

Health and Safety Policy

Crossacres Primary Academy



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Contents

1. Aims	22. Legislation	23. Roles and responsibilities	34. Site security	45. Fire
46. COSHH	47. Equipment	58. Lone working	69. Working at height	610. Manual handling
711. Off-site visits	712. Lettings	713. Violence at work	714. Smoking	815. Infection prevention and control
816. New and expectant mothers	917. Occupational stress	918. Accident reporting	919. Training	1020. Monitoring
1121. Links with other policies	11Appendix 1. Fire safety checklist	11Appendix 2. Accident report	13Appendix 3. Asbestos Management Plan and Register	Error! Bookmark not defined.
Appendix 4. Recommended absence period for preventing the spread of infection				15

1. Aims

Our school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#) and the following legislation:

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

The school follows [national guidance published by 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 has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the Headteacher and staff members.

3.1 The governing board

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

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

The 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

The governor who oversees health and safety is the Chair.

:

3.2 Headteacher

The Headteacher is responsible for health and safety day-to-day. This involves:

- Implementing the health and safety policy
- Ensuring there is enough staff to safely supervise pupils
- Ensuring that the school building and premises are safe and regularly inspected
- Providing adequate training for school staff
- Reporting to the governing board on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary

In the Headteacher's absence, the School Business Manager assumes the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is the School Business Manager.

3.4 Staff

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

Staff will:

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

3.5 Pupils and parents

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

3.6 Contractors

Contractors will agree health and safety practices with the headteacher before starting work. Before work begins the contractor will provide evidence that they have completed an adequate risk assessment of all their planned work.

4. Site security

The School Business Manager and the Caretakers(s) are responsible for the security of the school site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

G4S 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 bell

Fire alarm testing will take place weekly usually prior to staff arriving on-site.

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.
- Class teachers will take a count of pupils, which will then be checked against the attendance register of that day if there is a discrepancy
- The Office staff will take a register of all staff/visitors
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities.

A fire safety checklist can be found in appendix 1.

6. COSHH

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

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the Caretaker and are available 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 such substances are held under lock and key when not in direct use and staff trained appropriately.

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 is carried out annually and checked monthly and all identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed annually and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks and regular monitoring visits by Blue Safe Ltd.

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 which they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site and is updated annually.

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 the School Business 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 usually annually
- 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

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the floor or other apparatus will be reported to the School Business Manager who also organises periodic safety checks by an external contractor annually

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)

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.

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

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

- Plan the lift and assess the load. If it is awkward or heavy, use a mechanical aid, such as a trolley, or ask another person to help
- Take the more direct route that is clear from obstruction and is as flat as possible
- Ensure the area where you plan to offload the load is clear

- When lifting, bend your knees and keep your back straight, feet apart and angled out. Ensure the load is held close to the body and firmly. Lift smoothly and slowly and avoid twisting, stretching and reaching where practicable

11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- 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 school trips and visits unless there is one available at the venue
- For Foundation trips there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

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

14. Smoking

Smoking or vaping is not permitted anywhere on the school 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
- Clean the environment, including toys and equipment, 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. The school will normally have been made aware of such vulnerable children. These children are particularly vulnerable to chickenpox, measles or slapped cheek disease (parvovirus B19) and, if exposed to either of these, the parent/carer will be informed promptly and further medical advice sought. Advise these children to have additional immunisations, for example for pneumococcal and influenza.

15.10 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by Public Health England, summarised in appendix 3. 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 the school that they are pregnant.

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

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

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 the member of staff or first aider who deals with it. These are recorded in the accident book kept in the main office.
- As much detail as possible will be supplied when reporting an accident
- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

The School Business Manager 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 School Business Manager will report these to the Health and Safety Executive as soon as is reasonably practicable and in any event within 10 days of the incident.

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 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 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

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>

18.3 Notifying parents

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

18.4 Reporting to Ofsted and child protection agencies

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

The Headteacher will also notify local child protection agencies of any serious accident or injury to, or the death of, a pupil while in the school's care.

