



# British International School and Montessori Education

# Health and Safety Policy

<b>Approved by:</b>	The Governing board	<b>Date:</b> 30/06/2020
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## 1. Introduction

The British International School (BIS) is committed to the creation and promotion of an environment that operates and practices in a health and safety conscious way. The policy applies to and involves all academic, support and administrative staff, volunteers, and visitors, as well as of course: students and parents / guardians.

This Health and Safety Policy has been designed by the school in correlations with the School Advisory Board and covers all predominant, common, and likely factors that would arise / be of concern in a school environment such as the British International School.

This Policy refers to and may be referenced in the following policies and publications and should be read and considered alongside them; Anti-bullying Policy, Child Protection Policy, Fieldtrip and Offsite Policy, Dress-code Policy, Care and Intimacy Policy, and the School Handbook.

## 2. Aims and Legislation

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

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

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.

## 3. Roles and responsibilities

### 3.1 The governing board

The governing board has ultimate responsibility for health and safety matters in the school but will delegate day-to-day responsibility to principal.

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

The school's management 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 Principal**

The principal 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 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 principal's absence, the deputy or section coordinators assume the above day-to-day health and safety responsibilities.

### **3.3 Staff**

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

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

### **3.4 Parents/guardians and pupils**

Parents/guardians and pupils 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.

Parents/guardians of all pupils are required to submit full and honest details regarding their child's (and family's if necessary) health prior to enrolling at BIS, using the provided space on the Registration Form. Health card or vaccination information and history must be presented too, photocopies of which must be attached to said form.

### **3.5 Contractors**

Contractors will agree health and safety practices with the headteacher 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. Medical information and medication**

Parents/guardians should provide medical information as necessary including health checks and vaccinations.

Should a change in an existing condition arise; parents / guardians are required to inform both their child's classroom Teacher and the SLT, including any needs / requirements. If the child needs specific medication during the day, it is vital to communicate the administration details (incl. dosage, schedule and side effects) of this to the school, in writing, accompanied by a valid prescription. In this scenario, a dedicated member of staff will be assigned to administer and record the medication, which will be kept in a secure location. Under no circumstances are students permitted to keep medication on them.

BIS cannot / will not administer drugs without written authorisation from parents / guardians.

### **5. Other health and safety related notes**

Due to the unpredictable nature of animals, as well as allergies and sensitivities; no pets are permitted on the school premises at any time.

All Early Years pupils must be dropped off and collected by an adult or responsible older sibling. All pupils must be collected from after school activities by an adult.

Staff are responsible for the supervision of students in the classroom and / or playground from 7.45 a.m. until 3.15 p.m. Before and after these times no students should be on-site. This is with the exception of those students enrolled in an after-school club that will be supervised until 4.10 p.m.

### **6. Site security**

All visitors (excl. parents / guardians) are directed to the school office, where they are required to sign the visitors' book. All visitors must wear a visitor's identification and they are to be accompanied by a member of staff at all times.

Staff are encouraged to politely challenge anyone in school they do not recognize and escort them to the school office.

The security of the school site is outsourced from Protec Security Services. They 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 control of intruders.

### **7. 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. Fire extinguishers are located in key areas. Staff should be well-versed in the location and use of them. Fire extinguishers are checked periodically, and the date noted in the Fire Logbook.

- Emergency evacuations are practised at least once a term.
- The fire alarm is a loud continuous ringing bell. Fire alarm testing will take place twice a month.
- 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, they can use them without putting themselves or others at risk.
- Staff and pupils will congregate at the designated assembly points.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- The principal will take a register of all staff
- Homeroom tutors will take a register of all pupils
- 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.

## 7.1 Risk Assessment

Risk assessments help the school to identify, prepare for and reduce factors that pose any possible risks to the health and safety of its staff, students and visitors.

The results of termly audits will help to determine the areas for which further, formal risk assessments need to be carried out.

## 8. 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 principal 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. All hazardous products will be stored in a storage area safe from the reach of pupils.

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.

