MIDDLESBROUGH COUNCIL

EDUCATION SERVICE

HEALTH AND SAFETY POLICY MANUAL

FOR SCHOOLS

December 2016

HEALTH AND SAFETY POLICY STATEMENT
ARRANGEMENTS OF SECTIONS

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INTRODUCTION

1. The Health and Safety at Work etc. Act 1974 which came into effect on the 1st April 1975, makes provision for securing the health, safety and welfare of persons at work and for protecting other persons against the risks to their health or safety arising out of or in connection with the activities of persons at work.

2. Section 2 (3) of the Act requires employers to prepare and, as often as may be appropriate, revise a written statement of general policy with respect to the health and safety at work of employees. The written statement must give the organisation and arrangements for carrying out the health and safety policy and the statement and any revision of it must be brought to the attention of all employees.

3. This Health and Safety Policy statement has been prepared to enable the Council as the employer and the Education Service as the employing Service to comply with Section 2 (3) of the Act. The Policy Statement gives details of the health and safety policies of Middlesbrough Council and the Education Service and how the policies are to be carried out in schools.

4. The Policy Statement is in six sections. Section 1 gives details of the requirements of the Health and Safety at Work etc. Act 1974. Section 2 gives the general health and safety policy statements of Middlesbrough Council and the Education Service and the organisation in the Education Service for carrying out the policies. Section 3 gives the principles of the school's health and safety policy and the organisation within the school for carrying out the policies. Section 4 gives details of how the health and safety policies of Middlesbrough Council are to be carried out in schools. The Act requires the Policy Statement be brought to the attention of all employees and it must be kept up to date. Section 5 gives details of how the Policy Statement will be publicised and Section 6 how it will be monitored to ensure that it continues to be relevant and effective.

5. It is not possible to prepare centrally one Health and Safety Policy Statement which will cover all the circumstances in each school. This Health and Safety Policy Statement should be used as the basis for the preparation of your school's Policy Statement which should include any further health and safety features which are specific to your school.

6. The policies which are given in this Health and Safety Policy Statement and in the supplements to the Statement which will be issued from time to time cannot be effective or successful without the active involvement of all employees. It is therefore essential that all employees understand their responsibilities and follow the guidance given in the Policy Statement and the supplements to the Policy Statement to secure their own health and safety, and the health and safety of other employees, pupils, students, visitors and members of the general public.

SECTION 1

LEGISLATIVE FRAMEWORK OF THE HEALTH AND SAFETY POLICY

1. THE HEALTH AND SAFETY AT WORK ETC. ACT, 1974

1.1 General Duties of Employers to Employees

The Health and Safety at Work etc. Act 1974 places duties on every employer to ensure, so far as is reasonably practicable, the health and safety and welfare at work of all employees and the matters to which this duty extends include in particular :-

(a) To provide and maintain plant and systems at work that are so far as reasonably practicable safe and without risk to health.

(b) To ensure the safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances.

(c) To provide such information, instruction, training and supervision as is necessary to ensure the health and safety at work of employees.

(d) To provide and maintain, as regards any place under the employer's control, all means of access to and egress from the workplace which are safe and without risk to health.

(e) To provide a working environment for employees which is safe and without risks to health and adequate as regards facilities and arrangements for their welfare at work.

(f) To prepare, and as often as may be appropriate, revise a written statement of general policy with respect to he health and safety at work of employees and the organisation and arrangements for carrying out the policy. To bring the statement and any revision of it to the notice of all employees.

(g) To consult with recognised safety representatives with a view to the making and maintenance of arrangements which will enable the employer and employees to co-operate effectively in promoting and developing measures to ensure the health and safety at work of employees, and in checking the effectiveness of such measures.

(h) To establish if requested to do so by the safety representatives, a Safety Committee in accordance with regulations made by the Secretary of State. The Safety Committee will be responsible for keeping under review the measures taken to ensure the health and safety at work of employees and will have other prescribed functions.

1.2 General Duties of Employers to Persons other than Employees

The Act places the following duties on employers to persons other than employees:-

(a) To ensure, so far as is reasonably practicable, that persons who are not employees and who may be affected by the way in which the undertaking is conducted are not exposed to risks to their health or safety.

(b) To give to persons who may be affected by the way in which the undertaking is conducted the prescribed information about the way in which the undertaking is conducted which might affect their health or safety.

