PLUME
Maldon's Community Academy

Health and Safety Policy

Approved by:	Board of Trustees
Last reviewed on:	October 2024
Date of next review due:	December 2025

Contents

1. Aims

Plume, Maldon's Community Academy aims to:

- provide and maintain a safe and healthy environment
- establish and maintain safe working procedures amongst staff, students and all visitors to both academy campuses
- 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 academies 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 academy 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 Board of Trustees

The Board of Trustees has ultimate responsibility for health and safety matters in the academy, but will delegate day-to-day responsibility to the Joint Heads of Academy.

The Board of Trustees has a duty to take reasonable steps to ensure that staff and students and visitors are not exposed to risks to their health and safety. This applies to activities on or off the academy premises.

The Board of Trustees, as the employer, also has a duty to:

- 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
- inform employees about risks and the measures in place to manage them
- ensure that adequate health and safety training is provided.

The Trustee who oversees health and safety is Mark Howell.

3.2 Joint Heads of Academy

The Joint Heads of Academy are responsible for health and safety day-to-day. This involves:

- implementing the health and safety policy
- ensuring there is enough staff to safely supervise students
- ensuring that the academy building and premises are safe and regularly inspected
- providing adequate training for academy staff
- reporting to the Board of Trustees on health and safety matters
- ensuring appropriate evacuation procedures are in place and regular evacuation 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
- staff will have access to personal protective equipment, where necessary
- monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Joint Heads of Academy's absence, the Head(s) of Academy's will assume the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Director of Finance & Premises supported by the Premises Manager.

3.4 Staff

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

Staff will:

- take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- co-operate with the academy 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 students
- understand emergency evacuation procedures and feel confident in implementing them.

3.5 Students and parents/carers

Students and parents/carers are responsible for following the academy'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 Premises 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

The Premises Manager and Site Staff 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.

The Premises Manager and Site Staff 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 legal minimum is twice per year).

The fire alarm is a loud continuous pulsing ringing tone.

Fire alarm testing will take place once a week at each campus. The Premises Manager will maintain a register of checks, and any malfunctions will be rectified immediately.

New staff will be trained in fire safety and all staff and students 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 students will congregate at the assembly point. These are the tennis courts at Fambridge Road and the playground at Mill Road
- form tutors/class teachers will take a register of students, which will then be checked against the attendance register of that day
- the administrators will take a register of all staff
- staff and students will remain outside the building until the Fire Marshall or emergency services say it is safe to re-enter.

The 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.

The academy maintains a separate 'Plume Academy Emergency Plan' (PAEP) which contains detailed operational instructions on the evacuation of non-ambulant individuals during a fire alarm. In addition to this any student or member of staff with known mobility issues will have a dedicated 'personal emergency evacuation plan' (PEEP) that will be agreed by the user and the person responsible for their care.

A fire safety checklist can be found in appendix 1.

6. COSHH

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.

Control of substances hazardous to health (COSHH) risk assessments are completed by the Head of the faculty/ department in which they occur 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 by the Premises Manager. The Premises Manager is responsible for ensuring that the identified operational controls are conducted and recorded in the academy's water log book
- This risk assessment will be reviewed every 2 years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following:
    - weekly temperature checks on all hot water taps (records retained by the Premises Manager)
    - regular samples and checks completed by approved and qualified external contractors
    - regular disinfection of any water vessel where legionella counts are found to be above prescribed limits.

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 which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- An asbestos register is kept indicating the location of asbestos that has been found on the academy site, and is maintained by the Premises Manager – appendix 2 for example.

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.
- All relevant equipment is checked by Zurich Municipal Insurance as part of their annual engineering inspections (this includes all pressure vessels)

7.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely in accordance with the manufacturer instructions.
- Any student 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 Premises Manager immediately.
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately bonded to earth.
- 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 who will work in accordance with manufacturer guidelines/manual.
- The electrical distributions system and bonding and grounding (earth), will maintained in accordance with national regulations by qualified personnel.

7.2 PE equipment

- Students 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 Head of PE.

