

ELMHOUSE TRAINING HEALTH AND SAFETY POLICY



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1. Aims

Our centre aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, learners and all visitors to the centre site
- Have robust procedures in place in case of emergencies
- Ensure that the premises and equipment are maintained safely, and are regularly inspected

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in centres](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

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

This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The local authority and governing board

[Directors] has ultimate responsibility for health and safety matters in the centre, but delegates responsibility for the strategic management of such matters to the centre's governing board.

The governing board delegates operational matters and day-to-day tasks to the Centre Manager and staff members.

3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the centre, but will delegate day-to-day responsibility to **[the Centre Manager/Marcia Abrams]**.

The governing board has a duty to take reasonable steps to ensure that staff and learners are not exposed to risks to their health and safety. This applies to activities on or off the centre premises.

The **Directors**], as the employer, also has a duty to:

- Assess the risks to staff and others affected by centre activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

The governor who oversees health and safety is [Navlet Williamson].

3.2 Centre Manager

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

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise learners
- Ensuring that the centre building and premises are safe and regularly inspected
- Providing adequate training for centre 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, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Centre Manager's absence, [Zebina Campbell/Business Manager] assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is [Marcia Abrams].

3.4 Staff

Centre staff have a duty to take care of learners

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 centre 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 learners
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Learners and parents

Learners and parents are responsible for following the centre's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.

3.6 Contractors

Contractors will agree health and safety practices with the Centre Manager 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. Site security

[Desica Benjamin/Caretaker] are responsible for the security of the centre site in and out of centre hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

[Marcia Abrams/Zebina Campbell/Centre Manager/Business Manager] are key holders and will respond to an emergency.

5. Fire

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

Emergency evacuations are practised at least once a term.

The fire alarm is a loud [continuous buzzer].

Fire alarm testing will take place [once a week].

New staff will be trained in fire safety and all staff and learners 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 learners will congregate at the assembly points. These are [Green house opposite the building/Car Park behind the centre]
- Form tutors/class teachers will take a register of learners, which will then be checked against the attendance register of that day
- The [Business Manager/Zebina Campbell] will take a register of all staff
- Staff and learners will remain outside the building until the emergency services say it is safe to re-enter

The centre 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.

All disable learners and staff if in the blue room must be evacuated at the main entrance, disable learners and staff in the yellow room will exit through the garden and outside in the car park behind the centre

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by [Desica Benjamin/Caretaker] 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.

Any hazardous products are disposed of in accordance with specific disposal procedures.

Emergency procedures, including procedures for dealing with spillages, are displayed near where hazardous products are stored and in areas where they are routinely used.

6.1 Gas safety

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

6.2 Legionella

- A water risk assessment has been completed on [date] by [MEARS] is responsible for ensuring that the identified operational controls are conducted and recorded in the centre's water log book
- This risk assessment will be reviewed every [FOUR MONTHS] and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: [temperature checks, heating of water, disinfection of showers,..]

6.3 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the centre and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the centre site

7. Equipment

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

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any learner 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 [Business 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 isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 Display screen equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office

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

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

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

9. Working at height

We will ensure that work is properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work.

In addition:

- The [Centre caretaker] retains ladders for working at height
- Learners 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. Manual handling

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

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

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

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11. Off-site visits

When taking learners off the centre 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 centre mobile phone, a portable first aid kit, information about the specific medical needs of learners along with the parents' contact details
- There will always be at least one first aider on centre trips and visits

12. Lettings

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

13. Violence at work

We believe that staff should not be in any danger at work, and will not tolerate violent or threatening behaviour towards our staff.

All staff will report any incidents of aggression or violence (or near misses) directed to themselves to their line manager/Centre Manager immediately. This applies to violence from learners, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the centre premises.

