

ACET Health & Safety Policy

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POLICY LEAD: Sarah Cooper

APPROVED BY: Trust Board



Excellence



Equity



Empowerment

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This policy remains valid until it is reviewed and replaced; it does not expire by date alone. Policies are reviewed annually, or sooner if required by statutory or legislative changes, in line with best practice		
Policy Lead / Author	S. Cooper	
Version Number	Date Issued	Updated Information
V1	Nov 2022	• New Policy
V2	May 2024	• Names removed and replaced with Job Titles • New accident form inserted • Safeguarding policy added to linked polices
V3	May 2025	• Display Screen Equipment (DSE) guidance inserted. Para 7.3 • DSE Check List inserted as Appendix 5
V3.1	July 2025	• Update to Appendix 4
V4	May 2026	• Streamlined wording throughout and updated Appendices
V5	August 2026	• Update to procedures • 13. Violence to staff • New Appendix 4 – Incident reporting form

Contents

1. Aims.....	4
2. Legislation	4
3. Roles, Responsibilities & Reporting.....	4
3.1 Responsibility levels	4
3.2 Reporting Procedure.....	8
4. Site Security	8
5. Fire.....	8
6. Hazardous Substances	8
6.1 COSHH.....	9
6.2 Gas Safety	9
6.3. Legionella.....	9

6.4 Asbestos.....	9
6.5 Radiation Protection	10
7. Equipment.....	10
7.1 Electrical Equipment.....	10
7.2 PE Equipment.....	10
7.3 Display Screen Equipment.....	10
7.4 Specialist Equipment.....	11
8. Lone Working.....	11
9. Working at Height	11
10. Manual Handling	11
11. Off-site Visits	12
12. Lettings.....	12
13. Violence at work.....	12
14. Smoking & E Cigarettes.....	12
15. Infection Prevention and Control.....	12
15.1 Animals.....	13
15.2 Infectious Disease Management.....	13
15.3 Pupils Vulnerable to Infection.....	13
15.4 Exclusion Periods for Infectious Diseases	13
16. New and Expectant Mothers.....	14
17. Occupational Stress	14
18. Accident Reporting.....	14
18.1 Accident Record	14
18.2 Accident Reporting – Appendix 4.....	14
18.3 Reporting Definitions.....	15
18.4 Notifying Parents/Carers	16
18.5 Reporting to Child Protection Agencies	16
18.6 Reporting to Ofsted.....	16
19. Training / Onboarding	16
20. Monitoring	16
21. Links with other policies.....	16
Appendix 1. Electrical Appliance Visual User Check Guidelines.....	17
Appendix 3. DSE Assessment.....	18
Appendix 4. Accident Reporting Form	22
Appendix 5. Recommended Absence Period for Preventing the Spread of Infection.....	25

1. Aims

Our aim is 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.
- To provide plant, equipment and systems of work that are safe and minimise the risk to health as far as reasonably practical.
- To raise awareness among all users of the academy as to their responsibility for managing the health and safety of themselves and others.
- To provide sufficient information, instruction, training and supervision to enable all employees to avoid hazards and contribute positively to their own health and safety at work.
- To regularly monitor and review safety procedures throughout the academy.

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 duty's employers have towards employees and duties relating to lettings.
- [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 academy follows current UK Health Security Agency guidance on managing respiratory infections, including COVID-19, as part of routine infection prevention and control measures.

Sections of this policy may also be based on the [statutory framework for the Early Years Foundation Stage](#).

This policy complies with the Trust funding agreements and Articles of Association.

The policy was developed using a model policy from 'The Key for School Leaders.'

3. Roles, Responsibilities & Reporting

3.1 Responsibility levels

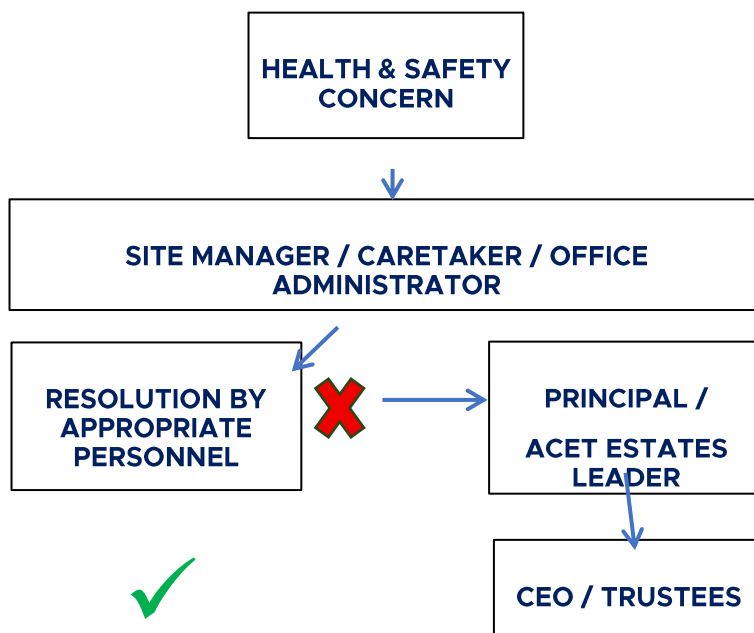
Trustees
CEO
Estates Leader
Principal
Local Governing Body
Trust Staff
Pupils/Students & Parents
Contractors
External Providers

