



HEALTH & SAFETY POLICY

All schools in Mosaic Schools Learning Trust are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

Staff Responsible:	COO/Headteacher (delete as appropriate)
Approved by:	Audit & Risk Committee/Local Governing Body (delete as appropriate)
Date of Review:	September 2025
Date of Next Review:	September 2026

VERSION CONTROL

Date	Change
20-10-25	Annual review 4. Site Security – Visitor Management System 5. Fire – clarify who conducts and reviews 6. COSHH – Reference training for staffing 11. Lone Working – recommend check in/out system 14. Off Site Visits – Reference EVC 21. Update for clarification 22. – Frequency of refresher training 23. Monitoring by LGB

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1. Aims

Our school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#) and the following legislation:

[The Health and Safety at Work etc. Act 1974](#), which sets out the general duties' employers have towards employees and duties relating to lettings

[The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees

[The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training

[The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health

[The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept

[The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test

[The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register

[The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff

[The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The school follows [national guidance published by UK Health Security Agency \(formerly Public Health England\)](#) and government guidance when responding to infection control issues.

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

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).

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

3. Roles and responsibilities

3.1 The Trust and Local Governing Body

The Board of Trustees have ultimate responsibility for health and safety matters within the Trust and its schools, but will delegate day-to-day responsibility to the Local Governing Body, Executive Head and Head Teacher.

The Trust and the Local Governing Body have a duty to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety. This applies to activities on or off the school premises.

The Trust, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school 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

3.2 Head Teacher

The Head Teacher 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 pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the Local Governing Body on health and safety matters
- Escalating concerns to the Trust as appropriate
- 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

In the Head Teacher's absence the Deputy Head Teacher assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the Head Teacher. Mosaic Schools Learning Trust and its schools are supported by external H&S consultants. Day to day compliance is maintained by the Site Team.

3.4 Staff

School staff have a duty to take care of pupils in the same way that a prudent parent 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 school on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the Site 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 Site Team are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Site Team are key holders and will respond to an emergency.

Each school operates a visits management system to ensure all visitors sign in and out upon arrival and departure. This supports safeguarding procedures and contributes to the overall security of the site.

5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessments are undertaken annually and regularly reviewed..

Emergency evacuations are practised at least once a term and are conducted by the site team in coordination with senior leaders. The outcomes of each drill are reviewed by the Head Teacher to identify any areas for improvement and ensure compliance with safety protocols.

The fire alarm is an alternating pitched siren.

Fire alarm testing will take place once a week.

New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately.
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident that they can use them without putting themselves or others at risk.

- Staff and pupils will congregate at the assembly points. These are set out in diagrams in each classroom and around the school.
- Class teachers will take a register of pupils using the evacuation registers on Arbor.
- The SBA will take a register of all staff
- The admin team will take a register of all visitors
- The Fire Marshalls and the Admin team will use walkie-talkies to communicate
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter.

The school 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.

A fire safety checklist can be found in appendix 1.

6. COSHH

Schools 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 Site Team and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment and training, 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.

7. 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

8. Legionella

- Water risk assessments are completed by outside Contactors on a rolling programme. The identified operational controls are conducted and recorded in the school's water log book which is kept in the site office
- This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by various checks such as disinfection of rarely used sentinels and temperature checks

9. Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material 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 school site, and this is located in the Site Office.

10. Equipment

- All equipment and machinery are 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

10.1 Electrical equipment

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the Site Team immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Where necessary a portable appliance test (PAT) will be carried out by a competent person
- All isolator switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

10.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely. Any concerns about the condition of the gym floor or other apparatus will be reported to the Site Team.
- On an annual basis an independent service contractor inspects the PE equipment.

10.3 Display screen equipment

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

10.4 Specialist equipment

Parents are responsible for the maintenance and safety of their children's wheelchairs. In school, staff promote the responsible use of wheelchairs. The lift in the foyer is inspected and serviced by outside contractors and are records kept in the site office.

11. 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
- Remote working

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, the member of staff must use a check in/check out system. A colleague, friend or family member should be informed of their location and expected return time. Before beginning lone working, the individual will ensure that they are medically fit to do so. The responsibility for conducting the check-in/check-out lie with the lone worker, while line managers or designated staff may review the arrangements periodically to ensure safety procedures are being followed.

12. 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 Site Team retain ladders for working at height
- Pupils are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons
- No staff will stand on tables or chairs, for example when putting up displays. Sets of steps can be provided by the site team.

- Specialist Operations – These are where specific high level access equipment is to be used and where additional information will be required. This will include use of access scaffolding and any specialist ladders.

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

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

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear
- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable
- Staff who may be required to lift children, for example nursery children or other children with additional needs, will receive the appropriate training to be able to do so safely

14. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them, overseen by the Educational Visits Co-ordinator

- All off-site visits are appropriately staffed with ratios and supervision levels in line with school policy and the nature of the activity.
- Staff will take a mobile phone, a portable first aid kit and information about the specific medical needs of pupils
- There will always be at least one qualified first aider on school trips and visits; in Early Years and Key Stage 1, they will hold a current paediatric first aid certificate as required by the statutory framework for the Early Years Foundation Stage.

15. Lettings

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

16. 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/Head Teacher immediately. This applies to violence from pupils, visitors or other staff.

