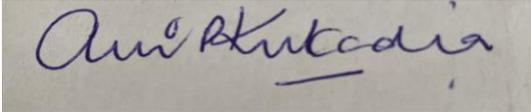




Health and Safety Policy

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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 proprietor

The proprietor has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to the Head Teacher.

The proprietor 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 proprietor, 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

3.2 Head Teacher

The Head Teacher 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 proprietor (or her nominated representative) on health and safety matters
- Ensuring appropriate evacuation procedures are in place and regular fire drills are held
- Ensuring that in their absence, health and safety responsibilities are delegated to another member of staff
- Ensuring all risk assessments are completed and reviewed
- Monitoring cleaning contracts, and ensuring cleaners are appropriately trained and have access to personal protective equipment, where necessary
- In the Head Teacher's absence, the Manager of Liberty Lodge Residential Home assumes the above day-to-day health and safety responsibilities.

3.3 Health and Safety Lead (Competent person)

The nominated health and safety lead is the Head Teacher.

3.4 Staff

All school staff have a duty to take care of pupils in the same way that a careful 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, parents, carers and visitors

Pupils, parents, carers and visitors 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 head teacher 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 Head Teacher and Manager of the attached Liberty Lodge Residential Children's Home 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.

The Head Teacher of Liberty Lodge Independent School and The Manager of Liberty Lodge Residential Children's Home are main 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 and constant ringing of a metal bell

Fire alarm testing will take place weekly.

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, pupils and any visitors will congregate at the assembly point. **This is the car park in front of the school/residential home**
- The Head Teacher will take a register of pupils, which will then be checked against the attendance register of that day
- The Head Teacher will take a register of all staff and any visitors to the school at the time of the evacuation.
- 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.

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 Head Teacher and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

Hazardous cleaning products will be locked away. No pupil will have access.

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

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

6.1 Gas safety

- 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

- The most recent water risk assessment was completed on April 12th 2019 by the contractor, Bison Assist.
- The Head Teacher is responsible for ensuring that the identified operational controls are conducted and recorded in the school's records of water temperature checks
- This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: weekly temperature checks and heating of water.

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

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 Head Teacher and Person Responsible 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. This test will be completed annually on all portable appliances in the school.
- Any isolators switches are clearly marked to identify their machine
- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

7.2 PE equipment

- Where applicable, 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 will be reported to the Head Teacher.

7.3 Display screen equipment

- All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- Staff identified as DSE users are entitled to an eyesight test for DSE use upon request, and at regular intervals thereafter, by a qualified optician (and corrective glasses provided if required specifically for DSE use)

7.4 Specialist equipment

Where applicable, staff are responsible for the maintenance and safety of their own specialist equipment.

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 classroom/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.

From March 2020, working at height training forms part of the school's induction programme.

Currently, there are no ladders stored at the school.

In addition:

- The maintenance contractor retains ladders for working at height
- Pupils are prohibited from using ladders
- Contractors are expected to provide their own ladders for working at height
- 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. From March 2020, manual handling training forms part of the school's induction programme.

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 school 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

12. Lettings

Currently, no part of Liberty Lodge Independent School is available for lettings.

13. Violence at work

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

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

14. Smoking

Smoking is not permitted anywhere on the school premises.

15. Infection prevention and control

We follow national guidance published by Public Health England when responding to infection control issues. We will encourage staff and pupils to follow this good hygiene practice, outlined below, where applicable.

From March 13th 2020, a three hourly cleaning regime is in place at the school. **See Appendix 5.**

In addition, HSE/Government guidance regarding COVID-19: guidance for educational settings: DfE and PHE

Updated February 28th 2020 & March 26th is attached to this policy in Appendix 2

Updated March 12th 2020 'COVID-19: travel guidance for the education sector' is attached to this policy in Appendix 3

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
- In the absence of soap, use hand sanitiser (60% alcohol)
- Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

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

15.4 Cleaning of the environment

- Clean the environment frequently and thoroughly

15.5 Cleaning of blood and body fluid spillages

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

15.6 Laundry

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

15.7 Clinical waste

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

15.8 Animals

- Wash hands before and after handling any animals
- 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. We will 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 1.