Trustees	- Ensuring compliance with health and safety legislation and that the Trust has appropriate health and safety policies and procedures in place. - Receive regular reports on health and safety matters, including accidents and incidents. - Ensure adequate resources are allocated for health and safety, including training, equipment, and staffing. - Review health and safety performance through regular audits, inspections, and performance data. - Ensure competent advice is available to the Trust on health and safety matters.
CEO	- Oversee the Estates Leader to ensure buildings and premises across the Trust are safe and compliant. - Monitor health and safety performance across all academies through regular reporting and data analysis. - Ensure consistency in health and safety practices across the Trust while allowing for local context. - Coordinate responses to serious incidents including RIDDOR reportable events, working with the Chair of Trust/Local Governing Bodies, LA office, and insurers when required. - Ensure appropriate delegation of health and safety responsibilities to principals and other senior leaders.
Estates Leader	- Implementing the health and safety policy Trust wide and ensuring the school buildings and premises are safe through regular inspections. - Reporting health and safety matters to the CEO and governing board. - Managing contractors and estates-related contracts and ensuring best value using procurement where necessary. - Contacting the CEO, Chair of Trust/Local Governing Body, LA office, and academy insurers following serious incidents. - Receiving, maintaining, and investigating accident reports for all individuals on academy premises, analysing trends to develop accident reduction strategies.

	• Providing advice and support to staff on health and safety matters and ensuring risk assessment procedures are documented. • Investigating reportable accidents, maintaining accurate records, and forwarding information to relevant agencies as appropriate. • Conducting regular reviews of health and safety reporting systems. • Working with qualified advisors to conduct regular site inspections, identify hazards, and maintain up-to-date records of actions. • Presenting summary reports to the Local Governing Body and Trustees at each meeting.
Principal – In the Principal's absence, the Vice Principal assumes these responsibilities	• Implementing the health and safety policy making sure all staff are given adequate time to read through it. • Ensuring adequate staffing for safe pupil supervision. • Facilitating staff training and ensuring appropriate evacuation procedures and regular fire drills are in place. • Delegating health and safety responsibilities during absences. • Ensuring all relevant risk assessments are in place and that they are reviewed as necessary. • Acting as the primary contact for staff on health and safety matters, consulting with the academy Site Team and Estates Leader as necessary. • Communicating all health and safety instructions and advice from the Estates Team, LA, or appropriate regulatory bodies to staff. • Co-operating with Health and Safety/Union Representatives. • Following Health Protection Agency/LA guidance on infectious disease outbreaks. • Contacting parents/carers following serious incidents (e.g. transport accidents). • Receiving, maintaining, and passing on accident, incident, and near-miss reports to the Estates team. • Identifying violence risks, advising on action, and maintaining records of known violent individuals. • Reporting problems to the Estates Team and implementing accident reduction methods. • Monitoring academy health and safety arrangements and ensuring trips are appropriately staffed with safety procedures in place.
Local Governing Body	• Review information provided to them at the Local Governing Body Meetings, and ask questions, make suggestions and were appropriate ask for more information, to ensure health and safety is being managed appropriately. • Help resolve issues raised by staff, where a satisfactory conclusion has not been able to be reached with the Estates Team and Principal.
Trust 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. • Take part in relevant training provided by the Trust. • Ensure that any specific Risk Assessments are carried out for activities carried out outside the scope on a normal classroom.
Pupils/Students and parents, visitors	• Pupils, parents and visitors are responsible for following the academy's health and safety advice, on-site and off-site, and for reporting any health and safety incidents to a member of staff.
Contractors	• Contractors will agree health and safety practices with the Estates 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.
External Providers	• External providers will agree health and safety practices with the member of staff booking them before starting any activity. Before activities begin, the external provider will provide evidence that they have completed an adequate risk assessment of all their planned work. The Estates Team are available to support staff reviewing what is in place, where required.

3.2 Reporting Procedure



4. Site Security

The Estates Team are responsible for the security of the academy site in and out of school hours. They are responsible for visual inspections of the site, and for the intruder and fire alarm systems.

The Estates Leader/Senior Site Staff/ Security Company are key holders/emergency contacts and will respond to any emergencies.

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 annually

Fire evacuations are practised at least once per term.

Fire alarm testing will take place weekly.

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

Individual academies will share with their staff their site-specific evacuation procedures.

Academies 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.

The Principal will ensure that people needing a personal emergency evacuation plan (PEEP) have this in place. The Estates Team can assist in the review of these plans where required.

6. Hazardous Substances

6.1 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 Site Staff/Heads of Departments (Science, Art, Technology)/ Cleaning Subcontractors and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Staff must use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. Hazardous chemicals are kept in areas which students cannot access or under the supervision of suitably experienced staff where products will be used for curriculum activities.

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.

The Trust buys services which include access to CLEAPSS. CLEAPSS membership enables employers to discharge their responsibilities under the Health and Safety at Work Act and subsequent regulations. These require employers to protect their employees by, for example, providing safe working conditions, information, training for health and safety, and (model) risk assessments for activities (required under a range of regulations, including COSHH).

6.2 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 they have adequate ventilation.

6.3. Legionella

A water risk assessment will be completed on a two-yearly cycle by a suitably qualified company. The Estates Team is responsible for ensuring that the identified operational controls are conducted and recorded.

This risk assessment will be reviewed every 2 years and when significant changes have occurred to the water system and/or building footprint.

