a. It is the responsibility of managers to ensure that lone workers are monitored via regular visits, check-ins, or contact.
- b. Lone workers should not undertake any activities which present a significant risk of injury, such as those where there is a risk of falling from height.
- c. If employees are required to work on-site outside normal working hours, they should ensure that they have a telephone with them.
- d. Control measures are in place (e.g., instruction, training, supervision and issuing PPE).

## 26. Equipment:

- a. All equipment and machinery are maintained in accordance with the manufacturer's instructions.
- b. When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards.
- c. All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

## 27. Electrical equipment

- a. All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely.
- b. Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who directs them.
- c. Any potential hazards will be reported to the HSL immediately.
- d. Where necessary a portable appliance test (PAT) will be carried out by a competent person.
- e. Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.
- f. Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person.

## 28. Specialist Health/Mobility Equipment:

- a. Parents are responsible for the maintenance and safety of their children's wheelchairs. At nursery, staff promote the responsible use of wheelchairs.
- b. Oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of oxygen cylinders.

## 29. Violence at work

- a. We believe that staff should not be in any danger at work and will not tolerate violent or threatening behaviour towards our staff.
- b. All staff will report any incidents of aggression or violence (or near misses) directed to themselves to the manager immediately. This applies to violence from children, visitors or other staff.

### **30. Smoking/vaping**

- a. Smoking and vaping is not permitted anywhere on the nursery premises.

### **31. Allergies**

- a. Little Chestnuts Preschool will protect the health and safety of its employees by removing or reducing workplace risks so far as is reasonably practical.
- b. Allergen training forms part of our induction procedures and is refreshed through PFA training.

### **32. Animals**

Pets are permitted in the setting if a full risk assessment is conducted. For children to engage with the animals, the following will apply:

- a. Written parental consent must be given for a child to touch the animal.
- b. Parents will be asked to inform us of any allergies prior to the animal visiting.
- c. Children and staff will wash their hands after touching any animals.

### **33. First Aid & Medications**

The EYFS statutory requirement is that at least one member of staff with a current paediatric first aid (PFA) certificate must be always on the premises otherwise the nursery cannot remain open. As detailed in the 'offsite' section of this policy, staff taking children off site must ensure that at least one member of staff within the group must hold a PFA certificate.

A first aid kit must be accessible on the premises and must be taken on any visits. The first aid kit is:

- a. Regularly checked and restocked as necessary.
- b. Easily accessible to adults.
- c. Kept out of reach of children.

## Appendix A - Health and Safety Records and Notices

*The following information should be held on file.*

### Risk Assessments\*

- Risk assessments covering all the activities identified at Little Chestnuts Preschool.
- Specific risk assessments to cover new and expectant mothers.

### Maintenance, Inspection and Repair Records\*, for example:

- Electrical (Portable Electrical Equipment – PAT records and electrical equipment inventory.
- Fire Fighting Equipment (Fire extinguishers, Fire Blankets) - Annual inspection records.

### Control of Substances Hazardous to Health

- COSHH Assessments – in date and signed.

### RIDDOR, First Aid & Communicable Disease

- Accident and incident reporting forms.
- “Access to Education for children and young people with Medical needs” DFES 0732/2001.
- [Managing medicines in schools and early years settings](#), DfES/Department of Health, 2005.
- “[Guidance on infection control & communicable diseases in schools, colleges and other childcare settings](#)”, Health Protection Agency, July 2012 plus an assessment of those who may be at risk.

### Fire Regulations

- Fire Folder - containing the following documents:
  - Fire Risk Assessments.
  - Emergency Evacuation Plan.

- Personal Evacuation Plan(s) as appropriate.
- Plan of the site indicating location of fire exits and firefighting equipment.
- Fire Drill records.
- Details of staff fire safety training
- Details of any work being undertaken that may affect the fire risk assessment

### Training

- Training Records - details and dates of training courses attended by staff i.e. first aid, manual handling, risk assessment, violence and aggression etc. – including certificates (or copies thereof) as applicable, preferably in a single file.
- It is also recommended that a record be kept of any health and safety briefings given to staff, for example during staff meetings etc.

## **APPENDIX B. 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 (PHE).

### **Rashes and skin infections**

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Athlete's foot</b>	None	Athlete's foot is not a serious condition. Treatment is recommended.
<b>Chickenpox</b>	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
<b>Cold sores (herpes simplex)</b>	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.

<b>German measles (rubella)*</b>	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
<b>Hand, foot and mouth</b>	None	
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
<b>Measles*</b>	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

<b>Molluscum contagiosum</b>	None	A self-limiting condition.
<b>Ringworm</b>	Exclusion not usually required	Treatment is required.
<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts require treatment.
<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

<b>Shingles</b>	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.
<b>Warts and verrucae</b>	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	

<p><b>E. coli O157 VTEC</b></p> <p><b>Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b></p>	<p>Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting</p>	<p>Further exclusion is required for children aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice</p>
<p><b>Cryptosporidiosis</b></p>	<p>Exclude for 48 hours from the last episode of diarrhoea</p>	<p>Exclusion from swimming is advisable for two weeks after the diarrhoea has settled</p>

### Respiratory infections

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<p><b>COVID-19</b></p>	<p>Refer to the PHE website for current guidance</p>	<p>Close contacts may need to self-isolate depending on PHE advice current at the time.</p>

<b>Flu (influenza)</b>	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Tuberculosis*</b>	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
<b>Whooping cough*</b>	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

## Other infections

<b>Infection or complaint</b>	<b>Recommended period to be kept away from school or nursery</b>	<b>Comments</b>
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs, consult your local PHE centre.
<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
<b>Glandular fever</b>	None	
<b>Head lice</b>	None	Treatment is recommended only in cases where live lice have been seen.
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
<b>Hepatitis B*, C*, HIV/AIDS</b>	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be

		<p>cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer’s instructions and 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. A spillage kit should be available for blood spills.</p>
<p><b>Meningococcal meningitis* / septicaemia*</b></p>	<p>Until recovered</p>	<p>Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.</p>
<p><b>Meningitis* due to other bacteria</b></p>	<p>Until recovered</p>	<p>Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.</p>

<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
<b>MRSA</b>	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
<b>Mumps*</b>	Exclude child for five days after onset of swelling	Preventable by vaccination
<b>Threadworms</b>	None	Treatment is recommended for the child and household contacts.
<b>Tonsillitis</b>	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

\* Denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.