In the event of an epidemic/pandemic, we will follow advice from Public Health England about the appropriate course of action. **Please see Appendix 2 and 3 for government guidance regarding Covid-19**

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. Staff at Liberty Lodge Independent School have access to the Employee Assistance Programme through Health Assured which offers:

- Free 24/7 counselling, legal & information line
- Critical incident advice & telephone support
- Online health portal & access to the Health e-Hub app
- Relationship management support
- Management support line & counselling
- Manager support guides

These services are highlighted to all staff. Staff do not have to contact a line manager to access either service. Staff all have an open invitation to contact the Proprietor with any concerns which includes stress at work.

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.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational records
- Records held in the first aid and accident books 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 stored for a further 72 years in line with Insurer's guidance.

18.2 Reporting to the Health and Safety Executive

The Person Responsible 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 Person Responsible/Head Teacher 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: –

<http://www.hse.gov.uk/riddor/report.htm>

18.3 Notifying parents, carers or social workers

The Head Teacher will inform parents, carers and/or social workers 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 child protection agencies

The Designated Safeguarding Lead will notify the MASH Team and the Local Authority of any serious accident or injury to, or the death of, a pupil while in the school's care.

18.5 Reporting to Ofsted

The Head Teacher and/or Designated Safeguarding Lead 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.

19. Training

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

- General Health & Safety

- Positive Handling/Restraint
- Fire Safety/Awareness
- Legionella Awareness
- Work at height
- Manual handling

Staff who have additional responsibilities or who work in high risk environments, such as in science labs or with woodwork equipment, or work with pupils with particular special educational needs or disability (SEND), are given additional health and safety training, where required.

20. Monitoring

This policy will be reviewed by the Head Teacher and/or Person Responsible every year.

At every review, the policy will be approved by the Proprietor.

21. Links with other policies

This health and safety policy links to the following policies:

First Aid

Risk assessment

Supporting pupils with medical conditions

Accessibility Plan

Lone Working

Appendix 1. Recommended absence period for preventing the spread of infection

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)	<p>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.</p> <p>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.</p>
Cold sores	None.
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 factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus	None (not infectious by the time the rash has developed).

B19, Fifth's disease	
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Covid-19 Coronavirus	See Appendices 1-5 attached to this policy Guidance COVID-19: guidance for educational settings
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 advisor or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.
Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.

Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/ septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

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. For each of these infections or complaints, there [is further information in the guidance on the symptoms, how it spreads and some 'do's and don'ts' to follow that you can check.](#)

Appendix 2a: COVID-19: guidance for educational settings: DfE and PHE

Updated March 26th 2020

What you need to know

staff, young people and children should stay at home if they are unwell with a new, continuous cough or a high temperature to avoid spreading infection to others. Otherwise they should attend education or work as normal

if staff, young people or children become unwell on site with a new, continuous cough or a high temperature they should be sent home

clean and disinfect regularly touched objects and surfaces more often than usual using your standard cleaning products

supervise young children to ensure they wash their hands for 20 seconds more often than usual with soap and water or hand sanitiser and catch coughs and sneezes in tissues

posters and lesson plans on general hand hygiene can be found on the [eBug website](#)

unless you have been directly advised to close by the local Public Health England Health Protection Team, we recommend all education settings remain open

Background

This guidance will assist staff in addressing coronavirus (COVID-19) in educational settings. This includes childcare, schools, further and higher educational institutions.

This guidance may be updated in line with the changing situation.

Symptoms

The most common symptoms of coronavirus (COVID-19) are a new, continuous cough or a high temperature.

For most people, coronavirus (COVID-19) will be a mild infection.

What to do if someone develops symptoms of coronavirus (COVID-19) on site

If anyone becomes unwell with a new, continuous cough or a high temperature in an education setting they should be sent home and advised to follow the [staying at home guidance](#).

If a child is awaiting collection, they should be moved, if possible and if appropriate, to a room where they can be isolated behind a closed door. Settings should be mindful of individual children's needs – for example it would not be appropriate for younger children to be alone without adult supervision. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

If they need clinical advice, they (or their teacher, parent or guardian) should go online to [NHS 111](#) (or call 111 if they don't have internet access). In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped someone who was taken unwell with a new, continuous cough or a high temperature, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell.

In most cases, closure of the educational setting will not be needed but this will be a local decision based on various factors such as establishment size and risk of further spread.

