



Horizons Therapeutic Education Trust

Health and Safety Policy

Date adopted	<i>2nd February 2026</i>
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Document Version

Document Version	Document Author/Owner	Role
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Document Governance

Last Review Date	Adopted by the Board of Trustees on 2 nd February 2026.
Next Review Date	Annually, or sooner if circumstances require it.
Amendments Made	
Circulation	This Framework is to be made available to all HTET employees, Trustees and published on the website.
Information Classification	Not Protected.

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1. POLICY AIMS

Horizons Therapeutic Education Trust (HTET) aims to:

- Provide and maintain a safe and healthy environment.
- Establish and maintain safe working procedures amongst staff, pupils and all visitors.
- 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 (DfE) 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 visitors on your premises
- [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 (HSE) 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 require 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 on [living with COVID-19](#) 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 Horizons Therapeutic Education Trust Board (HTET Board) has ultimate responsibility for health and safety matters in the school but will delegate day-to day responsibility to the Head of Provision.

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

The HTET Board, 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 measures in place to manage them.
- ➡ Ensure that adequate health and safety training is provided.

3.2 Head of Provision

The Head of Provision is responsible for health safety day to day. This involves:

- ➡ Implementing the health and safety policy.
- ➡ Ensuring there is enough staff to safely supervise students.
- ➡ Ensuring that the Learning Centre building and premises are safe and regularly inspected.
- ➡ Providing adequate training for Learning Centre staff.
- ➡ Reporting to the HTET Board on health and safety matters.
- ➡ Ensuring that appropriate evacuation procedures are in place and regular fire drills are held (see Fire and Evacuation Policy and Procedures).
- ➡ 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 (PPE) where necessary.

In the absence of the Head of Provision, the nominated health and safety lead assumes the above day-to-day health and safety responsibilities.

3.3 Health and Safety Lead

The nominated health and safety lead is the Office Manager for both sites.

3.4 Staff

Learning Centre staff have a duty to take care of students in the same way that a prudent parent or 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 Learning Centre on health and safety matters.
- ➡ Work in accordance with training and instructions.
- ➡ Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken.
- ➡ Model safe and hygienic practices 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 Learning Centre's health and safety advice, both 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 Head of Provision before starting work. Where contractors are appointed by Somerset Council's Services for Schools, health and safety arrangements will be agreed with Somerset Council as part of the framework agreement. Somerset Council has confirmed that annually it carries out the due diligence checks on the contractors it instructs to carry out work on behalf of the Learning Centre(s); this includes requesting copies of the contractor's relevant insurances,

qualifications, competencies, training, and costs. Contractors will be asked to provide evidence that they have completed an adequate risk assessment of all planned work.

4. SITE SECURITY

All staff are responsible for the security of the Learning Centre, in and out of school hours.

All staff are key holders. The Head of Provision will respond to an emergency call out or designate an alternative member of staff to respond if they are unable to do so.

5. FIRE

This section of the Health and Safety Policy is to be read in conjunction with the Fire and Evacuation Policy and Procedure, and well as the premises Fire Risk Assessment.

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 practiced at least termly. The fire alarm is a loud continuous bell. Fire alarm testing will take place once a week.

New staff will be trained in health and 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 begin immediately.
- 👉 Fire extinguishers may be used by staff only, and only then if staff are training in how to operate them and are confident that they can use them without putting themselves or others at risk.
- 👉 Staff and students will congregate at the assembly point. This is on the astroturf at the rear of the school.
- 👉 An attendance register at the assembly point will be taken which will be checked against the daily attendance register of students.
- 👉 The Head of Provision will take a register of all staff.
- 👉 Staff and students will remain outside the building until the emergency services say it is safe to re-enter.

The Learning Centre(s) will have special arrangements in place for the evacuation of people with mobility needs (Personal Emergency Evacuation Plans) and fire risk assessments will also pay particular attention to those with disabilities.

6. COSH

Educational establishments are required to control hazardous substances, which can take many forms, including, but not limited to:

- 👉 Chemicals
- 👉 Products containing chemicals
- 👉 Fumes
- 👉 Dust

-  Vapours
-  Mists
-  Gases and asphyxiating gases
-  Germs which cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by Kate Sheehan and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment when 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.

Hazardous products which are stored on MLC premises:

-  Cleaning products: stored in locked cleaners' cupboard and locked cleaning cupboard under the kitchen sink.

Hazardous substances are disposed of in accordance with specific disposal instructions.

6.1 Gas safety

There is no gas supply to Misterton Learning Centre.

6.2 Legionella

A water risk assessment and regular temperature monitoring is carried out by external contractors and findings reported to Somerset Council.

Risk assessments will be reviewed regularly and changed to reflect any alterations to the water system or building footprint.

This section should be read in conjunction with the Legionella Written Statement of Control.

6.3 Asbestos

Staff are briefed on the hazards of asbestos, the location of any asbestos in the Learning Centre and the action to take if they suspect they have disturbed it.