19. Training

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

Staff who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with special educational needs (SEN), are given additional health and safety training.

20. Monitoring

This policy will be reviewed by the School Business Manager and the Finance Committee annually.

21. Links with other policies

This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Coronavirus Risk Assessment
- Supporting pupils with medical conditions
- Accessibility plan

Appendix 1. Fire safety checklist

Issue to check	Yes/No
Are fire regulations prominently displayed?	Yes
Is fire-fighting equipment, including fire blankets, in place?	Yes
Does fire-fighting equipment give details for the type of fire it should be used for?	Yes
Are fire exits clearly labelled?	Yes

Are fire doors fitted with self-closing mechanisms?	Yes
Are flammable materials stored away from open flames?	Yes
Do all staff and pupils understand what to do in the event of a fire?	Yes
Can you easily hear the fire alarm from all areas?	Yes

Appendix 2. Accident report

Name of injured person		Role/class	
Date and time of incident		Location of incident	
Incident details			
<i>Describe in detail what happened, how it happened and what injuries the person incurred</i>			
Action taken			
<i>Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.</i>			
Follow-up action required			
<i>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</i>			
Name of person attending the incident			
Signature		Date	



Asbestos Management Plan and Register

Premises / Property Name: Crossacres Primary School

Author of Plan and Date: Dale Farnell 6/10/22

Review Dates: 03/03/24

14/02/25

CONTENTS

1. Asbestos risk rating of the site.
2. Duties of Responsible Officer.
3. Key tasks for the Responsible Officer.
4. Asbestos surveys of the site.
5. Information relating to the occupancy of the site.
6. Monitoring the condition of Asbestos Containing Materials.
7. Reporting damage to the building and its fixtures and fittings.
8. Emergency action.
9. Planning, organising and controlling building works (or other activities which may Disturb asbestos containing materials).
10. Asbestos removal, repair or encapsulation.
11. Communication of asbestos information
12. Advice and assistance on the management of asbestos.

APPENDICES

1. Emergency Action
2. Asbestos Condition Log
3. Written Instructions to Staff
4. Written Instruction to Contractors
5. Record of Works
6. PAE (Potential Asbestos Exposure) Form Template

1.0 Asbestos Risk Rating of the Site

Crossacres Primary has been rated as Medium Risk, there has been Asbestos identified in service risers and sub floors in the older part of the estate (Key Stage 2) also lagging debris and sprayed lagging in the basement boiler room (Key Stage 2) all has restricted access or is inaccessible without intrusive works. Crossacres Primary School currently have an annual inspection survey and risk assessment completed by an Asbestos compliant contractor.

Crossacres Primary school has worked closely with the Asbestos contractor and has removed the higher risk assessed rated Asbestos from parts of the boiler room outlined in the annual survey. The remaining asbestos across the estate is risk assessed by the approved contractor to be of a Manageable level in situ in its current condition.

Crossacres Primary uses this Asbestos plan/register, and the Visitor/Contractor signing in procedure to ensure the safety of everyone on site in relation to the management of Asbestos.

NOTE: The standard survey method used cannot find all the asbestos containing materials *and it was not possible to survey all areas*. Please read the asbestos report carefully for details of any constraints.

If any building works are proposed it is essential that you seek the advice of competent person(s) unless you are absolutely certain that the proposed works will not disturb asbestos.

2.0 Duties of the Responsible Officer

The person responsible (the Responsible Officer) for implementing and regularly reviewing this Management Plan at this site is:

Name: Suzanne Blay

Job Title: Head teacher

Contact Number: 0161-437-1272

E-Mail Head@crossacres.manchester.sch.uk

The purpose of this Management Plan is to ensure the effective management of asbestos materials within the site. The Plan outlines the organisational and management arrangements within the site to actively manage asbestos and therefore safeguard staff and others from any potential risks.

It is a statutory requirement to draw up such a plan, to review and update it regularly and to ensure that it is communicated to all relevant persons.

Key duties associated with this plan are detailed overleaf.

Duty 1 - Must make periodic checks to ensure people are fully aware of what they need to do to comply with the duty to manage asbestos.