If there is an urgent public health action to take, the educational setting will be contacted by the local Public Health England Health Protection Team who will undertake a risk assessment and advise on any actions or precautions that should be taken. PHE will rarely advise a school to close

but this may be necessary if there are so many staff being isolated that the school has operational issues. Your local authority will support you to make this assessment. PHE will work with the headteacher, principal or management team, and the Local Authority Public Health team, to advise on the management of children, pupils, students or staff.

Limiting spread of coronavirus (COVID-19) in educational settings

Education settings can help reduce the spread of coronavirus (COVID-19) by reminding everyone of the public health advice.

Staff, children, pupils, students and families should be reminded to wash their hands for 20 seconds more frequently than normal.

Frequently clean and disinfect objects and surfaces that are touched regularly, using your standard cleaning products. [Posters, leaflets and other materials](#) are available.

Cleaning and Waste

See guidance on [cleaning and waste disposal](#).

Tools for use in childcare and educational settings

There is a dedicated helpline number for educational settings – please call 0800 046 8687 for any specific question not covered on this page.

PHE has [resource materials](#) that contain public health advice about how you can help stop the spread of viruses, like those that cause coronavirus (COVID-19), by practising good respiratory and hand hygiene. To access, download and share this information, you will need to register for an account which only takes a couple of minutes.

Use [e-Bug](#) resources to teach pupils about hygiene.

Education Scotland produces resources for the use of schools in Scotland.

Appendix 2b: COVID-19: guidance for educational settings: DfE and PHE

Updated February 28th 2020

Contents

1. Information about the virus
2. How COVID-19 is spread
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4. What to do if children, pupils, students or staff become unwell and believe they have been exposed to COVID-19 (either through travel to a specified country or area or contact with a confirmed case)
5. What to do if a case of COVID-19 (pupil, student or staff) is suspected in your childcare or education setting
6. What to do if a case of COVID-19 (pupil, student or staff) is confirmed in your childcare or education setting
7. What to do if pupils, students or staff in your institution are contacts of a confirmed case of COVID-19 who was symptomatic while attending your childcare or educational setting
8. What to do if pupils, students or staff in your childcare or educational setting have travelled from any Category 1 specified country/area in the past 14 days
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12. What to do with post, packages or food sent from specified countries/areas within the last 14 days
13. How to clean educational establishments where there were children, students or staff with suspected cases of COVID-19
14. What to do with rubbish in the educational establishment, including tissues, if children, students or staff become unwell with suspected COVID-19
15. Tools for use in childcare and educational settings

This guidance will assist schools and other educational settings in providing advice for pupils, students, staff and parents or carers regarding:

- the novel coronavirus, COVID-19,
- how to help prevent spread of all respiratory infections including COVID-19,
- what to do if someone confirmed or suspected to have COVID-19 has been in a school or other educational setting, and
- what advice to give to individuals who have travelled from [specified countries or areas](#) within the last 14 days, including school trips

With regards to travel information for [specified countries/areas](#) for pupils or students resident or boarding in the UK, we recommend following the Foreign and Commonwealth Office (FCO) [country advice pages](#).

1. Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is between 2 and 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, it is unlikely that they have been infected.

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. There is no evidence that children are more affected than other age groups – very few cases have been reported in children.

2. How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Droplets produced when an infected person coughs or sneezes (termed respiratory secretions) containing the virus are most likely to be the most important means of transmission.

There are 2 routes by which people could become infected:

- secretions can be directly transferred into the mouths or noses of people who are nearby (within 2 metres) or could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface or object that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching a door knob or shaking hands then touching own face).

There is currently no good evidence that people who do not have symptoms are infectious to others.

3. Preventing spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:

- washing your hands often - with soap and water, or use alcohol sanitiser if handwashing facilities are not available. This is particularly important after taking public transport
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See [Catch it, Bin it, Kill it](#)
- people who feel unwell should stay at home and should not attend work or any education or childcare setting
- pupils, students, staff and visitors should wash their hands:
 - before leaving home
 - on arrival at school
 - after using the toilet
 - after breaks and sporting activities

before food preparation

before eating any food, including snacks

before leaving school

- use an alcohol-based hand sanitiser that contains at least 60% alcohol if soap and water are not available
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- If you are worried about your symptoms or those of a child or colleague, please call NHS 111. Do not go directly to your GP or other healthcare environment

See further information on the [Public Health England Blog](#) and the [NHS UK website](#).

