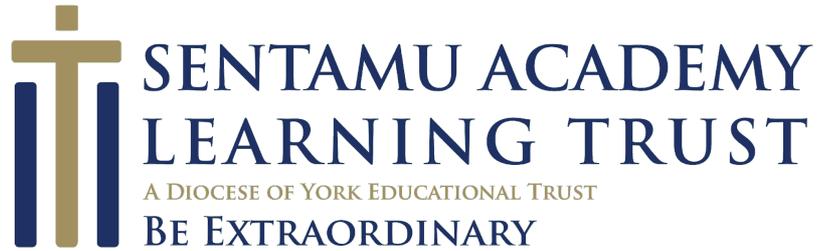


# Health and Safety Policy

## Aspire Academy



<b>Approved by:</b>	Board of Trustees	<b>Date:</b> 7 October 2019
<b>Last reviewed on:</b>	October 2019	
<b>Next review due by:</b>	October 2020	

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## 1. Aims

Our trust aims to:

- Provide and maintain a safe and healthy environment
- Establish and maintain safe working procedures amongst staff, pupils and all visitors to the trust's property
- 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](#) and the following legislation:

- [The Health and Safety at Work etc. Act 1974](#), which sets out the general duties employers have towards employees and duties relating to lettings
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Control of Substances Hazardous to Health Regulations 2002](#), which require employers to control substances that are hazardous to health
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive and set out the timeframe for this and how long records of such accidents must be kept
- [The Health and Safety \(Display Screen Equipment\) Regulations 1992](#), which require employers to carry out digital screen equipment assessments and states users' entitlement to an eyesight test
- [The Gas Safety \(Installation and Use\) Regulations 1998](#), which require work on gas fittings to be carried out by someone on the Gas Safe Register
- [The Regulatory Reform \(Fire Safety\) Order 2005](#), which requires employers to take general fire precautions to ensure the safety of their staff
- [The Work at Height Regulations 2005](#), which requires employers to protect their staff from falls from height

The trust follows [national guidance published by Public Health England](#) when responding to infection control issues.

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

## 3. Roles and responsibilities

### 3.1 The trust board

The trust board has ultimate responsibility for health and safety matters within the trust, but will delegate day-to-day responsibility to the CEO.

The trust 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 trust premises.

The academy trust as the employer also has a duty to:

- Assess the risks to staff and others affected by trust activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them

- Ensure that adequate health and safety training is provided

The trust board has overall responsibility for health and safety and each academy's LGC should appoint a link governor to oversee health and safety arrangements at their academy.

### **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 their buildings and premises are safe and regularly inspected
- Providing adequate training for 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, a capable person should assume the above day-to-day health and safety responsibilities.

Aspire Academy Principal

C.Mulqueen

C.Boyton / P.Garton

### **3.3 Health and safety lead**

The nominated health and safety lead for the Trust is the Chief Financial Officer

### **3.4 Staff**

Trust employees have a duty to take care of pupils in the same way that a prudent parent would do so.

Staff will:

- Take reasonable care of their own health and safety and that of others who may be affected by what they do at work
- Co-operate with the trust on health and safety matters
- Work in accordance with training and instructions
- Inform the appropriate person of any work situation representing a serious and immediate danger so that remedial action can be taken
- Model safe and hygienic practice for pupils
- Understand emergency evacuation procedures and feel confident in implementing them

### **3.5 Pupils and parents**

Pupils and parents 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 Principal or site team before starting work. Before work begins, the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work and will comply with the site induction process.

## **4. Site security**

C.Boyton / P.Garton are responsible for the security of the Academy site in and out of Academy hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

P.Garton / C.Mulqueen are key holders and will respond to an emergency.

## 5. Fire

Emergency exits, assembly points and assembly point instructions are clearly identified by safety signs and notices. Fire risk assessment of the premises will be reviewed regularly.

Emergency evacuations are practised at least once a term.

The fire alarm is a loud continuous buzzer. Fire alarm testing will take place once a week and will be recorded in the site fire book.

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 assembly points. These are at the rear of the Academy Main site and to the side of all other sites.
- Form tutors/class teachers will take a register of pupils, which will then be checked against the attendance register of that day
- C.Boyton / P.Garton will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

A fire safety checklist can be found in appendix 1.

## 6. COSHH

Academies are required to control hazardous substances, which can take many forms, including:

- Chemicals
- Products containing chemicals
- Fumes
- Dusts
- Vapours
- Mists
- Gases and asphyxiating gases
- Germs that cause diseases, such as leptospirosis or legionnaires disease

Control of substances hazardous to health (COSHH) risk assessments are completed by P.Garton 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 specified locked rooms with no student access to substances.