Duty 2 – Must provide training to employees who may be exposed to asbestos

Duty 3 - Must **find Asbestos Containing Materials** (ACMs) and assess their condition.

Duty 4 - Must **assess the risk** posed by the ACMs.

Duty 5 - Must **manage the risk and prepare a plan**. The plan must be in writing. It must describe the measures to be taken to manage the risk and must record the decisions made regarding the repair, removal or encapsulation of asbestos and the steps taken to deal with emergencies.

Duty 6 - Must **provide information** to every person liable to disturb the asbestos.

Duty 7 - Must **monitor** the condition of ACMs

Duty 8 - Must **review and update the asbestos management plan** at appropriate, regular intervals.

3.0 Key tasks for the Responsible Officer

- 3.1 Ensure that an Asbestos Survey has been carried out, by competent persons, to identify any asbestos materials within the site.
- 3.2 Familiarise themselves with the content of the Asbestos Survey, Asbestos Register and recommendations for any Remedial Works within the survey report.
- 3.3 Ensure that they, and other key staff, understand the limited scope of the type of survey undertaken and what further additional checks are needed to allow any future work that may disturb the fabric of the school building.
- 3.4 Instigate any actions / works to implement, within appropriate deadlines, any Remedial Works identified in the survey report.
- 3.5 Develop this Asbestos Management Plan for managing any remaining asbestos materials within the site.
- 3.6 Implement and monitor this Asbestos Management Plan and review it regularly to ensure that the arrangements remain appropriate...
- 3.7 Ensure that the recommended remedial works within the Asbestos Survey Report / and any subsequent update reports are completed within appropriate deadlines. By completing these remedial works an acceptable standard of control will again have been re-instated in those specific areas that may present an increased risk.
- 3.8 Ensure that work on asbestos materials is only carried out by Licensed Asbestos Contractors.

The Asbestos Management Plan will identify key staff and describe their duties in relation to asbestos management and will specify the arrangements for:

- Obtaining competent advice and assistance on the management of asbestos.
- Implementing Emergency Action where it is suspected that asbestos materials may have been disturbed (see Appendix 1).
- Sharing of “information on asbestos” – (the Asbestos Survey, Asbestos Register and Asbestos Management Plan) with all relevant persons
- Maintaining reliable systems for ensuring that any remaining asbestos materials remain in a safe condition.
- Effective planning of any future work that may interfere or disturb the fabric of the building.
- Controlling contractors accessing and working within the site.

4.0 Asbestos Surveys of the site

The Responsible Person should ensure that a record of all surveys undertaken for the premises, in connection with ACM's, are maintained. Copies of surveys should be kept in paper form at the premises and also held electronically.

Register of Asbestos Surveys

Date of Survey	Carried out by (Contractor)	Survey Type*	AMP (Asbestos Management Plan) Updated by / date
9/5/2022	Airborne Environmental Consultants	Asbestos Survey	10/09/2022 Dale Farnell
10/5/2022	Airborne Environmental Consultants	Full Management Survey Report.	10/5/2022 Dale Farnell
12/10/2022	Site Manager –Dale Farnell	Annual Visual Inspection	12/10/2022 Dale Farnell
03/04/2023	Airborne Environmental Consultants	Asbestos Survey	04/04/2023 Dale Farnell
05/04/2023	Airborne Environmental Consultants	Full Management Survey Report.	06/04/2023 Dale Farnell
18/5/2023	Site Manager –Dale Farnell	Annual Visual Inspection	19/5/2023 Dale Farnell
03/04/2024	Airborne Environmental Consultants	Asbestos Survey	04/04/2024 Dale Farnell
18/02/2025	Airborne Environmental Consultants	Asbestos Survey	07/03/2025 Dale Farnell

- Management Survey
- Refurbishment / Demolition Survey
- Re-Inspection (Update) / Assurance Survey
- Air Test / Local Sampling

Update Surveys of any remaining asbestos materials at the site will be carried out at intervals to be determined by the asbestos risk assessments and any other specific risk factors for the site.