PHE has a [suite of materials](#) that contains public health advice about how you can help stop the spread of viruses, like those that cause COVID-19, by practicing good respiratory and hand hygiene. To access, download and share this information you will need to register for an account which only takes a couple of minutes.

Face masks for the general public, pupils or students, or staff are not recommended to protect from infection, as there is no evidence of benefit from their use outside healthcare environments.

People who have returned from [Category 1 specified countries/areas](#) in the last 14 days should self-isolate. This includes avoiding attending an education setting or work until 14 days after they return. People who have returned from [Category 2 specified countries/areas](#) in the last 14 days, are advised to stay at home if they develop symptoms. All other pupils or students and staff should continue to attend school or university, including their siblings attending the same or a different school (unless advised not to by public health officials).

4. What to do if children, pupils, students or staff become unwell and believe they have been exposed to COVID-19 (either through travel to a [specified country or area](#) or contact with a confirmed case)

Call NHS 111, or 999 in an emergency (if they are seriously ill or injured or their life is at risk), and if appropriate, explain which country they have returned from in the last 14 days. You can do this on their behalf if this is easier. People who become unwell should be advised not to go to their GP, pharmacy, urgent care centre or a hospital.

Whilst you wait for advice from NHS 111 or an ambulance to arrive, try to find somewhere safe for the unwell person to sit which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a shut door, such as a staff office or meeting room. If it is possible to open a window, do so for ventilation. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow. The room will need to be cleaned once they leave.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.

Make sure that children and young people know to tell a member of staff if they feel unwell.

5. What to do if a case of COVID-19 (pupil, student or staff) is suspected in your childcare or education setting

If anyone has been in contact with a suspected case in a childcare or educational setting, no restrictions or special control measures are required while laboratory test results for COVID-19 are awaited. There is no need to close the setting or send other learners or staff home. As a precautionary measure, the NHS are currently testing a very large number of people who have travelled back from affected countries, the vast majority of whom test negative. Therefore, until the outcome of test results is known there is no action that staff members need to take apart from cleaning specific areas ([section 13](#)) and disposing of waste ([section 14](#)).

Once the results arrive, those who test negative for COVID-19 will be advised individually about return to education.

6. What to do if a case of COVID-19 (pupil, student or staff) is confirmed in your childcare or education setting

The childcare or educational setting will be contacted by the local Public Health England Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken. An assessment of each childcare or education setting will be undertaken by the Health Protection Team with relevant staff. Advice on the management of pupils or students and staff will be based on this assessment.

The Health Protection Team will also be in contact with the patient directly to advise on isolation and identifying other contacts, and will be in touch with any contacts of the patient to provide them with appropriate advice. Advice on cleaning of communal areas such as classrooms, changing rooms and toilets will be given by the Health Protection Team and is outlined later in this document.

If there is a confirmed case, a risk assessment will be undertaken by the educational establishment with advice from the local Health Protection Team. In most cases, closure of the childcare or education setting will be unnecessary but this will be a local decision based on various factors such as establishment size and pupil mixing.

7. What to do if pupils, students or staff in your institution are contacts of a confirmed case of COVID-19 who was symptomatic while attending your childcare or educational setting

The definition of a contact includes:

- any pupil, student or staff member in close face-to-face or touching contact including those undertaking small group work (within 2 metres of the case for more than 15 minutes)
- talking with or being coughed on for any length of time while the individual is symptomatic
- anyone who has cleaned up any bodily fluids of the individual
- close friendship groups
- any pupil, student or staff member living in the same household as a confirmed case, or equivalent setting such as boarding school dormitory or other student accommodation
- Contacts are not considered cases and if they are well, they are very unlikely to have spread the infection to others, however:
 - they will be asked to self-isolate at home, or within their boarding school dormitory room, for 14 days from the last time they had contact with the confirmed case and follow the [home isolation advice sheet](#)
 - they will be actively followed up by the Health Protection Team

- if they develop any symptoms within their 14-day observation period they should call NHS 111 for assessment
- if they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
- if they require emergency medical attention, call 999 and tell the call handler or ambulance control that the person has a history of potential contact with COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection

Family and friends who have not had close contact (as listed above) with the original confirmed case do not need to take any precautions or make any changes to their own activities such as attending childcare or educational settings or work, unless they become unwell. If they become unwell, they should call NHS 111 and explain their symptoms and discuss any known contact with the case to consider if they need further assessment.