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

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

## **6.1 Gas safety**

- Installation, maintenance and repair of gas appliances and fittings will be carried out by a competent Gas Safe registered engineer
- Gas pipework, appliances and flues are regularly maintained
- All rooms with gas appliances are checked to ensure that they have adequate ventilation

## **6.2 Legionella**

- A water risk assessment has been completed on 7th February 2019 by S.Leak. P.Garton P.Garton is responsible for ensuring that the identified operational controls are conducted and recorded in the Academy's water log book
- This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: monthly temperature checks, heating of water, disinfection of showers

## **6.3 Asbestos**

- Staff are briefed on the hazards of asbestos, the location of any asbestos in their workplace 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
- A record is kept of the location of asbestos that has been found on each academy property. A copy of this must be shown to all contractors before they undertake any work. They must also sign a register to confirm they have been made aware of the locations of asbestos.
- Contractors will be advised that if they discover material which they suspect could be asbestos, they will stop work immediately until the area is declared safe

## **7. Equipment**

- All equipment and machinery is maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place
- When new equipment is purchased, it is checked to ensure that it meets appropriate educational standards
- All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents

### **7.1 Electrical equipment**

- All staff are responsible for ensuring that they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to C.Boyton / P.Garton 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 isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions

- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

## 7.2 PE equipment

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

Any concerns about the condition of the gym floor or other apparatus will be reported to the C.Boyton / P.Garton

## 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 financial assistance for 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)

*\*refer to Eyesight policy and procedure for further details*

## 7.4 Specialist equipment

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

Oxygen cylinders are stored in a designated space, and employees are trained in the removal storage and replacement of oxygen cylinders.

## 8. Lone working

Lone working may include:

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

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

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

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

## 9. Working at height

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

In addition:

- The caretaker 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

## **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.

Each academy will ensure that proper mechanical aids and lifting equipment are available, and that relevant 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

## **11. Off-site visits**

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

## **12. Lettings**

This policy applies to lettings. Those who hire any aspect of an academy site or any facilities will be made aware of the content of the trust'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/Principal immediately. This applies to violence from pupils, visitors or other staff.

## **14. Smoking**

Smoking is not permitted anywhere on any of the trust's premises.

## **15. Infection prevention and control**

We follow national guidance published by Public Health England (PHE) when responding to infection control issues. We will encourage staff and pupils 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
- Spitting is discouraged

### **15.3 Personal protective equipment**

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals

### **15.4 Cleaning of the environment**

- Clean the environment frequently and thoroughly

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

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

### **15.6 Laundry**

- Wash laundry in a separate dedicated facility
- Wash soiled linen separately and at the hottest wash the fabric will tolerate
- Wear personal protective clothing when handling soiled linen
- Bag children's soiled clothing to be sent home, never rinse by hand

### **15.7 Clinical waste**

- Always segregate domestic and clinical waste, in accordance with local policy
- Used nappies/pads, gloves, aprons and soiled dressings are stored in correct clinical waste bags in foot-operated bins
- Remove clinical waste with a registered waste contractor
- Remove all clinical waste bags when they are two-thirds full and store in a dedicated, secure area while awaiting collection

### **15.8 Animals**

- Wash hands before and after handling any animals
- Keep animals' living quarters clean and away from food areas
- Dispose of animal waste regularly, and keep litter boxes away from pupils
- Supervise pupils when playing with animals
- Seek veterinary advice on animal welfare and animal health issues, and the suitability of the animal as a pet

### **15.9 Pupils vulnerable to infection**

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

### **15.10 Exclusion periods for infectious diseases**

The academy will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 4. In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action.

## **16. New and expectant mothers**

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to antenatal care 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 care and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly

## **17. Occupational stress**

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

We encourage any employee to approach their line manager, principal, Chair of LGC or the trust's Director of HR should they feel they need support to deal with stress or any mental health issue. We also encourage individuals to raise concerns through the same channels should they suspect a colleague is in need of support. The trust will treat each individual on a case by case basis and is committed to supporting all staff.

## **18. Accident reporting**

### **18.1 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 form template can be found in appendix 2
- 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 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**

C.Boyton / P.Garton 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).

C.Boyton / P.Garton will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

Reportable injuries, diseases or dangerous occurrences include:

- Death
- Specified injuries. These are:
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding)
  - Any scalping requiring hospital treatment
  - Any loss of consciousness caused by a head injury or asphyxia
  - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Injuries where an employee is away from work or unable to perform their normal work duties for more than 7 consecutive days
- Where an accident leads to someone being taken to hospital
- Where something happens that does not result in an injury, but could have done
- Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to academies 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 serious injury or damage to health
  - An electrical short circuit or overload causing a fire or explosion

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

[How to make a RIDDOR report, HSE](http://www.hse.gov.uk/riddor/report.htm)  
<http://www.hse.gov.uk/riddor/report.htm>

## **19. Training**

Our staff are provided with health and safety awareness 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.