The risks from legionella are mitigated by regular temperature checks, flushing of little used outlets and following any actions suggested by monitoring company.

6.4 Asbestos

All identified staff will take part in Asbestos Awareness training every 3 years (Site Staff / IT Staff), there are other senior staff within the Trust that will have also carried out a more in-depth training to support where needed (P405).

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

Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work. Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe.

A record is kept of the location of asbestos that has been found on the academy site.

6.5 Radiation Protection

There are radioactive sources stores onsite at some secondary academies, for the purpose of fulfilling the Science curriculum.

Radioactive Protection Office services are bought in via RMBC for all three sites. We are also logged on the HSE database.

Radioactive Protection Supervisors (RPS) are appointed at each of the secondary academies within ACET. At the start of each academic year, staff are informed of the designated member of staff who holds this responsibility at their academy.

7. Equipment

Equipment and machinery are maintained in accordance with the manufacturer's instructions. In addition, maintenance schedules outline when extra checks should take place.

When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

All equipment is stored in the appropriate storage containers and areas. All containers are labelled with the correct hazard sign and contents.

7.1 Electrical Equipment

All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely (see Appendix 1 for the methodology of how to do this) Pupils or volunteers who handle electrical appliances do so under the supervision of the member of staff who so directs them.

Any potential hazards will be reported to Site Staff, who will pass information to the Estates Team immediately.

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

Portable appliance test (PAT) will be carried out by a competent person.

All isolator switches are clearly marked to identify their machine.

Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions.

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

7.2 PE Equipment

PE Equipment is serviced annually.

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 any equipment should be reported to Head of Faculty in the first instance

7.3 Display Screen Equipment

In accordance with the Health and Safety (Display Screen Equipment) Regulations 1992, the Trust recognises its responsibility to minimise the health risks associated with prolonged use of display screen equipment (DSE), including computers, laptops, tablets and other devices used for extended periods.

Staff identified as regular DSE users will:

- Have sight of the DSE advisory posters in their work areas (Appendix 2).
- Assessments will be carried out when there is an identified need or when their workstation or working arrangement changes. Using the Trust DSE Self-assessment Form. (Appendix 3).
- Any Further action needed is to be approved by the Estates Leadership Team and any equipment ordered will be through the ordering channels with Principal approval.

7.4 Specialist Equipment

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

Oxygen cylinders are stored in a designated space, and staff 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 staff duties / Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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

Line managers must be aware of and approve lone working arrangements where there is increased risk.

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

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

9. Working at Height

Work should be properly planned, supervised and carried out by competent people with the skills, knowledge and experience to do the work. In addition:

- Site staff retain ladders for working at height
- Termly ladder inspections and records kept locally
- Pupils/Students are prohibited from using ladders
- Staff will wear appropriate footwear and clothing when using ladders
- Contractors are expected to provide their own ladders for working at height
- Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
- Access to high levels, such as roofs, is only permitted by trained persons.

10. Manual Handling

Individuals should assess and 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 academy will ensure that proper mechanical aids and lifting equipment are available in the academy, and that identified staff are trained in manual handling.

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 academy premises, we will ensure that we comply with the policies below:

- Off Sites Visits Policy
- First Aid Policy

12. Lettings

Those who hire any aspect of the academy site or any facilities will be made aware of the content of the Trust Health and Safety Policy and will have responsibility for complying with it.

13. Violence at work

The Trust is committed to providing a safe working environment in which all employees, volunteers, contractors and visitors are treated with dignity and respect. The Trust operates a zero-tolerance approach to violence, aggression, abuse, intimidation, threatening behaviour or harassment directed towards staff in connection with their work. Violence may include verbal abuse, threats, physical assault, damage to property, or any behaviour that causes an employee to feel unsafe

Any incident of violence, aggression or threatening behaviour must be reported immediately to the Principal or designated senior leader and recorded in accordance with the Trust's incident reporting procedures (see appendix 4)

The Trust will regularly monitor incidents of violence and aggression to identify trends, review control measures and ensure continuous improvement in protecting staff health, safety and wellbeing.

14. Smoking & E Cigarettes

Smoking is not permitted anywhere on the academy premises. Any instances of staff, pupils/students or visitors smoking on site should be reported to the main office.

Where part of the academy is hired for a private function (indoor and outdoor facilities), the no smoking rules still apply.

15. Infection Prevention and Control

We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

Handwashing	• Wash hands with Liquid soap and warm water and dry • Always wash hand after using toilet, before eating or handling food and after handling animals • Cover all cuts and abrasions with suitable dressings • In instances where facilities are out of action in an emergency, sanitiser may be provided
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Coughing and sneezing	• Cover mouth and nose with tissue • Wash hands after disposing of tissue • Spitting is discouraged
Personal protective equipment	• Wear approved CE marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/bodily fluids • Wear goggles if there is a risk to splashing to the face • Use the correct PPE when handling chemicals / cleaning chemicals • Use PPE to control the spread of infectious disease where required
Cleaning of blood and body fluid spillages	• Clean all spillages of bodily fluids immediately and wear PPE • Use products that combine both detergent and disinfectant and use as per manufacturer's instructions • Make spillage kits available for Blood
Cleaning of the environment	• Clean the environment frequently and thoroughly • Instruct deep cleans if needed
Laundry	• Wash laundry in a separate dedicated area • Wash soiled linen separately and at the hottest wash as per manufacturers guidance • Wear PPE when handling soiler laundry • Bag children's soiled clothing to be sent home
Clinical waste	• Always segregate domestic and clinical waste for disposal • 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

15.1 Animals

Prior to any animals being introduced into the academy environment Principals and staff must liaise with the Estates Team.