15. Infection prevention and control/COVID-19

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and learners to follow this good hygiene practice, outlined below, where applicable. See Appendix 5 for specific actions for COVID-19

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 and sneezing

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

15.3 Personal protective equipment

- › Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, 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

15.4 Cleaning of the environment

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

15.5 Cleaning of blood and body fluid spillages

- › Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment
- › When spillages occur, clean using a product that combines both a detergent and a disinfectant and use as per manufacturer's instructions. Ensure it is effective against bacteria and viruses and suitable for use on the affected surface
- › Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below
- › Make spillage kits available for blood spills

15.6 Laundry

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

15.7 Clinical waste

- › Always segregate domestic and clinical waste, 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 learners
- › Supervise learners when playing with animals
- › Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

15.9 Learners vulnerable to infection

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

15.10 Exclusion periods for infectious diseases

The centre will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4.

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

16. New and expectant mothers

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

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

- › Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal carer and GP at any stage of

exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles

- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

17. Occupational stress

We are committed to promoting high levels of health and wellbeing and recognise the importance of identifying and reducing workplace stressors through risk assessment.

Systems are in place within the centre for responding to individual concerns and monitoring staff workloads.

18. Accident reporting

18.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the learner's educational record
- Records held in the first aid and accident book will be retained by the centre for a minimum of 6 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 and Safety Executive

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

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment

- Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
 - Where an accident leads to someone being taken to hospital
 - Where something happens that does not result in an injury, but could have done
 - Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to centres include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion

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

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

18.3 Notifying parents

The [Centre Manager] will inform parents of any accident or injury sustained by a learner and any first aid treatment given, on the same day, or as soon as reasonably practicable.

18.4 Reporting child protection agencies

The [Centre Manager] will notify Lambeth Child Protection] of any serious accident or injury to, or the death of, a learner in the centre's care.

19. Training

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

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

20. Monitoring

This policy will be reviewed by the [Centre Manager] every [July].

At every review, the policy will be approved by the [governing board].

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting learners with medical conditions
- Accessibility plan

Appendix 1. Fire safety checklist

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

Appendix 2. Accident report

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

Appendix 3. Asbestos record

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult	White	
Store room	Pipes	6 x 3m	Metal case	Good	Medium	Unknown	

Appendix 4. 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 centres and other childcare settings from Public Health England. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Infection or complaint	Recommended period to be kept away from centre or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	<p>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 centre.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from centre if the rash is weeping and cannot be covered or until the rash is dry and crusted over.</p>
Cold sores	None.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to centre or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after so it is important to ensure cases are excluded from centre during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to centre 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 centre or nursery, the health protection team will assist with letters and factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to centre.
Diarrhoea and/or vomiting (Gastroenteritis)	<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 centre are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, centre health advisor or environmental health officer will advise.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.</p>
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-centre infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.

Flu (influenza)	Until recovered.
Tuberculosis (TB)	Learners and staff with infectious TB can return to centre after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Learners and staff with non-pulmonary TB do not require exclusion and can return to centre as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to centre until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from centre while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend centre and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to centre.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to centre. No exclusion is needed.
Meningitis viral	None.

MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Follow social distancing and hygiene guidance

MEASURE TO TAKE	✓
<p>Keep pupils at their desks, away from each other, for as much of the school day as you can, ideally 2 metres (3 steps) apart – try to keep class sizes small so you can achieve this more easily.</p>	
<p>Avoid any group activities that requires pupils to be in close physical contact with each other, such as:</p> <ul style="list-style-type: none"> • Assemblies – you could deliver these online, even for pupils in school • Certain sports and playground games 	
<p>When serving meals:</p> <ul style="list-style-type: none"> • Stagger lunch times so fewer children are eating in the same area at once • If there'll be a queue, set out 2-metre markers on the ground for them to stand on – use tape or cones 	
<p>Make sure everyone is washing their hands with soap and water for at least 20 seconds across the school day, particularly:</p> <ul style="list-style-type: none"> • After coming into school • After sneezing or coughing • Before and after handling or eating food • After going to the toilet • Before and after staff hand out food packages, if that's how you're organising free school meals 	
<p>If you can, place alcohol-based hand sanitisers at the entrance of each room you're using, including toilets, classrooms and halls.</p>	
<p>Encourage pupils and staff to avoid touching their face with unwashed hands.</p>	
<p>Provide tissues in rooms that you're using, and make sure pupils and staff are trying to catch sneezes and coughs in these and binning them afterwards, or using their elbow if they don't have a tissue available.</p>	
<p>When possible, open windows to increase air flow and ventilation.</p>	
<p>Follow guidance on cleaning for schools - see our health and safety checklist</p>	