The interval between surveys should be not more than 3 years. This should provide assurance to all staff and building users that any remaining asbestos materials remain in a safe condition and will provide a measure of the efficacy of the asbestos management methods described in this plan.

5.0 Information relating to the occupancy or use of the site

Some activities result in an increased chance of damaging asbestos containing materials.

For example, the movement of goods using trolleys; movement of bulky objects (ladders etc.); use of fork lift trucks; sports activities.

Building and Maintenance work in identified areas that contains Asbestos would be predominately in plant room areas and sub floor voids throughout the KS2 building. The frequency of Maintenance work (servicing boilers/legionella checks) is bi-annually and not intrusive of the building fabric the frequency/likelihood of Building work for development is currently low in these areas. Access to the highlighted areas containing asbestos in the register is also restricted and the asbestos is surveyed for its condition annually, any high risk asbestos has been removed from site.

Some categories of occupier or visitors to sites may be more likely to disturb asbestos or may themselves be in a vulnerable group.

Do any such factors apply to this site?

Yes,

List them & give details

- *Contractors*
- *Caretakers*

Other special factors may result in increased chance of direct damage to asbestos containing materials or there may be situations where asbestos damage may result in a disproportionate level of damage to the building or activities. The most common examples are vandalism and water leaks from roofs or plumbing causing damage to ceilings etc.

Has there been a history of such factors on this site?

It has been identified that the condition of some of the asbestos lagged plant room in the basement was decaying due to the age of the material and damp/water penetration in the basement.

Crossacres Primary has had significant areas of Asbestos removed from the premises, the remaining Asbestos has been deemed safe to remain and managed in situ by the approved Asbestos contractors. There has also been improvement works completed to reduce the level of water ingress of the boiler room to stop further detrition of this area.

6.0 Monitoring the condition of Asbestos Containing Materials

Monitoring means carrying out regular visual inspections and recording the findings of these inspections using a standard form (Asbestos Condition Inspection Log) (*see Appendix 2*)

The inspection log sheets must be stored in such a way that they can be easily retrieved for inspection by Internal Audit & Risk Management Health and Safety Officers, representatives of the Health and Safety Executive officer's other relevant persons.

If there are any other routine safety or security inspections carried out on the site, the persons involved should ensure that they are familiar with the locations of CM's listed in the Asbestos Condition Monitoring Log and should report any damage found to the Responsible Officer so that prompt action can be taken to repair, encapsulate or remove the material so as to return the site to a safe condition.

The frequency of inspection has been based on a risk assessment carried out by the Contractor / Entity providing the Asbestos Surveys / Reports with the assistance of the Responsible Officer.

Person Responsible for monitoring the condition of ACM's on-site:

Name: Dale Farnell

Job Title: Site Manager

Telephone Number: 0161 437 1272

E-Mail: d.farnell@crossacres.manchester.sch.uk

The person responsible for deputising for the above named is.

Name: Paul Galloway

Job Title: Finance Director

Telephone Number: 0161 437 1272

E-Mail: galloway.p@crossacres.manchester.sch.uk

The Asbestos Condition Inspection Log Sheets are store in the P.P.M. schedule and in this register.

And can be inspected by contacting:

Name: Suzanne Blay

Job Title: Head teacher

Telephone Number: 0161 437 1272

E-Mail: Head@crossacres.manchester.sch.uk

7.0 Reporting damage to the building and its fixtures and fittings

All members of staff and visitors to the site have responsibilities under the Health and Safety at Work etc. Act 1974.

If any damage to the building and its fixtures and fittings is seen this must not be ignored.

An immediate risk assessment must be made to determine whether the Emergency Procedure (*Appendix 1*) needs to be carried out.

The details of the damage should be reported so that further risk assessments can be made and appropriate steps taken to remedy any hazardous situations.