Thorough Risk Assessments should be carried out before any animals are allowed on any site.

15.2 Infectious Disease Management

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

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

15.3 Pupils Vulnerable to Infection

Some pupils/students have medical conditions that make them more vulnerable to infection – academies are usually aware of these pupils. They are at higher risk from chickenpox, measles and slapped cheek syndrome (parvovirus B19). If exposure occurs, parents/carers will be informed promptly, and medical advice will be sought. Additional immunisations may be recommended.

15.4 Exclusion Periods for Infectious Diseases

The academy will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 3.

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

16. New and Expectant Mothers

Risk assessments will be carried out whenever any employee or pupil notifies the school that they are pregnant. Appropriate measures will be put in place to control risks identified. Some specific additional risks are highlighted below:

- Chickenpox
- Measles or German measles (rubella),
- Slapped cheek syndrome

Anyone who the Trust is aware of pregnancy will be informed if any of the above are present within their academy. The individual must seek medical advice from their GP/Midwife.

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 academy for responding to individual concerns and monitoring staff workloads.

More information is contained within the Trust's Wellbeing Policy (Due 2026/2027).

18. Accident Reporting

18.1 Accident Record

Individual academies will record minor first aid incidents and more serious accidents using internal logs in the first instance, then the Trust Accident database.

If a serious accident takes place, the accident/incident form will be completed promptly by the staff member or first aider involved, with full details recorded. Injury information will also be added to the pupil's educational record. Accident and first aid records will be retained for at least three years and then securely disposed of.

The forms from serious accidents are sent to accidents@astoncetrust.org and also the LA Health and Safety department. RMBC Health and Safety assess and monitor our accidents and support where needed with guidance. They also report our RIDDOR reportable accidents and liaise with the HSE.

18.2 Accident Reporting – Appendix 4

RIDDOR 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.

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

How to make a RIDDOR report – <http://www.hse.gov.uk/riddor/report.htm>

18.3 Reporting Definitions

Definition	How to report	Injury type
Minor accidents or incidents <i>Definition</i> <i>Where basic first aid is administered to a child who can remain in school and continue their school day</i>	These require an internal log completing and records retaining. This data will be inputted into the reporting matrix. Anything other than these items will remain in the internal log	• Cuts and grazes • Insect bites or stings • Possible Bumps, bruises and sprains – such as falling, knocked over or play equipment
Serious Accidents Definition <i>Injuries requiring urgent first aid assistance and/or external medical care, or that could have long-term effects</i>	These require an Accident form (Appendix 4) to be completed and sent to accidents@astoncetrust.org and HealthandSafety@rotherham.gov.uk This data will be inputted into the reporting matrix.	• Suspected/Broken bone • Suspected/Joint dislocation • Trapped limbs • Loss of consciousness • Severe bump to the head – where lump or cut is visible • Penetrating injury to the eye • Cut or gash that requires stitches • Teeth knocked out • Burn including, chemical, hot metal or hot surface • Electric shock or electrical burn • Breathing difficulties including asphyxia • Admittance to hospital • Resuscitation • Hypothermia or heat induced illness • Absorption of any substance • By inhalation • By ingestion • Through the skin • Suspected/Exposure to • Harmful substances

		• A biological agent • A toxin • An infected material
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18.4 Notifying Parents/Carers

The appropriate academy staff will inform parents/carers 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.

18.5 Reporting to Child Protection Agencies

The Principal / Safeguarding lead will notify appropriate responsible bodies of any serious accident or injury to, or the death of, a pupil while in the academy's care.

18.6 Reporting to Ofsted

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

19. Training / Onboarding

The Trust use the ACET Training Matrix to identify statutory training that is required for all staff, this also covers any compliance training that is required and role specific Trust identified training.

Staff will be given an onboarding document when they join an academy, this will highlight the Health & Safety induction process and any other key information that is required.

20. Monitoring

This policy will be reviewed by the Estates Leader on an annual basis. At every review, the policy will be approved by the Trustees.

21. Links with other policies

This health and safety may link to the following policies:

- First aid
- Premises management
- Supporting pupils with medical needs
- Medicines in the academy
- Business continuity plan
- Off site visits
- Abuse towards staff
- Lettings
- Wellbeing (Due 2026/2027)
- Safeguarding
- Violence to staff

Appendix 1. Electrical Appliance Visual User Check Guidelines



Electrical Appliance Visual User Check Guidelines

PLEASE NOTE: Users should not be opening appliances or plugs or undertaking any investigations beyond their level of competency.

A visual check should be carried out on portable electrical equipment prior to each usage.

Definition of portable equipment – An appliance that is intended to be moved whilst in operation or an appliance which can easily be moved from one place to another, e.g. vacuum cleaner, toaster, food mixer, etc.

Any portable electrical appliance which does not have a current PAT test Pass sticker should not be used until appropriately tested. Items newly purchased do not need to be PAT tested until 12mths, but visual and user checks carried out before putting into circulation.