1.3 General Duties of Persons Concerned with Premises

The Act places duties on persons who has, to any extent, control premises, the access and egress from the premises or any plant or substance in such premises to take reasonable measures to ensure, so far as is reasonably practicable, that the premises, all means of access or egress available for use by persons using the premises and any plant or substance in the premises or provided for use in the premises are safe and with out risks to health.

1.4 General Duties of Persons in Control of certain Premises in relation to harmful emissions into the Atmosphere

The Act places duties on persons having control of any premises of a class prescribed to use the best practicable means for preventing the emission into the atmosphere from the premises of noxious or offensive substances and for rendering harmless and inoffensive the substances which are emitted.

1.5 General Duties of Employees at Work

The Act places the following duties on Employees.

(a) To take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions; and

(b) As regards any duty or requirement imposed on their employer or any other person by or under any of the relevant statutory provisions, to co-operate so far as is necessary to enable that duty or requirement to be performed or complied with.

1.6 Duties of All persons

The act also states that no person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions.

1.7 Health and Safety Commission and the Health and Safety Executive

The Act created two bodies:-

(a) The Health and Safety Commission which has general oversight of health and safety policy, powers to initiative measures to try to reduce accidents at work and to improve industrial health and safety generally and responsibility for the preparation of health and safety regulations and codes of practice.

(b) The Health and Safety Executive which is the operational arm of the Commission and is concerned with giving advice and guidance on health and safety matters and for enforcing the Act and regulations made under the Act.

1.8 Enforcement

(a) The procedures for enforcement of safety standards by the Health and Safety Executive Inspectorate were introduced by the Act:-

(i) **Improvement Notices**

Where an Inspector considers that a relevant statutory provision has been or is being contravened, he/she may serve on the person or organisation concerned an improvement notice. This will state the contravention to which the Inspector is referring, the reasons why the Inspector considers that an offence has been committed, and requiring the person concerned to remedy the contravention within a specified period.

(ii) **Prohibition Notices**

Where an Inspector considers that activities are being carried out which involve a risk of serious personal injury, he/she may serve a prohibition notice. A prohibition notice must specify the matter, which gives rise to the risk, and direct that the activities should not be carried on unless the matters specified have been remedied.

(b) **Prosecution**

Prosecution in the courts remains a fundamental part of the enforcement machinery of industrial safety legislation. In practice, the great majority of safety issues have been settled by advice and on implementation of the Inspectors recommendations without recourse to legal sanctions.

Middlesbrough Council

HEALTH AND SAFETY POLICY STATEMENT
HEALTH AND SAFETY AT WORK ETC. ACT 1974

1. Preamble

Middlesbrough Council as an employer recognises its duties under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations and all relevant statutory provisions. The Act and the Regulations arising from it, provide the standards that Middlesbrough Council will accept as the minimum requirements for securing the health, safety and welfare of its employees at work and for protecting others against risks to health and safety arising from the activities of its employees at work.

2. Declaration of Intent

2.1 Middlesbrough Council recognises and accepts its responsibilities as an employer and as a service provider for securing the health, safety and welfare of its employees whilst at work, and for the health and safety of service users and members of the public who use its premises and may be affected by its activities.

2.2 Its policies and procedures will be reviewed as circumstances require, to reflect best practice in all aspects of Health and Safety.

3. Organisation and Responsibilities

3.1 Middlesbrough Council proposes always to comply with its general duties under Section 2 and 3 of the Health and Safety at Work etc. Act, the Management of Health and Safety at Work Regulations 1992 and all relevant statutory provisions. More particularly, so far as is reasonably practicable, it will:

(a) Provide and maintain working conditions, systems of work and equipment that are safe and without risk to health.

(b) Provide safe arrangements for the use, handling, storage and transport of articles and substances.

(c) Provide such information, instruction, training and supervision as is necessary for health and safety purposes.

to enable all employees to avoid hazards and to contribute positively to their own health and safety at work.

3.2 Middlesbrough Council will also:

(a) Maintain and develop procedures to assess risks in the workplace and take appropriate action to reduce the risk of injury.

(b) Maintain and develop procedures to assess the potential for violence to employees at work and take appropriate action to avoid/minimise the risks of violence/assault.

(c) Encourage the effective operation of Safety Consultative Committees.

(d) At all times take an active interest in the general aspects of safety by:

(i) Setting targets with the objective of reducing risks within the workplace.