### 8.1 Gas safety

Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer

Gas bottles, appliances and hose pipes are regularly checked and maintained

All rooms with gas appliances are checked to ensure they have adequate ventilation

## 9. 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 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.

### 9.1 Electrical equipment

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the principal immediately
- Permanently installed electrical equipment must be 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

### 9.2 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 playground or other apparatus will be reported to the grounds team and SLTs.

## 10. 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, self-isolation and/or remote learning

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 they are medically fit to work alone.

## 11. 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 grounds manager retains 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

## 12. 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

## 13. Off-site visits

By nature, fieldtrips and offsite activities involve a variety of risks and, therefore; require careful and stringent organisation for which BIS staff adequately prepare students, materials and schedules. All trips are approved in advance by SLT, as per the timelines listed in the Fieldtrips and Offsite Activities' Policy.

For all offsite activities, parents are required to complete permission forms, and maybe required to attend a compulsory fieldtrip meeting with their child.

Parents / guardians / students are referred to the Fieldtrip and Offsite Activities Policy for more information.

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

For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current pediatric first aid certificate

For other trips, there will always be at least one first aider on school trips and visits

## 14. 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/headteacher immediately. This applies to violence from pupils, visitors or other staff.

## 15. Smoking

Smoking is not permitted anywhere in the school buildings, grounds or near entrances / gateways to the compound. This includes students, staff, parents / guardians, drivers / nannies and visitors to the school.

## 16. Infection prevention and control

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

If it becomes apparent, or even suspected that a student has contracted a contagious illness, parents / guardians are required to notify the school as soon as possible. This is to ensure that we are able to work together to support and protect the physical and emotional health of your child, as well as the rest of the BIS community.

Parents / guardians should not send their child to school if:

Their illness will prevent them from participating comfortably in the learning environment

Their illness results in needing a greater care than can be provided by the school without compromising the health and safety of the other children in the care of staff, or

The child has any of the following symptoms:

- Oral temperature of 39°C+ / axillary (armpit) temperature 40°C+ and accompanied by behavioural changes or other signs or symptoms of illness. Oral temperature should not be taken on children <4 years (or <3 years if using a digital thermometer)
- Symptoms and signs of possible illness (such as chronic lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)
- Diarrhea and/or vomiting
- Rash with fever / behavioural change
- Conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge)

The child has any of the following conditions or communicable diseases:

- Impetigo or herpetic gingivostomatitis (cold sores)
- Headlice, scabies or other infestation
- Tuberculosis
- Strep throat or other streptococcal infection
- Chicken pox
- Pertussis (whooping Cough)
- Mumps, measles or rubella
- Hepatitis A
- Any other suspected / confirmed communicable diseases

Parents / guardians are expected to make the school aware immediately if any of the aforementioned is suspected to affect their child.

### 16.1 Intimate Care and nappy changing routines



All staff are required to respect each individual student's privacy; therefore, the appropriate adult must carry out the procedure of changing nappies, preferably the student's individual key worker. (*See intimate care policy*)

The following procedures exist to ensure that the process of changing a nappy is as hygienic and dignified as possible:

- Nappies are changed in the identified changing area
- Protective aprons and gloves are worn when nappy changing nappies and when changing soiled
- Changing mats are wiped using single-use, paper towel and anti-bacterial solution after every single usage
- Hands are washed with anti-bacterial soap and nailbrush after each child is changed
- Spillages in and around toilet areas and immediately cleaned using the appropriate products and equipment
- Nappies are bagged and disposed of using the identified nappy bin
- Gloves and aprons are disposed of using the nappy bin
- The nappy bin is to be emptied regularly and washed

## **16.2 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

## **16.3 Coughing and sneezing**

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

## **16.4 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
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

## **16.5 Cleaning of the environment, rooms and toilets**

The grounds team are responsible for cleaning the environment frequently and thoroughly, including toys and equipment

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned twice a day or more. The toilets will be checked every hour and cleaned.