Damage to the building and its fixtures and fittings should be reported to:

Name: Suzanne Blay

Job Title: Headteacher

Telephone Number: 0161 437 1272

E-Mail: Head@crossacres.manchester.sch.uk

8.0 Emergency action.

Asbestos materials within the premises could be disturbed or damaged due to:-

- Contractors working on the building
- Vandalism
- Fire
- Flood
- Accidental damage to the building fabric
- Wear and tear

**If an emergency occurs ACT WITHOUT DELAY
Follow the procedure given in *Appendix 1***

If asbestos (or suspected asbestos) has been damaged it is essential to act rapidly to remove occupiers from the contaminated area in order to minimise the potential for breathing in asbestos fibres.

After initial actions have been carried out seek advice from competent persons immediately (see Section 12)

If asbestos fibres are released they can spread rapidly through the premises. This is likely to increase the number of persons potentially at risk and to greatly increase the cost and inconvenience of decontamination works.

Asbestos decontamination works are often expensive and disruptive to the normal business of the site. If key areas of the site are contaminated (for example fire escape routes) large portions or even the entire building may have to be closed. Some materials and equipment within the site (for example carpets, fabrics and paper) may not be able to be decontaminated at reasonable cost and this would mean that they would have to be disposed of as asbestos waste.

NOTE: Emissions of asbestos fibres are reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). Support around reporting requirements is available via the Internal Audit and Risk Management Health and Safety Team

9.0 Planning, organising and controlling building works (Or other activities which may disturb asbestos containing materials)

Work that may disturb the building fabric must be effectively planned to take into account the location any asbestos containing materials.

If any part of the building has not been surveyed by competent asbestos surveyors, that part MUST be presumed to contain asbestos. Advice must be obtained from the a competent Asbestos professional or Internal Audit and Risk Management Health and Safety before any such work takes place

If work on asbestos is required, sufficient time must be allowed in the project schedule for the procurement of a licensed asbestos removal contractor (and in some cases an asbestos licensed scaffolding contractor) and to allow notification of such licensed works in compliance with the required **statutory 14 days' notice** that is required to be provided to the Health and Safety Executive.

If there are doubts about the potential for damage to asbestos containing materials arising from the proposed activities, advice should be sought from competent persons (see Section 12)

Asbestos information should be supplied to the main contractors at the earliest possible stage in the planning of a project. The presence of asbestos may have a major influence on the specification of the work to be done; the cost of the work (because specialist licensed asbestos removal contractors will need to be employed); the duration of the job etc.

A standard Asbestos Management Survey cannot find asbestos hidden within the fabric of the building therefore where significant alterations / renovations/ demolition are planned a more intrusive Refurbishment or Demolition Survey asbestos survey of the specific locations affected must be carried out to assist in the planning and design process.

Consideration will also need to be given to the duties imposed by the **Construction Design and Management (CDM) Regulations**. The control of asbestos risks will be one of the factors to be considered by the CDM Co-ordinator and therefore relevant data and control procedures must be prepared before work commences on site.

In addition to the provision of asbestos data at the design stage, it is also important to ensure that all persons carrying out building works or other activities which may disturb asbestos (for example cabling works, installation of alarm systems, and installation of white boards) are provided with information when they arrive on site to do the work.

It is not sufficient to merely hand over a copy of the asbestos report. If there any asbestos containing materials (ACMs) in, or near, their proposed work area this must be clearly communicated to them together with any limitations imposed by the asbestos survey method.

They should also be told how they should report any unforeseen incidents or the finding of suspected ACMs which were not listed in survey report.

If there any doubts about the composition of any material it should be presumed to be asbestos and work which could disturb it should stop. If there is any doubt, a competent / accredited Asbestos surveyor should be engaged. This will usually result in a sample being taken for laboratory analysis which will confirm whether asbestos is present.

When asbestos information has been supplied to contractors or visitors a record should be kept of the details (who was it supplied to; in what form (paper copy or electronic); whether they retained a copy etc.).

In order for you to prove that data has been supplied you obtain signed confirmation that the data has been supplied **and understood**. In some circumstances it may be appropriate to question the operative(s) to check the level of understanding – it should not be assumed that all operatives are literate or can understand a relatively technical report.