(ii) Being active in the matter of regular joint discussions with their employees.

4. Management

4.1 The work undertaken by the various service groups is varied in nature. The Council will set the standard to be achieved but has delegated the specific duties to the Corporate Director of each service to ensure these duties are met.

4.2 Each Corporate Director is responsible for ensuring that service rules and codes of practice on all aspects of safety management and safety at work are prepared, observed and are reviewed periodically.

4.3 Subsequent delegation of duties to other managers, supervisors, chargehands, etc., must be clear, in writing and understood by all relevant parties.

5. Employees

5.1 Employees are required by the Act and Middlesbrough Council to:

(a) Take reasonable care for the health and safety of themselves and of any other person, including members of the public, who may be affected by their acts or omissions whilst at work.

(b) Every employee is required to co-operate fully with management, to enable it to perform or comply with any duty or requirement imposed by statute, including Regulations and Approved Codes of Practice.

5.2 In addition, employees have responsibilities to:

(a) Report all accidents, ill health, dangerous occurrences and near misses arising out of or in connection with Middlesbrough Council's activities.

(b) Adhere to safe working procedures.

6. Consultation

6.1 It is recognised that staff participation in the maintenance and improvement of a safe working environment is required. Consultation on health, safety and welfare matters will be undertaken, and the active participation and support of employees is asked for in maintaining good communications.

6.2 Middlesbrough Council has set up a Central Health and Safety Committee, which is comprised of Elected Members and Trade Union Representatives. The Health and Safety Adviser and the Corporate Director of Human Resources are permanent members of the Committee. Other services will be appropriately represented.

6.3 The Central Health and Safety Committee will address corporate issues and highlight matters that impact across services. It will keep under review the measures taken to ensure the health, safety and welfare of employees.

6.4 Service Health and Safety Committees, consisting of Trade Unions and Officers will address service specific health and safety issues. The Corporate Director of Human Resources and the Health and Safety Adviser will be a permanent member of these Committees.

7. Service Responsibilities

7.1 Middlesbrough Council has delegated the implementation of its corporate standards to the Corporate Directors of each service. It is the responsibility of the Corporate Director to ensure that rules, regulations and Codes of Practice are reviewed and updated as necessary.

7.2 Each Corporate Director in liaison with the Health and Safety Unit will prepare a comprehensive Safety Policy to cover the activities of their Service Group.

7.3 All applicable legislation, standards, Codes of Practice and guidance shall be identified in the Safety Policy of each Service Group.

7.4 The Service Safety policy will make reference to the Council's Health and Safety Policy Statement.

7.5 The Service Safety Policy will be made available to all employees within the Service Group.

7.6 Each Corporate Director, in liaison with the Health and Safety Unit, will ensure that suitable and sufficient persons are nominated to carry out Hazard Identification and Risk Assessment within their Service and particular area of activity.

7.7 Each Corporate Director will ensure that systems are in place to prioritise risks as identified through the corporate risk assessment process and to implement any necessary control measures.

8. Training

8.1 Health and Safety instruction and training is accepted as a major part of Middlesbrough Council's corporate responsibilities. It will be included in both the corporate and service training policies.

8.2 Middlesbrough Council will ensure that each employee receives suitable and sufficient health and safety information, instruction, training and supervision appropriate to their working environment. Periodic refresher training will be provided as necessary or as required by statute.

8.3 Corporate training will be provided by the Training Unit in the Corporate Human Resource Unit, in liaison with the Health and Safety Unit.

8.4 Service specific training will be provided as required through liaison with the Training Unit and the Health and Safety Unit.

9. Health and Safety Unit

9.1 The Health and Safety Unit in the Corporate Human Resource Unit will play a proactive role in the development of Health and Safety Policies and procedures throughout the Authority and will provide the Council and all its services with:

(a) Information on new legislation.

(b) Advice on Health and Safety issues.

9.2 It will review and authorise all safety procedures and documents produced within the Council before their release to staff.

9.3 It will visit all Council premises and monitor all health and safety activities to ensure compliance with both legislative and Council standards.

9.4 It will advise on behalf of the Authority what standards are to be set, what health and safety management procedures are necessary and how health and safety legislation is to be interpreted.

9.5 It will investigate accidents, incidents and complaints where appropriate.

9.6 It will review and authorise all Health and Safety training packages and provide courses where necessary.

9.7 It will monitor compliance with the corporate risk assessment procedures to ensure the corporate standard is achieved.