If a confirmed case occurs in an educational setting the local Health Protection Team will provide you with advice and will work with the head teacher, principal and or management team of that setting. Outside those that are defined as close contacts, the rest of the school does not need to take any precautions or make any changes to their own activities attending educational establishments or work as usual, unless they become unwell. If they become unwell they will be assessed as a suspected case depending on their symptoms. This advice applies to teaching staff and children in the rest of the class who are not in a close friendship group or children undertaking small group work. The decision as to whether pupils, students and staff fall into this contact group or the closer contact group will be made between the Health Protection Team, the educational setting and (if they are old enough) the student. Advice should be given as follows:

- if they become unwell with cough, fever or shortness of breath they will be asked to self-isolate and should seek medical advice from NHS 111
- if they are unwell at any time within the 14 days of contact and they are tested and are positive for COVID-19 they will become a confirmed case and will be treated as such.

8. What to do if pupils, students or staff in your childcare or educational setting have travelled from any [Category 1 specified country/area](#) in the past 14 days

If an individual falls into this category, contact NHS 111 for further advice:

- if they are currently well, they should self-isolate for 14 days and you should follow the advice as above for contacts of confirmed cases in the educational setting
- if they become unwell please call NHS 111 immediately for them to be assessed by an appropriate specialist. You should follow the advice as above for contacts of confirmed cases in the educational establishment. If they require emergency medical attention, call 999 and tell the call handler or ambulance control that the person has a history of recent travel to risk areas for COVID-19

9. What to do if a pupil, student or staff member has travelled from a [Category 2 specified country/area](#) in the last 14 days

If they are currently well:

- they are advised to self-isolate only if they develop symptoms
- they can continue to attend work or education
- they do not need to avoid contact with other people
- their family do not need to take any precautions or make any changes to their own activities
- testing people with no symptoms for COVID-19 is currently not recommended

- it is useful to always take a mobile phone with them when they go out so that they can contact others if they do become unwell
- If they become unwell:
- they should stay indoors and avoid contact with other people as they would with other flu viruses (see this [home isolation advice sheet](#)).
- they (or a family member, colleague or member of staff) should call NHS 111 immediately for them to be assessed by an appropriate specialist, as quickly as possible
- they should stay at home and should not attend work or education
- they should not go directly to their GP or other healthcare environment
- if they require emergency medical attention, call 999 and tell the call handler or ambulance control that the person has a history of recent travel to risk areas for COVID-19
- see [further information](#) and the [Public Health England Blog](#)

10. What to do if pupils, students or staff return from travel anywhere else in the world within the last 14 days

Currently there are minimal cases outside the risk areas and therefore the likelihood of an individual coming into contact with a confirmed case is low.

There is no need to advise any of these pupils, student or staff to avoid normal activities or educational settings unless they have had contact with a confirmed case of COVID-19.

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact NHS 111 for further advice.

For the latest country specific information please visit [NaTHNac Travel Pro](#).

11. School trips

Pupils, students and staff returning from school trips in [specified countries/areas](#) should follow the same advice as given above ([sections 8](#), [9](#) and [10](#)).

12. What to do with post, packages or food sent from [specified countries/areas](#) within the last 14 days

There is no need to change how you handle post, packages or food received from the affected regions. The virus does not survive well for long periods outside the body and so it is highly unlikely that COVID-19 can be spread through post or packages. It is highly unlikely that COVID-19 can be spread through food.

13. How to clean educational establishments where there were children, students or staff with suspected cases of COVID-19

Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the suspected case has come into contact with must be [cleaned](#) using disposable cloths and household detergents, according to current recommended workplace legislation and practice.

Public areas where a symptomatic individual

These include:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones

has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected. If a person becomes ill in a shared space, these should be cleaned as detailed above.

14. What to do with rubbish in the educational establishment, including tissues, if children, students or staff become unwell with suspected COVID-19

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, you will be instructed what to do with the waste.