In addition, for reasons of due-diligence, it is a requirement that Contractors as well as their employees, whose works may impact on the fabric of the building (i.e. joiners, bricklayers, electricians etc.) demonstrate to the Responsible Officer, before any works commence, that they have received recognised Asbestos Awareness Training

Contractors / persons who intend to work on or disturbing the buildings fabric are given a copy of **Appendix 4 - Written Instructions Issued to all Contractor Operatives / Persons carrying out work on the building – Discovering / Disturbing Suspect Asbestos Material.**

Communication Plan

Description of how contractors are effectively engaged communicated with and managed.

Contractors planning to carry out intrusive works will be provided with a copy of the Asbestos register and will meet with the site manager to agree the tasks in hand and safety measures Implemented. Prior to commencing works completion of the Contractors permit to work will be undertaken and works approved if safe to do to not disturb the existing Asbestos on site. Contractors will be provided with instructions for in the event of the discovery or disturbance of suspected Asbestos materials and then asked to sign in when on site to confirm they have received working instructions.

For Larger scale projects Contractors arriving at school sign in at the school office unless they have their own site manager co-ordinating the project, then the contractors will manage their own signing in and out book/sheets and an Asbestos survey will be completed as part of the RAMS process specifically for each project prior to works commencing.

10.0 Asbestos removal, repair or encapsulation

If work on asbestos is required sufficient time must be allowed in the project schedule for the procurement of a licensed asbestos removal contractor (and in some cases an asbestos licensed scaffolding contractor) and the **statutory 14 days' notice to the Health and Safety Executive**.

If asbestos removal, repair or encapsulation is required then this must be undertaken by a licensed Asbestos Contractor.

11.0 Communication of asbestos information

Asbestos information must be provided to “every person liable to disturb it” (Regulation 4) and “anyone potentially at risk” (Approved Code of Practice).

Information must therefore be supplied to staff; Trade Union safety representatives; School Governors; maintenance and building repair contractors and the emergency services.

In addition, careful consideration must be applied to ensure that all other relevant persons are included.

“Asbestos information” includes the Asbestos Survey, Asbestos Register and Asbestos Management Plan.

It is essential that asbestos awareness and site specific information is included in the induction of new staff members.

All staff members must be made aware of their own role in asbestos management process.

At some higher risk sites, it may be advisable to include asbestos management as an agenda item for staff meetings.

12.0 Advice and assistance on the management of asbestos

Further information / support on Asbestos management issues is provided by: Manchester City Council.

APPENDIX 1

Emergency Procedures for Dealing with Suspected Asbestos Materials that have been disturbed.

If any person discovers any damaged suspected asbestos materials they will carry out the following actions:

- Stop any work in the affected area.
- Immediately warn others in the vicinity and ask them to promptly leave the affected area, leaving tools, equipment and other potentially contaminated items behind.
- Turn off and isolate work equipment in the affected area.
- Close doors and windows within and to the affected area.
- Where possible leave a person to act as a sentry outside each entrance to the affected area to prevent further access.
- Immediately contact the Responsible Officer / Designated Person to inform them of the incident.
- Prevent any further access to the affected area using physical barriers, warning signage and tape. If possible lock doors.

On receiving information of an incident the Responsible Officer will immediately carry out the following actions:

- Inform MCC's Health and Safety Team of the incident. Contact the Corporate Health and Safety Team on 0161 234 1897
- Keep staff and any Safety Representatives informed of the situation.
- Record the details of the incident, who was involved and any actions taken.
- Only allow persons competent in the control of asbestos hazards access to the affected area
- Ensure nothing is removed or any equipment and materials are taken into the affected area.