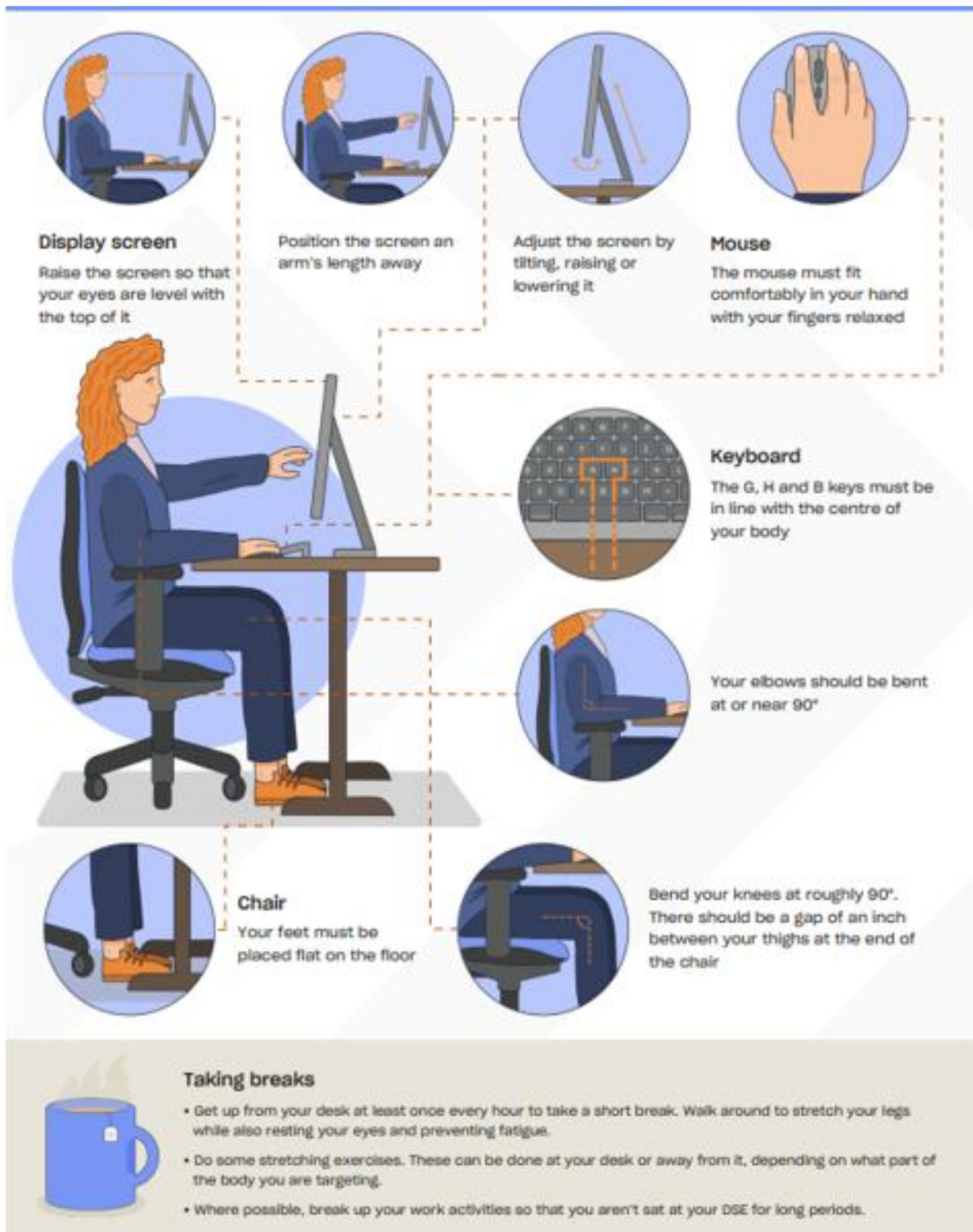
- Make sure the appliance is unplugged from the electrical supply before checking any flexes, plugs or the appliance casings, etc.
- Inspection of Flex – is it in good condition? Is it free from any damage, i.e. cuts, fraying, melting?
- The Plug – is it free from cracks or damage? Are there any signs of overheating? Is the cable securely fixed?
- The Socket Outlet – are there any signs of overheating? Is it securely fixed? Is it free from cracks or damage? (Extension cables must be switched off at the wall before plugging in/unplugging appliances).
- The Portable Appliance – does it work as it should? Is there any damage to the appliance that may expose live parts? Are there strange noises or smells coming from the appliance?
- Where students are collecting / returning laptops to laptop trolleys, the trolley must first be switched off at the mains by a member of staff.
- Environment – is the appliance suitable for its purpose, i.e. can it be used outdoors or in damp conditions etc?
- Suitability – is the appliance suitable for the work for which it is required – is it powerful enough or too powerful, or is it just designed for occasional use?

If an appliance is found to be faulty then the procedure outlined below should be followed:

1. Make sure the appliance is switched off and unplugged from the power supply.
2. Where possible remove the appliance from use to a secure area.
3. Clearly label the appliance to identify that it must not be used.
4. Report the fault to the Site Team Admin (Ext 227).

Students should also be taught the above guidelines and to report any problems immediately to their teacher/supervising member of staff before use. There must be adequate supervision of students while using electrical equipment.