9.8 It will maintain an issues group and support consultative arrangements.

10. Health and Safety Policy Statement

10.1 A copy of this statement will be brought to the notice of all employees.

10.2 This policy will be reviewed and revised as necessary. It may also be supplemented by further statements by Service Groups or with further statements on specific issues.

THE EDUCATION DEPARTMENT GENERAL STATEMENTS OF HEALTH AND SAFETY

1. STATEMENT OF HEALTH AND SAFETY POLICY

1.1 Middlesbrough Council recognise and accept their responsibilities as employers for securing the health, safety and welfare of their employees.

1.2 Middlesbrough Council will, as far as is reasonably practicable, provide and maintain work places, systems of work and equipment that are safe and without risk to health, safe arrangements for the use, handling, storage and transport of articles and substances; a healthy working environment and welfare facilities; protective equipment and clothing and sufficient information and instruction, training and supervision to enable all employees to avoid hazards and contribute positively to their own safety and health at work.

1.3 All employees of the Council are issued with a copy of the Middlesbrough Council's Statement of Health and Safety Policy.

2. THE EDUCATION DEPARTMENT'S STATEMENT OF HEALTH AND SAFETY POLICY

2.1 The Health and Safety Policy of the Education Department is to conform to the Council's Policy and to issue such instructions and give such guidance as may be appropriate form time on health and safety matters affecting the Education Service.

2.2 The Education Service will, so far as is reasonably practicable, provide and maintain safe and healthy working conditions, equipment and systems of work to protect all employees and pupils and students and others who may visit or use the educational premises.

2.3 The Education Service will, through heads of educational establishments, ensure that all employees are given the necessary instruction, training and supervision to take reasonable care for their won health and safety and for the health and safety of other persons.

2.4 The Education Service will, through heads of educational establishments, ensure that every employee is aware of and understands the current regulations and instructions applying to their particular type of work.

2.5 The Education Service will ensure that relevant health and safety standards are incorporated in the design and operation of new buildings, plan and equipment and also when working methods are revised or altered.

2.6 The Education Service will review on a regular basis its systems of working and will implement progressive improvements to ensure that employees, pupils, students and others who may visit or use educational premises are not exposed to risks to their health or safety.

2.7 The Corporate Director has overall responsibility to the Education Committee for health and safety in all Middlesbrough educational establishments. He has nominated officers to be responsible for health and safety arrangements within the various divisions of the Education Service.

2.8 Copies of all instructions from Middlesbrough Council or from any other source on health and safety matters are held in a central file in the General Office of the school.

2.9 Section 3 of this Health and Safety Policy Statement gives details of the principles of the school's health and safety policy and the responsibilities of the Governing Body, the Head Teacher and all employees.

PRINCIPLES OF THE SCHOOL HEALTH AND SAFETY POLICY AND ORGANISATION FOR CARRYING OUT THE POLICY

1. PRINCIPLES OF THE SCHOOL HEALTH AND SAFETY POLICY

The Health and Safety Policy of the school is to comply with Middlesbrough Council's and the Education Service's Health and Safety policies and instructions, guidance and codes of practice which may be issued from time to time. The responsibility for the organisation of health and safety in the school rests with the Governing Body and the Head of the Establishment. The Governing Body have duties as persons who are concerned with premises (under Section 4 of the Health and Safety at Work etc. Act, 1974) to ensure that the premises are safe and there are no risks to health. The Head Teacher and all employees are responsible for the policy being carried out in the school. Details of the responsibilities of the Governing Body, the Head Teacher and employees are given below.

2. HEALTH AND SAFETY RESPONSIBILITIES IN THE SCHOOL

2.1 The Governing Body

2.1.1 The Governing Body has responsibility for:

(a) ensuring the health and safety policies of Middlesbrough Council and the LEA are fully complied with in the school;

(b) ensuring that the premises, the means of access and exit, and any plant or substance in the premises, are safe and without risks to health;

(c) ensuring that safety rules, concerning the use of premises and equipment, are displayed in appropriate locations within the school and are enforced;

(d) the adoption of safe working practices by staff and pupils and by contractors when on site;

(e) advising the LEA of any potential hazards to health and safety and any defects which could adversely affect the health and safety of staff, pupils and the public;

(f) ensuring that appropriate health and safety policies for the school are drawn up.