Following the immediate actions the Responsible Officer supported by the Corporate Health and Safety Team will:-

- Identify any further remedial actions required.
- Investigate the incident and agree any further reporting requirements.
- Agree on the communication of information
- Record the incident on the Manchester City Council Accident / Near Miss / Dangerous Occurrence Forms. Where applicable, complete PAE Forms (Potential Asbestos Exposure) for any persons involved.
- Agree a plan to clean up the affected area
- Identify and plan necessary remedial works on any remaining asbestos

APPENDIX 2 Asbestos Condition Inspection Log and Register

List derived from asbestos report/s : Asbestos Management Survey by Dale Farnell dated 04/03/2024

**NOTE: This log is a list of asbestos containing materials which are readily accessible for visual inspection.
THIS IS A COMPLETE LIST OF ALL ASBESTOS CONTAINING MATERIALS AT THIS SITE.
For further information refer to the latest asbestos survey report(s).**

Location	Element	Material	Minimum frequency of inspection	Risk Score	If undisturbed / undamaged <input checked="" type="checkbox"/> If damaged <input type="checkbox"/>
Ref no. 2-J253589 KS2 boiler room.	Lagging debris in void below ceiling where pipes run through.	Amosite (2)	Medium risk = Bi-Annual	Low-void sealed undisturbed-restricted access.	/
Ref no.7-J25389 KS2 boiler room.	Cement soil pipes to wall (blue pipe)	Chrysotile (1)	Medium risk = Bi-Annual	Low-pipe undisturbed-restricted access.	/
Ref no.8- J25389 KS2 boiler room.	Lagging debris to floor beneath pipes in work duct.	Amosite Chrysotile Crocidolite (3)	Medium risk = Bi-Annual	Low-ducting sealed off with cortex-restricted access. remains undisturbed.	/
Ref no.9- J25389 KS2 boiler room.	Lagging debris to floor beneath pipes in work duct.	Chrysotile Crocidolite (3)	Medium = Bi-Annual	Low-ducting sealed off with cortex-restricted access. remains undisturbed.	/
Ref no.10- J25389 KS2 Sub floor.	Lagging applied to floor heating pipes debris in work duct.	Amosite (2) Chrysotile	Low risk = Annual	Low-ducting sealed off with cortex-restricted access remains undisturbed.	/

Ref no.11- J25389 KS2 Sub floor.	Sub floor duct-Cement pipe to wall.	Amosite (2) Chrysotile	Low risk = Annual	Low-ducting sealed off with cortex-restricted access remains undisturbed.	/
Ref no.12- J25389 Ground floor service duct.KS2.	Old toilet cisterns to wall.	Crocidolite (3)	Low risk = Annual	Low-restricted access remains undisturbed.	/
Ref no.13- J25389 Ground floor Y3 KS2.	Red floor tiles beneath carpet and screed.	Chrysotile (1)	Low risk = Annual	Low-tiles screeded/carpeted over tiles remain undisturbed.	/
Ref no.14- J25389 Ground floor MGL office KS2.	Skirting strip to base of wall.	Chrysotile (1)	Low risk = Annual	Low-remains undisturbed.	/
Ref no.15- J25389 Ground floor MGL office KS2.	Skirting strip to base of wall.	Chrysotile (1)	Low risk = Annual	Low-remains undisturbed.	/
Ref no.16- J25389 Ground floor MGL office KS2.	Skirting strip to base of wall.	Chrysotile (1)	Low risk = Annual	Low-remains undisturbed.	/
Ref no.19- J25389 Ground floor Meter Electrical Cupboard KS2.	Electrical Switches	Presumed Asbestos	Low risk = Annual	Low-restricted access remains undisturbed.	/
Ref no.20- J25389 KS2 main hall stage	Nosing strips on edge of stairs leading to stage.	Chrysotile (1)	Low risk = Annual	Low –sealed treatment remains undisturbed.	/
Ref no.21- J25389 KS2 main hall stage	Underneath stage presumed ACMs.	Presumed Asbestos	Low risk = Annual	Low-restricted access	/

Ref No. 22-J25389 KS2 main hall stage area.	Internal linings of electrical box.	Presumed Asbestos	Low risk = Annual	Low-restricted access remains undisturbed. Disconnected from mains power supply.	/
Ref No. 27-J25389 ground floor central riser.	Black resin toilet cistern to walls.	Amosite (2)	Low risk = Annual	Low-restricted access remains undisturbed.	/

APPENDIX 3

Information for Staff

Asbestos can be present in a wide variety of building materials. Taking the following steps will help keep both yourselves and others safe.