15. Tools for use in childcare and educational settings

Use [e-Bug](#) resources recommended by the National Institute of Clinical Excellence to teach pupils about hygiene. Key sections that may be useful are:

15.1 KS1: Horrid Hands and Super Sneezes

[Horrid hands](#)

[Super sneezes](#)

15.2 KS2: Hand Hygiene and Respiratory Hygiene

[Hand hygiene](#)

[Respiratory hygiene](#)

15.3 KS3: Hand Hygiene and Respiratory Hygiene

[Hand hygiene](#)

[Respiratory hygiene](#)

Appendix 3: Guidance COVID-19: travel guidance for the education sector

March 12th 2020

This guidance is for students and staff in the education sector planning to travel in the UK or overseas, and for those who are already overseas.

1. Travel for children under 18 organised by educational settings

1.1 Overseas trips for children under 18 organised by educational settings

The government advises against any overseas trips for children under 18 organised by educational settings. This is because trip leaders would face significant challenges in making arrangements to ensure children's welfare, should adult supervisors or children be required to self-isolate.

1.2 Domestic trips for children under 18 organised by educational settings

The Department for Education is not currently advising against domestic trips (residential and non-residential) for children under 18 organised by educational settings. However, educational settings should refresh their risk assessments to take into account the [latest health advice](#) and ensure measures are in place and agreed with parents in case children or adult supervisors believe they have been exposed to COVID-19 and exhibit symptoms that require self-isolation.

1.3 Overseas trips for children under 18 organised by educational settings currently taking place

Any overseas trips for children under 18 organised by educational settings currently taking place can continue. Educational settings should refresh their risk assessments and ensure measures are in place and agreed with parents in case children or adult supervisors believe they have been exposed to COVID-19 and exhibit symptoms that require self-isolation.

If you're a UK national who needs emergency help from the UK government while overseas, you can contact the [nearest British embassy, consulate or high commission](#) or the [FCO in London](#) on 0207 008 1500 for help or advice 24/7.

2. Travel for students over 18 and staff organised by educational settings

2.1 Students and staff considering travelling overseas for placements or exchanges

If you're a UK student or member of staff who is considering travelling overseas in the near future, see the latest FCO [travel advice](#).

If you're travelling with, or on behalf of, your setting or institution (for example, a higher education provider), you should speak to them before you depart for advice on whether your trip should go ahead.

Before you travel, you should also refer to the [guidance for returning travellers](#) to familiarise yourself with the actions you may need to take when you return to the UK. Read information about [self-isolation](#).

You should be mindful of the possibility that travel advice may change whilst overseas. We advise you to regularly check all relevant GOV.UK guidance.

All travellers (including those planning travel overseas and return to the UK from destinations without confirmed cases of COVID-19) should follow [guidance for travellers](#) to prepare for your trip and reduce your risk of exposure to COVID-19.

2.2 Students and staff considering travelling overseas during term breaks

You should consult the latest [travel advice](#) from the FCO and Public Health England (PHE) [Public Health matters guidance](#) before you travel if you are:

- a non-UK national student or member of staff studying or working in the UK
- a UK resident student or member of staff who is considering travelling overseas during term breaks
- a UK resident student or member of staff currently studying or working overseas who is considering travelling back to the UK during term breaks

You can subscribe to email alerts for the country/territory you're in, or planning to visit, via the 'Get email alerts' link on each [travel advice](#) page.

If you plan to travel overseas, you should notify your educational setting or higher education institution so they are aware of your intention to travel, and are able to provide you with the latest advice and guidance.

2.3 UK students considering travelling overseas to start or continue full courses

If you're a UK student or member of staff who is considering travelling overseas in the near future to undertake an entire qualification (for example, a whole undergraduate course), see the latest FCO [travel advice](#).

The [National Travel Health Network and Centre has also produced general advice](#) on preparing for overseas travel. All travellers (including those planning travel to destinations without confirmed cases of COVID-19) should follow the [guidance for travellers](#) to prepare for their trip and reduce the risk of exposure to COVID-19.

All travellers should be mindful of the possibility that travel advice may change whilst they are overseas. We advise you to regularly check all FCO, PHE and other relevant guidance during your trip and check it again before you return to the UK.