## **16.6 Cleaning of blood and body fluid spillages**

- Clean up all spillages of blood, feces, 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

### **16.7 Laundry**

- Wash laundry in a separate dedicated area
- Wash soiled cot covers separately
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **16.8 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 and 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

### **16.9 Infectious disease management**

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

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

- Following good hygiene practices
- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)
- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

### **16.10 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 any of these, the parent/carer will be informed promptly and further medical advice sought. We will advise these children to have additional immunisations, for example for pneumococcal and influenza.

### **16.11 Exclusion periods for infectious diseases**

The school will follow recommended exclusion periods outlined by the Sierra Leone Ministry of Health and Sanitation as well as the UK Health Security Agency guidance.

In the event of an epidemic/pandemic, we will follow advice from the Ministry of Health and Sanitation and the UK Health Security Agency about the appropriate course of action. (See appendix 2)

## **17. 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 an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

## **18. 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 school for responding to individual concerns and monitoring staff workloads.

## **19. Accident and incident reporting**

### **19.1 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 reporting book is available at the front office

As much detail as possible will be supplied when reporting an accident

Information about injuries will also be kept in the pupil's educational record

Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, and then securely disposed off

### **19.2 Notifying parents/carers**

The Early Years leader will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable. Section coordinators will ensure that teachers send home a duplicate copy of an accident report home with a pupil in situations where the pupil is being collected by a driver or nanny/carer.

### **19.3 Reporting to child protection agencies**

The principal will notify Ministry of Children and Youth Affairs of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school's care.

### **19.4 Reporting to the governing board**

The principal will notify the governing board of any serious accident, illness or injury to, or death of, a pupil in the Early Years Foundation Stage while in the school's care. This will happen as soon as is reasonably practicable.

## **20. 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.

## **21. Monitoring**

This policy will be reviewed by the governing body every two years.

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

## 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 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?	

## Follow-up action required

### Appendix 2. Recommended absence period for preventing the spread of infection

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

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
<b>Athlete's foot</b>	None.
<b>Campylobacter</b>	Until 48 hours after symptoms have stopped.
<b>Chicken pox (shingles)</b>	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
<b>Cold sores</b>	None.
<b>Respiratory infections including coronavirus (COVID-19)</b>	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
<b>Rubella (German measles)</b>	5 days from appearance of the rash.
<b>Hand, foot and mouth</b>	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
<b>Impetigo</b>	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
<b>Measles</b>	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
<b>Ringworm</b>	Exclusion not needed once treatment has started.
<b>Scabies</b>	The infected child or staff member should be excluded until after the first treatment has been carried out.
<b>Scarlet fever</b>	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a

	factsheet to send to parents or carers and staff.
<b>Slapped cheek syndrome, Parvovirus B19, Fifth's disease</b>	None (not infectious by the time the rash has developed).
<b>Bacillary Dysentery (Shigella)</b>	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
<b>Diarrhoea and/or vomiting (Gastroenteritis)</b>	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. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
<b>Cryptosporidiosis</b>	Until 48 hours after symptoms have stopped.
<b>E. coli (verocytotoxigenic or VTEC)</b>	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
<b>Food poisoning</b>	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
<b>Salmonella</b>	Until 48 hours after symptoms have stopped.
<b>Typhoid and Paratyphoid fever</b>	Seek advice from environmental health officers or the local health protection team.
<b>Flu (influenza)</b>	Until recovered.
<b>Tuberculosis (TB)</b>	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
<b>Whooping cough (pertussis)</b>	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.

<b>Conjunctivitis</b>	None.
<b>Giardia</b>	Until 48 hours after symptoms have stopped.
<b>Glandular fever</b>	None (can return once they feel well).
<b>Head lice</b>	None.
<b>Hepatitis A</b>	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
<b>Hepatitis B</b>	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
<b>Hepatitis C</b>	None.
<b>Meningococcal meningitis/ septicaemia</b>	If the child has been treated and has recovered, they can return to school.
<b>Meningitis</b>	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
<b>Meningitis viral</b>	None.
<b>MRSA (meticillin resistant Staphylococcus aureus)</b>	None.
<b>Mumps</b>	5 days after onset of swelling (if well).
<b>Threadworm</b>	None.
<b>Rotavirus</b>	Until 48 hours after symptoms have subsided.