Appendix 2. DSE Poster



Appendix 3. DSE Assessment

Display Screen Equipment (DSE) Workstation Checklist

ACET Site:	
Workstation location:	
User:	
Checklist completed by:	
Assessment checked by:	
Any further action needed:	Yes/No
Follow-up action completed on:	

The following checklist can be used to help you determine if any further action is needed to support a member of staff and if a further risk assessment is needed

If you can answer 'Yes' in the second column against all the questions, having taken account of the 'Things to consider', you are complying and no further action is needed. **No** answers will require further investigation and/or remedial action by the assessor

They should record their decisions in the 'Action to take' column. Assessors should check later that actions/recommendations have been taken and have resolved the problem.

Risk factors	Tick answer	Things to consider	Action to take
	Yes	No	
1 Keyboards			
Is the keyboard separate from the screen?		This is a requirement, unless the task makes it impracticable (eg where there is a need to use a portable).	
Does the keyboard tilt?		Tilt need not be built in	
Is it possible to find a comfortable keying position?		Try pushing the display screen further back to create more room for the keyboard, hands and wrists. Users of thick, raised keyboards may need a wrist rest.	
			
			
			
			
Does the user have good keyboard technique?		Training can be used to prevent: ■ hands bent up at the wrist; ■ hitting the keys too hard; ■ overstretching the fingers.	
Are the characters clear and readable?		Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
2 Mouse, trackball etc				
Is the device suitable for the tasks it is used for?			If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes. Alternative devices such as touch screens may be better for some tasks (but can be worse for others).	
Is the device positioned close to the user? (see above, activity 1)			Most devices are best placed as close as possible, eg right beside the keyboard. Training may be needed to: ■ prevent arm overreaching; ■ encourage users not to leave their hand on the device when it is not being used; ■ encourage a relaxed arm and straight wrist.	
				
				
Is there support for the device user's wrist and forearm?			Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. The user should be able to find a comfortable working position with the device.	
Does the device work smoothly at a speed that suits the user?			See if cleaning is required (eg of mouse ball and rollers). Check the work surface is suitable. A mouse mat may be needed.	
Can the user easily adjust software settings for speed and accuracy of pointer?			Users may need training in how to adjust device settings.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
3 Display screens				
Are the characters clear and readable?			Make sure the screen is clean and cleaning materials are available. Check that the text and background colours work well together.	
Health and Safety Health and safety				
Is the text size comfortable to read?			Software settings may need adjusting to change text size.	
Is the image stable, ie free of flicker and jitter?			Try using different screen colours to reduce flicker, eg darker background and lighter text. If there are still problems, get the set-up checked, eg by the equipment supplier.	
Is the screen's specification suitable for its intended use?			For example, intensive graphic work or work requiring fine attention to small details may require large display screens.	
Are the brightness and/or contrast adjustable?			Separate adjustment controls are not essential, provided the user can read the screen easily at all times.	
Does the screen swivel and tilt?			Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if: ■ swivel/tilt is absent or unsatisfactory; ■ work is intensive; and/or ■ the user has problems getting the screen to a comfortable position.	
				



Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the screen free from glare and reflections? 			Use a mirror placed in front of the screen to check where reflections are coming from. You might need to move the screen or even the desk and/or shield the screen from the source of the reflections. Screens that use dark characters on a light background are less prone to glare and reflections.	
Are adjustable window coverings provided and in adequate condition?			Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. If these measures do not work, consider anti-glare screen filters as a last resort and seek specialist help.	
4 Software				
Is the software suitable for the task?			Software should help the user carry out the task, minimise stress and be user-friendly. Check users have had appropriate training in using the software. Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.	



Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
5 Furniture				
Is the work surface large enough for all the necessary equipment, papers etc? 			Create more room by moving printers, reference materials etc elsewhere. If necessary, consider providing new power and telecoms sockets, so equipment can be moved. There should be some scope for flexible rearrangement.	
Can the user comfortably reach all the equipment and papers they need to use? 			Rearrange equipment, papers etc to bring frequently used things within easy reach. A document holder may be needed, positioned to minimise uncomfortable head and eye movements.	
Are surfaces free from glare and reflection?			Consider mats or blotters to reduce reflections and glare.	
Is the chair suitable? Is the chair stable? Does the chair have a working: ■ seat back height and tilt adjustment? ■ seat height adjustment? ■ castors or glides?			The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the chair adjusted correctly? 			The user should be able to carry out their work sitting comfortably. Consider training the user in how to adopt suitable postures while working. The arms of chairs can stop the user getting close enough to use the equipment comfortably. Move any obstructions from under the desk.	
Is the small of the back supported by the chair's backrest? 				
Are forearms horizontal and eyes at roughly the same height as the top of the DSE?			Adjust the chair height to get the user's arms in the right position, and then adjust the DSE height, if necessary.	
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?			If not, a footrest may be needed.	



Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
6 Environment				
Is there enough room to change position and vary movement?			Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.	
Is the lighting suitable, eg not too bright or too dim to work comfortably?			Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, eg desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).	
Does the air feel comfortable?			DSE and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.	
Are levels of heat comfortable?			Can heating be better controlled? More ventilation or air conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?	
Are levels of noise comfortable?			Consider moving sources of noise, eg printers, away from the user. If not, consider soundproofing.	

7 Final questions to users...

- Has the checklist covered all the problems they may have working with their DSE?
- Have they experienced any discomfort or other symptoms which they attribute to working with their DSE?
- Does the user take regular breaks working away from DSE?