Before you travel, you should also refer to the [guidance for returning travellers](#) to familiarise yourself with the actions you may need to take when you return to the UK. Read information about [self-isolation](#).

2.4 UK students and staff already studying or working overseas

All UK students and staff currently studying or working overseas should continue to monitor the [travel advice](#) issued by the FCO and comply with any COVID-19 control measures put in place by their host nation.

You can subscribe to email alerts for the country/territory you're in via the 'Get email alerts' link on each travel advice page. You should also consult the latest PHE [Public Health matters guidance](#) for steps that you can take to protect yourself.

If you're a UK national who needs emergency help from the UK government, you can contact the [nearest British embassy, consulate or high commission](#) or the [FCO in London](#) on 0207 008 1500 for help or advice 24/7.

Before you travel, you should also refer to the [guidance for returning travellers](#) to familiarise yourself with the actions you may need to take when you return to the UK. Read information about [self-isolation](#).

Read [guidance on what you can do if you need financial help](#) and [who you can contact for support when abroad](#).

2.5 Students already on Erasmus+ exchanges

Travel to and from regions affected by COVID-19 may have to be postponed or cancelled, and participants should speak to their provider in case alternative arrangements are necessary. Where this travel is funded through the Erasmus+ or European Solidarity Corps programmes, the Force Majeure clause in your contract may apply. See the [National Agency's website](#) for more information.

3. Travel insurance

The Association of British Insurers (ABI) has produced [information on travel insurance implications](#) following the COVID-19 outbreak. If you have any further questions about your cover or would like further reassurance, you should contact your travel insurance provider.

Appendix 4 Liberty Lodge Independent School Covid-19 Risk Assessment and Management Plan

March 13th 2020

Updated March 27th 2020 (Updates at foot of the document)

Covid19 Risk Assessment

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected.

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever above 37.8 degrees

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

There is currently little evidence that people who are without symptoms are infectious to others.

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

Public Health England (PHE) recommends that the following general cold and flu precautions are taken to help prevent people from catching and spreading COVID-19:

- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze. See [Catch it, Bin it, Kill it](#)
- put used tissues in the bin straight away
- wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available.
- try to avoid close contact with people who are unwell

- clean and disinfect frequently touched objects and surfaces
- do not touch your eyes, nose or mouth if your hands are not clean

Face masks for the general public are not recommended to protect from infection, as there is no evidence of benefit from their use outside healthcare environments.

People who have returned from Hubei Province, Korea, Iran and Italy in the last 14 days should stay at home whether they have symptoms or not. This includes avoiding attending an education setting or work until 14 days after they leave.

Any person that has a new persistent cough and temperature above 37.8 degrees should self-isolate for 7 days, regardless of any diagnosis.

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

We know that similar viruses are transferred to and by people's hands. Therefore, regular hand hygiene and cleaning of frequently touched surfaces are recommended. Employees are not recommended to wear facemasks (also known as surgical masks or respirators) to protect against the virus. Facemasks are only recommended to be worn by symptomatic individuals (advised by a healthcare worker) to reduce the risk of transmitting the infection to other people.

PHE recommends that the best way to reduce any risk of infection is good hygiene and avoiding direct or close contact (closer than 2 metres) with any potentially infected person.

Risk management measures in place Implemented March 13th 2020

- Staff have read and signed government guidance on managing Covid19. This is added as an appendix to the school's Health and Safety Policy.
- Nobody that has been to affected areas to be allowed in the school.
- Staff and young people to wash hand regularly. Antibacterial soap and blue hand towel available.
- Routine hygiene and cleaning rota checklist in place for staff to sign
- Staff have been designated on line training on Covid19 management
- Posters around the school about Covid19 safety measures
- Staff and young people to avoid any unnecessary close personal contact with one another
- Regular cleaning will take place in line with guidelines of work surfaces, door handles, light switches, telephones, toilets, sink taps, cupboard handles, and anywhere where people have touched.
- Visitors will be asked:
 - not to enter if deemed at risk.
 - if they have any symptoms
 - if they have had contact with a diagnosed case

Health and Safety Policy

Staff sign off sheet

Please complete details below to acknowledge that you have read, understood and will follow this policy

Print name	Role	Signature	Date