LILYA LIGHTHOUSE
EDUCATION TRUST

HEALTH AND SAFETY POLICY 2026-27

Approved by:	Mica Coleman Jones	**Date:** 01.09.2026
Next review due by:	01.09.2027	
Approved by trustees:		
Signed by Chair of Trustees		

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FOREWORD

Lilya's Clarendon School and Lilya's Goldsmith School are both sites for Alternative Provision. Whilst neither site holds registered school status, they are sometimes referred to as schools for the benefit of students.

1. AIMS

Our provision aims to:

- provide and maintain a safe and healthy environment.
- establish and maintain safe working procedures amongst staff, students and all visitors to the 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 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 TRUSTEES

The board of trustees has ultimate responsibility for health and safety matters in all sites of provision, but will delegate day-to-day responsibility to the Head of Provision.

Trustees have 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 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.

Our Health and Safety Link Trustee is Lucy Dadge: ldadge@lilyalighthousetrust.co.uk

3.2 HEAD OF PROVISION

The Head of Provision 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 students
- ensuring that the 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 Head of Provision's absence, Rebecca Freely (Assistant Headteacher) assumes the above day-to-day health and safety responsibilities in conjunction with Ricky Starbuck, Estates Manager and Health and Safety Lead.

3.3 HEALTH AND SAFETY LEAD

The nominated health and safety lead is Ricky Starbuck.

3.4 STAFF

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

Staff will:

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

3.5 STUDENTS AND FAMILES

Students and their family members are responsible for following the trust'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 Estates 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

Ricky Starbuck is responsible for the security of the school site in and out of provision hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

Senior leaders are key holders and will respond to an emergency.

5. FIRE

Our trained fire marshalls are Mica Coleman Jones and Ricky Starbuck.

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices.

Fire risk assessments of the premises are reviewed regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer.

Fire alarm testing will take place at Lilya's Goldsmith School every Friday at 9am and Lilya's Clarendon School every Friday at 10am.

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

In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and students will congregate at the assembly points.
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The assembly point at Lilya's Goldsmith School is at the front of Nottingham Trent University Newton Building.



The assembly point at Lilya's Clarendon School is at the neighbouring Trent View Student Accommodation by the fire assembly poster.

- The Head of Provision, or deputy in the Head of Provision's absence, will take a register of all staff and students and check this against the Sign In App register
- Staff and students 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.

Details of specific escape routes and who is responsible for assisting people with mobility needs will be outlined in emergency plans or personal emergency evacuation plans (PEEPs).

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

Where possible the use of hazardous substances is avoided through the substitution of the hazardous substance for a less harmful one.

Control of substances hazardous to health (COSHH) risk assessments are completed by Ricky Starbuck (Estates Manager) 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 chemicals are kept securely in locked cupboards to prevent unauthorised access.

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

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

6.1 GAS SAFETY

LLET will ensure that all gas boilers/appliances are inspected annually by a ‘competent’ contractor who is on the Gas Safe Register.

6.2 LEGIONELLA

This risk assessment will be reviewed every two years and when significant changes have occurred to the water system and/or building footprint

Flushing takes place on a weekly basis every Tuesday at 8:30am, including during holiday periods.

6.3 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 that they suspect could be asbestos, they will stop work immediately until the area is declared safe.

The Estates Manager is responsible for ensuring that an up-to-date record is kept to show the location of any asbestos.

7. EQUIPMENT

Any equipment and machinery will be 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.

7.1 ELECTRICAL EQUIPMENT

All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely.

Any student or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them.

Any potential hazards will be reported to Ricky Starbuck (Estates Manager) immediately.

Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed.

Only trained staff members can check plugs.

Where necessary, a portable appliance test (PAT) will be carried out by a competent person.

All 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.

7.2 PE EQUIPMENT

Students are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely.

Any concerns about the condition of the environment or other apparatus will be reported to the Estates Manager.

7.3 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).

7.4 SPECIALIST EQUIPMENT

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

8. LONE WORKING

Lone working may include:

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

See the lone working policy for more information.

9. WORKING AT HEIGHT

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

In addition:

- The Estates Manager (Ricky Starbuck) retains ladders for working at height
- Students are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety

- Access to high levels, such as roofs, is only permitted by trained persons

10. MANUAL HANDLING

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

The 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 students are expected to use the following basic manual handling procedure:

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

11. OFF-SITE VISITS

When taking students off our premises, we will ensure that:

- risk assessments are completed where off-site visits and activities require them
- all off-site visits are appropriately staffed
- staff 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
- at least one First Aider is present on trips and visits.

12. 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.

13. VIOLENCE AT WORK

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

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

14. SMOKING

Smoking is not permitted anywhere on the school premises.

15. 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 students to follow this good hygiene practice, outlined below, where applicable.

15.1 HANDWASHING

- Wash hands with liquid soap and warm water, and dry with paper towels.
- Always wash hands after using the toilet, before eating or handling food, and after handling animals.
- Cover all cuts and abrasions with waterproof dressings.

15.2 COUGHING AND SNEEZING

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

15.3 PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) must be worn when handling cleaning chemicals. The use of PPE helps to control the spread of infectious diseases.

15.4 CLEANING OF THE ENVIRONMENT

The environment is cleaned frequently (at least twice daily during term time) and thoroughly.

15.5 CLEANING OF BLOOD AND BODY FLUID SPILLAGES

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

15.6 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 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.

Implementing an appropriate cleaning regime

We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned at least twice a day.

Keeping rooms well ventilated

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.

15.7 STUDENTS VULNERABLE TO INFECTION

Some medical conditions make students vulnerable to infections that would rarely be serious in most children. We 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.

15.8 EXCLUSION PERIODS FOR INFECTIOUS DISEASES

Our provision will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 4.

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

16. NEW AND EXPECTANT MOTHERS

Risk assessments will be carried out whenever any employee or student notifies us 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

17. OCCUPATIONAL STRESS

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

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

18. ACCIDENT REPORTING

18.1 ACCIDENT RECORD BOOK

- An accident form will be completed as soon as possible after the accident occurs by a First Aider using the school's accident book
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the student's educational record
- 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.

18.2 REPORTING TO THE HEALTH AND SAFETY EXECUTIVE

The Head of Provision 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 10 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 10 days.

School 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
  - 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 [job title of relevant member of staff] 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
- 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

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 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

19. TRAINING

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

20. MONITORING

This policy will be reviewed by the Head of Provision at least every two years.

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

21. LINKS WITH OTHER POLICIES

This health and safety policy links to the following policies:

- First Aid Policy
- Site Risk Assessment

- Medical Policy
- Medical Emergency Policy
- Accessibility Plan
- Remote Learning Policy

Appendix 1. Fire safety checklist

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

Appendix 2. Accident report

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

Signature		**Date**	

Appendix 3. Asbestos record template

Location	Product	How much	Surface coating	Condition	Ease of access	Asbestos type	Comment

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Appendix 4. Recommended absence period for preventing the spread of infection

This list of recommended absence periods for preventing the spread of infection is taken from non-statutory guidance for 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
Athlete's foot	None.
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.
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.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	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.
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.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to 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).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	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.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.

E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	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.
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.
Conjunctivitis	None.

Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from 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.
Hepatitis 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.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.

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