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work.

Contractors will be advised that if they discover material that 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 Learning Centre site (an Asbestos Register is kept in the office).

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 signs and contents.

Equipment belonging to the Trust of over £100 in value will be labelled with a HTET asset tag and recorded on the asset register.

7.1 Electrical Equipment

- ➡ All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- ➡ Any student who handles electrical equipment does so under direct supervision of a member of staff
- ➡ Any potential hazards will be reported to Kate Sheehan immediately.
- ➡ Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- ➡ Only trained staff members can check plugs
- ➡ Portable Appliance Testing (PAT) will be carried out by a competent person in accordance with required testing schedules
- ➡ 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 either portable or permanently installed equipment will only be carried out by competent and appropriately qualified personnel

7.2 PE Equipment

- ➡ Pupils are taught how to set up and use PE equipment safely and efficiently. Staff check that equipment is set up safely.
- ➡ Any concerns about conditions of the equipment or premises will be reported to Kate Sheehan immediately.

7.3 Display Screen Equipment (DSE)

- ➡ All staff who use computers daily as a significant part of their normal work will have a DSE assessment carried out. 'Significant' is taken to be continuous or 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 on request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use).

8. LONE WORKING

Lone working may include:

- ➡ Late working
- ➡ Home or site visits
- ➡ Weekend working

- Site Manager duties
- Working in a single occupancy office
- Remote working
- 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 must ensure that they are medically fit to work alone.

9. WORKING AT HEIGHT

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

HTET will ensure that there is a suitable and sufficient working at height risk assessment in place and that any person working at height follows the control measure identified in the risk assessment to minimise the risk of harm from the work activity.

In addition:

- Students must not use 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 or elevated platform, staff must conduct a visual inspection to ensure its safety.
- Access to high levels, e.g. roof is only permitted by trained and competent persons.

10. MANUAL HANDLING

The procedures related to manual handling apply to activities where there is a foreseeable risk of injury. All staff are asked to undertake the Moving and Handling Level 1 Theory e-learning course on LEAP.

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

We will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and that those who may be involved in manual handling activities are required to read it. We will make sure that proper mechanical aids and lifting equipment are available in the Learning Centre(s) and that staff are trained in how to use them safely.

Staff and students are expected to use the following basic manual handling procedures:

- Plan the lift and assess the load. If it is heavy or awkward, use a mechanical aid, such as a trolley, or ask another person to help.
- Take the most direct route which is both clear from obstruction and 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 away from the Learning Centre premises, we will ensure that:

- ➡ Risk assessments will be carried out where required.
- ➡ All visits will be adequately and appropriately staffed.
- ➡ Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of the students, along with contact details for parents/carers.
- ➡ There will always be at least one first aider on school trips and visits.

This should be read in conjunction with the HTET Visits Safeguarding and Risk Assessments Policy.

12. VIOLENCE AT WORK

HTET believes 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 violence or aggression (including near misses) directed at themselves to the Head of Provision immediately. This applies to incidents involving students, visitors or other staff.

This should be read in conjunction with the Learning Centre Handbook section on Dealing with Incidents.

13. SMOKING

Smoking is not permitted anywhere on the Learning Centre premises.

14. INFECTION PREVENTION AND CONTROL

HTET will follow national guidance published by the UK Health Security Agency when responding to infection control issues. Staff and students are encouraged to follow this good hygiene practice, outlined below, where applicable.

All HTET staff will undertake the Infection Prevention and Control Level 1 (non-clinical) e-learning module via LEAP.

14.1 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.

14.2 Coughing and Sneezing

- ➡ Cover mouth and nose with a tissue.
- ➡ Wash hands after using or disposing of tissues.

14.3 Personal Protective Equipment (PPE)

- ➡ 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/bodily fluids.
- ➡ Wear goggles if there is a risk of splashing to the face.

- Use the correct PPE when handling cleaning chemicals.
- Use PPE to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment.

14.4 Cleaning of the Environment

- Clean the environment frequently and thoroughly.

14.5 Cleaning of blood and bodily fluid spillages

- Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear PPE.
- When spillages occur, clean using a product which 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 bodily fluid spillages – use disposable paper towels and discard clinical waste as described below.
- Spillage kits will be made available for blood spills.

14.6 Laundry

- Soiled linens should be bagged and disposed of, or bagged and sent home with student.

14.7 Clinical Waste

- Always segregate domestic and clinical waste in accordance with the Learning Centre(s) waste collection arrangements.
- Used nappies/pads, gloves, aprons and soiled dressings will be stored in the correct clinical waste bags and foot operated bins.
- Clinical waste contractors are employed to remove clinical waste.
- Clinical waste bags should be stored securely whilst awaiting collection.

14.8 Animals

- Wash hands before and after handling any animals.
- Students will be supervised when playing with animals.
- The grounds will be checked daily for animal excrement which will be disposed of safely.
- Risk Assessments on the suitability of any Centre pets will be carried out.