7.3 Display screen equipment

- All staff who use computers as a significant part of their normal work must complete a self-assessment of their display screen equipment (DSE) and workstation environment. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Self-assessment forms and guidance are given to all staff as part of their initial induction and can also be obtained from the Director of Human Resources (HR)
- The self-assessment must also be completed by staff who chose to work at any other location other than the academy premises (e.g. working at home)
- Where DSE equipment or the workstation is changed, staff must complete a new self-assessment
- 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 (reasonable expenses will be reimbursed if corrective glasses are required specifically for DSE use). All eyesight tests must be agreed with the Director of HR before being undertaken, as unauthorised expenses will not be reimbursed.

7.4 Specialist equipment

Parents/carers are responsible for the maintenance and safety of their children's wheelchairs. In academy, staff promote the responsible use of wheelchairs.

Gas bottles/ oxygen cylinders are stored in a designated space, and staff are trained in the removal storage and replacement of gas bottles/ oxygen cylinders.

8. Lone working

Lone working may include:

- late working
- home or site visits
- weekend working
- site manager duties
- site cleaning duties
- working in a single occupancy office.

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

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

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

9. Working at height

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

In addition:

- the Premises Manager retains ladders for working at height
- students are prohibited from using ladders
- staff will wear appropriate footwear and clothing when using ladders
- contractors are expected to provide their own ladders or access tower for working at height
- before using a ladder or access tower, staff and contractors 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 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.

Staff and students 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 students 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 an academy mobile phone, a portable first aid kit, information about the specific medical needs of students along with the parents'/carers' contact details
- there will always be at least one first aider on academy trips and visits.

12. Lettings

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 academy'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/Joint Heads of Academy immediately. This applies to violence from students, visitors or other staff.

14. Smoking

Smoking is not permitted anywhere on the academy premises.

15. Infection prevention and control

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and students to follow this good hygiene practice, outlined below, where applicable.

15.1 Handwashing

- wash hands with liquid soap and warm water, and dry with paper towels or hand blowers
- 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.

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 students
- supervise students 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 Students vulnerable to infection

Some medical conditions make students 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 either of these, the parent/carer will be informed promptly and further medical advice sought.

15.10 Exclusion periods for infectious diseases

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

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

16. New and expectant mothers

Risk assessments will be carried out whenever any employee or student notifies the academy 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 academy for responding to individual concerns and monitoring staff workloads.

18. Accident reporting

In addition to the below, maintained academies should check whether they have any obligations to report accident and first aid records to their local authority.

18.1 Accident record book

- the academy utilises a specialist software package, HANDSAM, for the recording of all incidents and accidents
- the HANDSAM system will be completed as soon as possible after the accident occurs by the member of staff or first aider who dealt with the incident/ accident
- as much detail as possible will be supplied when reporting an accident
- records will be retained by the academy for a minimum of three 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

Specific rules relate to reporting of accidents in schools which are outlined in the following document issued by the HSE: http://www.hse.gov.uk/pUbns/edis1.pdf

The Director of Finance & Premises 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 Director of Finance & Premises 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 seven 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 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, HSE: http://www.hse.gov.uk/riddor/report.htm

19. Training

Staff are provided with health and safety training as part of their induction process. This is provided through the HANDSAM system.

Staff who work in high risk environments, such as in site staff, science labs or with woodwork equipment, or work with students with special educational needs (SEN), are given additional health and safety training as appropriate to their working environment and needs.

20. Monitoring

This policy will be reviewed by the Director of Finance & Premises every two years.

At every review, the policy will be approved by the Board of Trustees.

21. Links with other policies

This health and safety policy links to the following policies:

- Plume Academy Emergency Plan (PAEP)
- Medical Policy
- 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 students understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 2. Asbestos record

The text in this table are suggestions only. The table will need to be adapted to your academy's specific circumstances.

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 3. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for academies and other childcare settings from Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	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.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	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.
Hand, foot and mouth	None	

Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	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.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	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.
Shingles	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.
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.

Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC **Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)**	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	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
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
Flu (influenza)	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.
Tuberculosis*	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.
Whooping cough*	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

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	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.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	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.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be 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.

Meningococcal meningitis*/ septicaemia*	Until recovered	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 academy contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	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.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	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.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination
Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	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.