Daily cleaning

MEASURE TO TAKE	✓
<p>Use standard cleaning products to clean and disinfect frequently touched objects and surfaces, including:</p> <ul style="list-style-type: none"> • Banisters • Classroom desks and tables • Bathroom facilities (including taps and flush buttons) • Door and window handles • Furniture • Light switches • Reception desks • Teaching and learning aids • Computer equipment (including keyboards and mouse) • Sports equipment • Toys • Telephones • Fingerprint scanners 	
<p>Remove rubbish daily and dispose of it safely.</p>	

Cleaning if there's been a suspected case in school

Use this list to make sure you're following government guidance. If you're looking for a checklist for deep cleans to share with your cleaners, go to the last section in our article on [how to approach cleaning](#).

MEASURE TO TAKE	✓
<p>Clean and disinfect surfaces the person has come into contact with, including:</p> <ul style="list-style-type: none"> • Objects which are visibly contaminated with body fluids • All potentially contaminated high-contact areas (e.g. bathrooms, door handles, telephones, grab-rails in corridors and stairwells) <p>You don't need to specially clean public areas they've passed through briefly (e.g. corridors) which aren't visibly contaminated with body fluids</p>	
<p>When cleaning hard surfaces and sanitary fittings, use either:</p> <ul style="list-style-type: none"> • Disposable cloths, or • Paper rolls and disposable mop heads 	
<p>When cleaning and disinfecting, use either:</p> <ul style="list-style-type: none"> • A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available 	

MEASURE TO TAKE	✓
<p>chlorine</p> <ul style="list-style-type: none"> • A household detergent, followed by a disinfectant with the same dilution as above • An alternative disinfectant, that's effective against enveloped viruses 	
<p>Make sure all cleaning staff:</p> <ul style="list-style-type: none"> • Wear disposable gloves and apron • Wash their hands with soap and water once they remove their gloves and apron <p>If there's a higher level of contamination (e.g. the individual has slept somewhere) or there's visible contamination with body fluids, you might need to provide cleaning staff with a surgical mask or full-face visor. The local health protection team's risk assessment will let you know if you need this equipment.</p>	
<p>Wash any possibly contaminated fabric items, like curtains and beddings, in a washing machine. Clean and disinfect anything used for transporting these items with standard cleaning products.</p>	
<p>Launder any possibly contaminated items on the hottest temperature the fabric will tolerate.</p>	
<p>If items can't be cleaned using detergents or laundering (e.g. upholstered furniture), use steam cleaning.</p>	
<p>Dispose of any items that are heavily soiled or contaminated with body fluids.</p>	
<p>Keep any waste from possible cases and cleaning of those areas (e.g. tissues, disposable cloths and mop heads) in a plastic rubbish bag and tie when full.</p>	
<p>Place these bags in a suitable and secure place away from children and mark them for storage. Wait until you know the test results to take the waste out of storage.</p>	
<p>If the individual tests negative, put the bags in with the normal waste.</p> <p>If the individual tests positive, then you'll need a safe and secure place (away from children) where you can store waste for 72 hours.</p> <p>If you don't have a secure place, you'll need to arrange for a collection for 'category B' infectious waste from either your:</p> <ul style="list-style-type: none"> • Local waste collection authority (if they currently collect your waste) • Or, by a specialist clinical waste contractor 	