14.9 Infectious disease management

HTET will ensure that 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.

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

- Encouraging all staff and students 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 PPE.
- Rooms and equipment will be regularly cleaned and surfaces which are frequently touched will be frequently cleaned.

- Risk assessments will be used 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.

14.10 Students vulnerable to infection

Certain medical conditions make students vulnerable to infections which would rarely be serious in most young people. The Learning Centre(s) will usually have been made aware of such vulnerable young people. If staff become aware of any such exposures, parents/carers will be informed immediately.

14.11 Exclusion periods for infectious diseases

The Learning Centre(s) will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance (summarised in Appendix A).

In the event of an epidemic or pandemic the Learning Centres will follow advice from the UK Health Security Agency about the appropriate course of action.

15. NEW AND EXPECTANT MOTHERS

Risk assessments will be carried out whenever any employee or student notifies the Learning Centre(s) that they are pregnant.

Appropriate measures will be put in place to control risks identified. Some specific risks are identified 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 the 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 carer and GP as this must be investigated promptly.
- Some pregnant women may be at greater risk of severe illness from COVID-19.

16. OCCUPATIONAL STRESS

HTET is committed to promoting high levels of health and wellbeing and recognises the importance of identifying and reducing workplace stress through risk assessment.

Systems are in place within the Learning Centre(s) for responding to individual concerns and monitoring staff workloads. All staff members are offered regular clinical and management supervision.

17. ACCIDENT REPORTING

17.1 Accident Record Book

- An accident form will be completed as soon as possible after the accident by the member of staff or first aider who deals with it.
- The accident form book is located in the Learning Centre office.
- As much detail as possible should be supplied when completing the accident form.
- Information about injuries will be kept in the student's educational record.



Records in the accident book will be retained by the Learning Centre(s) for a minimum of three years in accordance with the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

17.2 Reporting to the Health and Safety Executive (HSE)

The Administration Officer 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 Head of Provision will report these to the HSE as soon as is reasonably practicable and in any event within ten days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within ten days.

Learning Centre staff: reportable injuries, diseases or dangerous occurrences

These 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) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
- Any scalping requiring hospital treatment
- 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 Head of Provision 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, but are not limited to:

- 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



Near miss events which do not result in an injury but could have done. Examples of near miss events which relate to educational settings 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

Students 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 is 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, slippery floors etc).

Information on how to make a RIDDOR report can be found here: [Make a RIDDOR report - Overview - HSE](#).

18. TRAINING

HTET 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 woodworking equipment, or work with students with special educational needs, are given additional health and safety training.

19. MONITORING

This policy will be reviewed annually by the member of staff responsible for Health and Safety, as well as by the Board of Trustees.

20. LINKED POLICIES

- ➡ HTET Fire and Evacuation Policy and Procedures
- ➡ HTET Business Continuity Policy
- ➡ HTET Asset Register
- ➡ HTET Risk Assessments (all)
- ➡ HTET Legionella Written Statement of Control
- ➡ HTET Safeguarding on Visits and Risk Assessments Policy
- ➡ MLC Staff Handbook: Dealing with Incidents

Appendix A: 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 we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from the Learning Centre(s)
Athlete's foot	None.
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	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.
Cold sores	None.
Conjunctivitis	None.
Cryptosporidiosis	Until 48 hours after symptoms have stopped. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Diarrhoea and/or vomiting (Gastroenteritis/norovirus)	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.

Infection or complaint	Recommended period to be kept away from the Learning Centre(s)
Diphtheria	<p>Exclusion is essential. Contact your local UKHSA health protection team about any cases in your setting.</p> <p>For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local UKHSA health protection team.</p>
E. coli (verocytotoxigenic or VTEC)	<p>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.</p>
Flu (influenza)	Until recovered.
Food poisoning	<p>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).</p>
Giardiasis (giardia)	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Hand, foot and mouth	<p>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.</p>
Head lice	None.
Hepatitis A	<p>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.</p>
Hepatitis B	<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>
Hepatitis C	None.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

Infection or complaint	Recommended period to be kept away from the Learning Centre(s)
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	Until recovered.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Mpox	Until recovered and deemed safe to return by their clinician or in line with current guidance.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Respiratory infections including coronavirus (COVID-19)	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.
Ringworm	Exclusion not needed once treatment has started.
Rotavirus	Until 48 hours after symptoms have stopped.
Rubella (German measles)	5 days from appearance of the rash.
Salmonella	Until 48 hours after symptoms have stopped.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to 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.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).

Infection or complaint	Recommended period to be kept away from the Learning Centre(s)
Threadworm	None.
Tuberculosis (TB)	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.
Typhoid and Paratyphoid fever	Inform your local health protection team as soon as possible. Seek advice from environmental health officers or the local health protection team on required exclusion periods.
Whooping cough (pertussis)	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.