Write down the details of any problems here:

|

Further information

Working with display screen equipment (DSE): A brief guide Leaflet INDG36(rev4)

HSE books 2013 www.hse.gov.uk/publicns/indg36.htm

For information about health and safety visit <http://www.hse.gov.uk>

Appendix 4. Incident Reporting Form (accidents/incidents/near miss/violence)

Incident Reporting and Investigation Form (School)



Doc Ref: HS-02 F005
Rev: 0

ALL SECTIONS OF THE FORM MUST BE COMPLETED
FAILURE TO DO SO WILL RESULT IN THE FORM BEING RETURNED

1. Injured Person/Person Involved

Full Name			Employee	☐
Home Address:			Pupil	☐
Post Code:			Member of Public	☐
DoB:			Other: specify	
Gender:	Male ☐	Female ☐	If Employee	
	Non-binary ☐	Prefer Not to say ☐	Job Title:	

1A. Injured Person/Person Involved (No 2)

Full Name			Employee	☐
Home Address:			Pupil	☐
Post Code:			Member of Public	☐
DoB:			Other: specify	
Gender:	Male ☐	Female ☐	If Employee	
	Non-binary ☐	Prefer Not to say ☐	Job Title:	

2. Location of Incident

Name of School/Academy			Local Maintained	☐
			Academy	☐
Location of Incident If it was not at School (including address, post code, building, street or room name or number where relevant)				

3. Incident Type

Please select one that describes the incident you are reporting

Accident	An accident is an incident which results in injury to someone or damage to property.	☐
Violence & Aggression	Any incident in which an employee is verbally abused, threatened, or physically assaulted, in circumstances arising out of or in connection with work	☐
Near Miss	A near miss is an incident that results in no injury or damage but had the potential to cause harm or damage.	☐

3A. Incident Type – Dangerous Occurrence

Was it a Dangerous Occurrence?

Dangerous Occurrence is a serious failure of equipment, premises or plant.

For example,

- The collapse or overturning of lifting equipment.
- Pressure system failure.
- An explosion or fire caused by electrical short circuit or overload that created a significant risk of death or 24-hour plant stoppage
- An electrical incident involving an overhead electric line
- The collapse of scaffolding more than 5 m high?

Yes, it was a Dangerous Occurrence ☐

No, please see Incident type above ☐

If you need help selecting the correct incident type,

please contact Health and Safety at HealthandSafety@rotherham.gov.uk

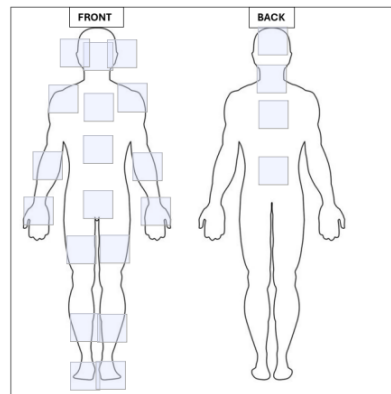
4. Details of Incident

Date:		Time:	
Description of how the incident happened			
Briefly, what happened in the lead up to, during and immediately after the incident?			
Full description of injuries sustained (if any) (e.g., cut to right knee, bruise to left elbow, swelling to ankle)			
Was first aid treatment administered?			
If yes, please describe the treatment provided (e.g., area cleaned with sterile wipes, ice pack applied, dressing applied, etc.).			
Was the injured person taken directly to hospital from the scene?			
If no, please explain when they were taken to hospital (e.g., taken the following day, went home and was later taken to hospital by a parent).			
If yes, please specify what medical treatment was given (e.g., X-ray, stitches, glue, examination by a doctor, prescription provided, etc.).			

5. Body Map of Injury

Please click on the body map below to indicate where the injury occurred (Red dot will appear).

If no injury occurred, please leave this section blank.



6. Incident Containment

Describe the immediate actions taken to contain the incident.

Please include:

- Whether the area was made safe (secured, isolated, cleaned up, or cordoned off)
- Whether the incident was reported to the Police
- If reported, provide the Police incident number

7. Environment Conditions

Describe any environmental or workplace conditions that may have contributed to the incident.

☐ Indoors	☐ Outdoors	☐ Overcast	☐ Windy
☐ Wet	☐ Rain	☐ Snow	☐ Ice
☐ Daylight	☐ Sunshine	☐ Night	☐ Artificial Lighting
☐ Hot	☐ Cold	☐ Freezing	☐ Noisy

8. Details of Assailant(s) – (If known and relevant)

Name		Name	
Address		Address	
Age		Age	
Gender		Gender	

Category (please select as appropriate)

Pupil	☐	Parent	☐	Other	☐	Pupil	☐	Parent	☐	Other	☐
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9. Details of Witness(es)

Name		Name	
Address		Address	
Age		Age	
Gender		Gender	

Category (Select tick as appropriate)

Pupil	☐	Parent	☐	Other	☐	Pupil	☐	Parent	☐	Other	☐
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NOTE: If there are more than two assailants or witnesses, please include the additional details in the body of the email when submitting the form to HealthandSafety@rotherham.gov.uk

IMPORTANT

Sections 1–9 must be completed and submitted as soon as possible following the incident, in line with Council Policy (within 3 days of the incident occurring). These sections capture the initial details of the incident and must be submitted first, even if you are still collating information to enable a full investigation.