## **20. Monitoring**

This policy will be reviewed by the trust board every year.

The structure of the policy will be approved by the trust board. Each academy must then add additional content and information specific to the operation of their academy which must then be approved by their LGC.

## 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

<b>Name of injured person</b>	<input type="text"/>	<b>Role/class</b>	<input type="text"/>
<b>Date and time of incident</b>	<input type="text"/>	<b>Location of incident</b>	<input type="text"/>
<b>Incident details</b>			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
<b>Action taken</b>			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately</i>			
<b>Follow-up action required</b>			
<i>Outline what steps the academy will take to check on the injured person, and what it will do to reduce the risk of the incident happening again</i>			
<b>Name of person attending the incident</b>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

## Appendix 3. Asbestos record

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

Location	Product	How much	Surface coating	Condition	Ease of access
Roof	Asbestos cement	Whole roof	None	Fairly good	Difficult
Store room	Pipes	6 x 3m	Metal case	Good	Medium




<b>Roseola (infantum)</b>	None	
<b>Scabies</b>	Child can return after first treatment	Household and close contacts
<b>Scarlet fever*</b>	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recom
<b>Slapped cheek syndrome/fifth disease (parvovirus B19)</b>	None (once rash has developed)	Some medical conditions may rarely be serious in most children. This includes leukaemia or other cancers. This is particularly true for parvovirus B19. Slapped cheek disease can be passed to an unborn child. If exposed early in pregnancy, contact whoever is giving antenatal care.
<b>Shingles</b>	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who have not had chickenpox. It is spread by very close contact. If exclusion is required, contact your local health authority. Children who are particularly vulnerable to infection include children who are particularly vulnerable to infection. These include those being treated with immunosuppressive drugs. Children who are particularly vulnerable to infection are particularly vulnerable to infection. Pregnancy if a woman has not had chickenpox.
<b>Warts and verrucae</b>	None	Verrucae should be covered in public rooms.

### Diarrhoea and vomiting illness

<b>Infection or complaint</b>	<b>Recommended period to be kept away from academy or nursery</b>	<b>Comments</b>
<b>Diarrhoea and/or vomiting</b>	48 hours from last episode of diarrhoea or vomiting	
<b>E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)</b>	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children who have difficulty in adhering to hygiene categories should be excluded until clearance. This guidance may require microbiological clearance. Further advice
<b>Cryptosporidiosis</b>	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advised until settled

### Respiratory infections

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
<b>Flu (influenza)</b>	Until recovered	Some medical conditions may rarely be serious in most children. It is preventable by additional immunisations, for
<b>Tuberculosis*</b>	Always consult your local PHE centre	Some medical conditions may rarely be serious in most children. It is preventable by additional immunisations, for
<b>Whooping cough*</b>	Five days after starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. A cough may continue for many weeks. You may need contact tracing necessary.

### Other infections

Infection or complaint	Recommended period to be kept away from academy or nursery	Comments
<b>Conjunctivitis</b>	None	If an outbreak/cluster occurs,
<b>Diphtheria*</b>	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded. Preventable by vaccination. Contact tracing necessary.
<b>Glandular fever</b>	None	
<b>Head lice</b>	None	Treatment is recommended o
<b>Hepatitis A*</b>	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, contact tracing and other measures.
<b>Hepatitis B*, C*, HIV/AIDS</b>	None	Hepatitis B and C and HIV are transmitted through casual contact. All spillages should be cleaned up immediately (always wear PPE). Use a disinfectant that combines both a detergent and a disinfectant. Follow the instructions and ensure it is effective. Use gloves for use on the affected surface. For body fluid spillages – use disposal bags described below. A spillage kit

<b>Meningococcal meningitis* / septicaemia*</b>	Until recovered	Meningitis C is preventable by siblings or other close contacts necessary to provide antibiotics to close academy contacts. Your centre will give advice on any needed.
<b>Meningitis* due to other bacteria</b>	Until recovered	Hib and pneumococcal meningitis are the most common reasons to exclude siblings or contacts. Your local PHE centre will give advice on any needed.
<b>Meningitis viral*</b>	None	Milder illness. There is no reason to exclude contacts of a case. Contact tracing is not required.
<b>MRSA</b>	None	Good hygiene, especially hand hygiene, is important to minimise any damage. If a case is required, contact your local PHE centre for advice.
<b>Mumps*</b>	Exclude child for five days after onset of swelling	Preventable by vaccination
<b>Threadworms</b>	None	Treatment is recommended for all children in the setting.
<b>Tonsillitis</b>	None	There are many causes, but most are viral. Antibiotics are not recommended.

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Ofsted/Commission for Social Care Inspection (CSCI)) may wish to be informed.