17. Smoking

Smoking, including e-cigarettes and vapes is not permitted anywhere on the school premises.

18. Infection prevention and control

We follow national guidance published by the UK Health Security Agency (previously Public Health England) when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

18.1 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

18.2 Coughing and sneezing

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

18.3 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

18.4 Cleaning of the environment

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

18.5 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

18.6 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

18.6 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

18.7 Animals

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals

- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a school pet

18.7 Pupils vulnerable to infection

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

18.8 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency. In the event of an epidemic/pandemic, we will follow advice from the UK Health Security Agency about the appropriate course of action, see Appendix 2.

19. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to their 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

20. 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.

We are responsible for taking steps to reduce the risk of stress in the school by taking measures to ensure colleagues are supported through:

- An environment in which there is good communication, support, trust and mutual respect.
- Training to enable them to carry out their jobs competently.
- Control to plan their own work and seek advice as required.
- Involvement in any major changes.
- Clearly defined roles and responsibilities.

- Consideration of domestic or personal difficulties.
- Individual support, mentoring and referral to outside agencies where appropriate.

21. Accident reporting

21.1 Accident record book

- An entry will be made in the accident book as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Records held in the first aid and accident book will be retained by the school 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.

21.2 Reporting to the Health and Safety Executive

The Site Team 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 Trust Facilities 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. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding)
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the Trust Facilities Manager will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:
 - Carpal tunnel syndrome
 - Severe cramp of the hand or forearm
 - Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
 - Hand-arm vibration syndrome
 - Occupational asthma, e.g. from wood dust
 - Tendonitis or tenosynovitis of the hand or forearm
 - Any occupational cancer
 - Any disease attributed to an occupational exposure to a biological agent
 - 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 schools include, but are not limited to:
 - The collapse or failure of load-bearing parts of lifts and lifting equipment
 - The accidental release of a biological agent likely to cause severe human illness
 - The accidental release or escape of any substance that may cause a serious injury or damage to health
 - An electrical short circuit or overload causing a fire or explosion
 - **Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences**
 These include:
 - Death of a person that arose from, or was in connection with, a work activity*
 - An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment
- *An accident “arises out of” or is “connected with a work activity” if it was caused by:
- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
 - The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
 - The condition of the premises (e.g. poorly maintained or slippery floors)

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

[How to make a RIDDOR report, HSE](#)

21.3 Notifying parents

The school office admin team will inform parents of any accident or injury sustained by a pupil, and any first aid treatment given, on the same day or as soon as reasonably practicable.

21.4 Reporting to Ofsted and child protection agencies

The Head Teacher will notify Ofsted of any serious accident, illness or injury to, or death of, a pupil while in the school's care. This will happen as soon as is reasonably practicable, and no later than 14 days after the incident.

The Safeguarding Lead will also notify the London Borough of Bromley Safeguarding Team of any serious accident or injury to, or the death of, a pupil while in the school's care.

21.5 Reporting to MSLT Central Team

Where an incident involves a member of staff, is Riddor reportable or is of significant impact, this matter should also be reported to the MSLT Central Team. Depending on the severity of the incident this should be either by telephone, by email or via accident report form.

22. 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 pupils with special educational needs (SEN), are given additional health and safety training.

Training records are maintained by the school and regularly reviewed to ensure compliance, identify further training needs and schedule refresher training where necessary.

23. Monitoring

This policy will be reviewed every year.

At every review, the policy will be approved by the full Trust Board.

Each school will report on health and safety compliance and issues to its Local Governing Body. The Trust-wide implementation and effectiveness of this Policy will be reviewed by the Trust's Audit and Risk Committee to ensure consistency, identify trends and support continuous improvement across all schools.

24. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessments
- Supporting pupils with medical conditions
- Accessibility plan
- Trust Critical Incident and Business Continuity Plan
- School level Emergency and Critical Incident Plan

Appendix 1. Fire safety checklist (January Each year) (Site staff to complete)

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 pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

- Fire alarm split into zones, with all the fire call points in one zone tested weekly.

Appendix 2

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for schools and other childcare settings from the UK Health Security Agency. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'dos and don'ts' to follow that you can check.](#)

Appendix 2

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Campylobacter	Until 48 hours after symptoms have stopped.	
Chickenpox (Shingles – see below)	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.

Respiratory infections including coronavirus (COVID-19)	Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children and young people should not attend if they have a high temperature and are unwell.
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	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
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	<p>Antibiotic treatment is recommended for the affected child.</p> <p>If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.</p>
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 (also see Chicken Pox)	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 school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	

<p>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</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>Cryptosporidiosis</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

<p>Infection or complaint</p>	<p>Recommended period to be kept away from school or nursery</p>	<p>Comments</p>
<p>Flu (influenza)</p>	<p>Until recovered</p>	<p>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.</p>

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.
Respiratory infections including coronavirus (COVID-19)	Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Children and young people should not attend if they have a high temperature and are unwell. The school follows national guidance published by UK Health Security Agency (formerly Public Health England) and government guidance on living with COVID-19 when responding to infection control issues.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
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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.
Giardia	Until 48 hours after symptoms have stopped.	
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A*	Exclude while unwell or 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
		<p>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>Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.</p>
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 school 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 (if well).	Preventable by vaccination
Rotavirus	Until 48 hours after symptoms have subsided.	
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.