Investigation sections (Sections 10 onwards) can be completed and submitted at a later stage if the information required for the investigation is not immediately available.

10. Investigation:

PLEASE ENSURE THIS SECTION IS COMPLETED promptly by the Head of School, Principal, Deputy Head, or Business Manager. Identify any factors that may have contributed to the incident and outline any actions required to prevent it from happening again. Consider whether appropriate school procedures were in place and whether they were followed.

Things to consider:

- What factors contributed to the incident? Consider pupil behaviour, staff supervision, the environment, equipment used, and any other relevant circumstances.
- Were staff appropriately trained for the activity or supervision involved? If yes, please provide details or attach evidence (e.g., training records, certificates, induction information).
- If equipment was involved, was it safe and suitable for use? Consider whether it had been inspected, maintained, and was fit for purpose, including playground equipment, classroom resources, PE apparatus, science/IT equipment, etc.
- Was appropriate PPE or protective equipment required and used? Consider any misuse, lack of PPE, or non-compliance with established school procedures.
- Include supporting evidence where relevant. This may include witness statements (staff or pupils), photographs, risk assessments, inspection records, or any other documentation that supports understanding of the incident.

Is there a risk assessment in place for this work activity

YES ☐ NO ☐

If yes, please attach it to the email when submitting this form.

If no risk assessment is in place, give reasons why not?

Was adequate supervision in place at the time of the incident?

Please provide the supervision ratio where possible (e.g., 1:8, 1:15.)

11. What was the Immediate Cause of the incident?

The Immediate Cause refers to the direct, short-term action or condition that led to the incident occurring at that moment.

Examples of Immediate Causes

Unsafe Acts:

- Pupil was running instead of walking and slipped
- Inappropriate behaviour or lack of supervision
- Incorrect manual handling technique
- Equipment used incorrectly or without required safeguards
- Failure to follow established school procedures or instructions

Unsafe Conditions:

- Wet or slippery floor
- Poor lighting in classrooms, corridors, or outdoor areas
- Trailing cables in walkways
- Faulty or damaged equipment
- Obstructions in corridors, classrooms, or playgrounds
- Uneven surfaces or damaged flooring/playground areas

12. What was the Underlying Cause of the incident?

The Underlying Cause refers to the deeper reason(s) that allowed the immediate cause of the incident to exist.

These are not the obvious or immediate triggers, but the underlying weaknesses, systems, or circumstances that created the conditions for the incident to occur.

Examples of Underlying causes

Training and Competence Issues:

- Staff member had not received appropriate or up-to-date training
- Induction or refresher training not provided or completed
- Incorrect assumptions made about staff competence or pupil capability
- Inadequate training for specific activities (e.g., PE, practical lessons, trips)

Procedural or Planning Issues:

- No risk assessment in place for the activity
- Existing risk assessments or procedures were unclear, outdated, or not followed
- Lesson, activity, or trip not adequately planned
- Changes made to activities without reassessing risks
- Time pressures or rushed activities impacting safety

Management and Supervision Factors:

- Inadequate supervision of pupils
- Supervision levels not appropriate for the activity, age group, or needs of pupils
- Lack of monitoring of staff compliance with school procedures
- Expectations not clearly communicated to staff or pupils

Environment or Organisational Issues:

- Poor maintenance of buildings, playgrounds, or equipment
- Identified hazards not addressed in a timely manner
- Inadequate storage leading to clutter or obstructions
- Staffing shortages impacting supervision or safe delivery of activities

Human Factors:

- Fatigue or workload pressures
- Distraction or divided attention
- Poor situational awareness
- Stress affecting decision-making

13. What was the Root Cause of the incident? (Technical, Organisational, Behavioural)

Root Cause refers to the fundamental reason the incident occurred — the deep-seated issue that must be addressed to prevent recurrence.

- Technical:** Problems with equipment, tools, materials or systems.
Examples: faulty equipment, poor maintenance, wrong tools, design issues.
- Organisational:** Issues with processes, planning, training or management.
Examples: unclear procedures, inadequate training, poor supervision, lack of risk assessment.
- Behavioural:** Actions or decisions made by people.
Examples: not following procedure, shortcuts, distraction, fatigue.

NOTE: If you are unsure about identifying the immediate, underlying, or root cause, please refer to the prompts and examples provided above to support your assessment.

Incident investigation training is also available through the Health and Safety team and provides a fundamental understanding of immediate, underlying, and root causes.

For further information or to request training, please contact HealthandSafety@rotherham.gov.uk

14. Has any corrective action been taken as a result of this incident: For example: This may include removing equipment from use, arranging repairs, providing staff re-training, taking disciplinary action where appropriate, implementing new or revised school policies, increasing monitoring of similar activities, or reviewing procedures or risk assessments. All corrective actions taken must be clearly detailed. It is strongly recommended that corrective actions are recorded appropriately and retained in line with school record-keeping procedures.			
Head Teacher / Principal Name (please print):			
Signature:		Date:	
Contact Number:			
E-mail address:			

Please e-mail this form immediately, or within 3 days of the incident occurring, and attach any relevant risk assessments, photographs, witness statements, or other supporting evidence, to: HealthandSafety@rotherham.gov.uk

Appendix 5. Recommended Absence Period for Preventing the Spread of Infection

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

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

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.
Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.

Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and if they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics, and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.

Hepatitis B	Acute cases of hepatitis B will be too ill to attend school, and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.