All Staff must:-

- Consult** with the *Responsible Officer* before drilling, disturbing or altering the building fabric.
- Report** any damage to the building to the site manager
- Co-operate** with the *Responsible Officer* to ensure that measures to manage asbestos within the site are effective.

Staff should:-

Familiarise themselves with the current **Asbestos Management Plan**, **Asbestos Survey** and **Asbestos Register** for the site so that they are aware of specific locations of asbestos and any measures that are in place to manage the risks. Copies of this information is available from school office

The Responsible Person for this site is

Dale Farnell

07581240687

APPENDIX 4 **Written instructions issued to all contractor operatives / persons carrying out work on the fabric of the building (s).**

Where you discover / disturb suspect asbestos material you should immediately:

- Stop working.
- Warn others in the vicinity and tell them to leave the affected area. The affected area will include the immediate work area and any additional area that is required to isolate the work area using a complete physical barrier (e.g. walls, doors, windows) from the rest of the building.
- Turn off and isolate any work equipment in your work area.
- Close all windows and doors to isolate the affected area to further prevent the spread of asbestos.
- Leave all your tools and equipment in the affected area.
- Leave the affected area
- Where possible leave a person to act as a sentry outside each entrance to the affected area to prevent access
- Immediately report the incident to the **Responsible Officer for the site**

Dale Farnell
07581240687

APPENDIX 5

RECORD OF WORKS ON ASBESTOS MATERIALS

The form overleaf should be used by the Responsible Officer to record details of any works carried out to asbestos containing materials at their premises.

Entries under 'Location' and 'Element' should use the same descriptions as those used in the Asbestos Register.

Entries made under 'Work done' need only be a simple outline explanation e.g. Removed under controlled conditions; Sealed over with paint; Environmental clean of whole room.

Entries under 'Carried out by' should contain the name and phone number of the contractor and / or any other persons involved. It is recommended that this form should be kept on a computer system along with the Acrobat .pdf version of the asbestos report.

An updated copy of this form should accompany the asbestos report whenever it is issued to third parties

Location	Element	Work done	Carried out by	Date

Appendix 6 – PAE (Potential Asbestos Exposure) Record

PAE

Name of Person Potentially Exposed	
Personnel Number	
Job Title	
Date of Birth	
Location / Address of Exposure	
Date of Exposure	
Time of Exposure	
Service / Directorate	
Work activity at time of exposure	

Client for whom work was being conducted (If applicable)	
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Name of Responsible Officer completing this form	
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Date	
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To be completed by Health & Safety

Date of Notification			
Date Form Received			
Date Sample / Investigation Conducted			
Sample / Investigation Results	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Positive</td> <td style="width: 50%; text-align: center; padding: 5px;">Negative</td> </tr> </table>	Positive	Negative
Positive	Negative		
Asbestos Type			

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 Public Health England (PHE).

Rashes and skin infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to chickenpox. Chickenpox can also affect pregnancy if a woman has not already had the infection.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting.
German measles (rubella)*	Four days from onset of rash (as per " Green Book ")	Preventable by immunisation (MMR x2 doses). If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation.
Hand, foot and mouth	None	
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash	Preventable by immunisation (MMR x2 doses). Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to measles. Measles during pregnancy can result in

		early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
Molluscum contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	
Scabies	Child can return after first treatment	Household and close contacts require treatment.
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child.
Slapped cheek syndrome/fifth disease (parvovirus B19)	None (once rash has developed)	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to parvovirus B19. Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. These children are particularly vulnerable to shingles. Shingles can also affect pregnancy if a woman has not already had chickenpox.

Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
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Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	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 aged 5 years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Flu (influenza)	Until recovered	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for

		leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Tuberculosis*	Always consult your local PHE centre	Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.
Whooping cough*	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary.

Other infections

Infection or complaint	Recommended period to be kept away from school or nursery	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre.
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary.
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen.

Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. All spillages of blood should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local PHE centre.
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination

Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic.

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