2.1.2 The Governing Body and School staff should note that Inspectors form the Health and Safety Executive or appropriate Officers of the Authority can at any reasonable time, or immediately if there is potential danger, enter premises to carry out their duties.

2.2 The Head Teacher

The Health and Safety at Work etc Act 1974 places duties on all Managers and Supervisors to ensure that the work of all employees under their control is carried out as safely as is reasonably practicable. In order to achieve this objective the Head Teacher has responsibility for health and safety in the establishment including the following:-

(a) An awareness of the risks identified in the relevant paragraphs of this Statement of Health and Safety Policy and of the measures necessary to reduce or remove such risks.

(b) Ensuring that all employees receive all information, instructions or guidance relating to Health and Safety issued to the establishment by the Council Education Officer, by the Safety Adviser, by the Department of Education and Science, form the Health and Safety Executive or any other responsible source.

(c) Ensuring that employees are trained and supervised in order for them to take reasonable care for their own health and safety and for the health and safety of other employees, pupils, students and other persons.

(d) Nominating, as and when appropriate, employees to be responsible for specific aspects of Health and Safety and ensuring that all staff are made aware of any such delegation.

(e) Ensuring that instructions issued by the Council Education Officer from time to time for the reporting of accidents and potential hazards are adhered to.

(f) Ensuring that adequate arrangements exist for safety procedures in the case of fire that all staff and pupils/students are aware of such arrangements and that regular fire drills are carried out.

(g) Ensuring that adequate arrangements exist for the carrying out of first aid and for transporting injured staff and pupils/students to hospital and that all staff are aware of such arrangements.

(h) Ensuring that only appropriately trained and qualified staff supervise the use of potentially hazardous equipment or machinery.

(i) Ensuring that the assessment of substances as required by the CPSHH Regulations are carried out in consultation with the Council Education Officer and the appropriate preventative or control measures are adopted, applied and reviewed from time to time.

(j) Ensuring that contractors employed within the school site do not endanger the health and safety of staff, pupils/students or members of the general public who may be present on the site, by their work activities.

2.3 Teachers with Co-ordinating or Supervisory Regulations

The Health and Safety at Work Act requires all “supervisors” to accept responsibility for the health and safety of processes and activities under their direct control. In order to achieve this objective the responsibilities of teachers assigned any form of co-ordinating or supervisory role should be considered to include:-

(a) Ensuring that all staff acting under their directions are aware of any safety precautions to be taken when undertaking potentially hazardous procedures.

(b) Ensuring that any curriculum or other activities under their control include instructions on the correct and safe methods of carrying out potentially hazardous procedures.

(c) Ensuring that curriculum or other activities under their control do not involve staff and pupils/students in procedures likely to cause accidents.

(d) Ensuring that any equipment or machinery under their control known to need repair is not used until the necessary repairs have been carried out.

(e) Ensuring that the assessment of substances as required by the COSHH Regulations are carried out following consultation with the Head Teacher and the Council Education Officer and the appropriate preventative or control measures are adopted, applied and reviewed from time to time.

(f) Reporting all accidents and potential hazards to safety to the Head Teacher.

(g) The following employees are responsible for health and safety in particular areas of the school:

Name of the Member of Staff	Area	Special Responsibility

2.4 Catering Supervisor/Cook in Charge

The Supervisor/Cook in Charge is responsible for Health and Safety in respect of all kitchen staff in the establishment in accordance with the instructions issued from time to time by the Catering Manager and general safety considerations affecting work in the kitchen.

2.5 Caretakers/Site Manager

(a) Where cleaning is carried out under a service agreement the Caretaker is responsible for ensuring that the contractor and the contractor's employees observe and conform with the health and safety requirements of the contract and that the premises are safe and there are no risks to health.

(b) Where schools are not included in the Cleaning Contract the Caretaker/Site Manager is responsible for ensuring that:-

(i) All cleaning staff are aware of and follow the safety precautions when carrying out the cleaning of the school;

(ii) All activities under their control includes instructions and training on the correct and safe methods of carrying out their work;

(iii) All activities under their control do not involve employees in procedures which are likely to cause accidents to themselves, other employees or other persons;

(iv) Any equipment or machinery under their control which is known to need repair is not used until the necessary repairs have been carried out.

(v) Accidents and potential hazards to safety are reported to the Head Teacher;

(vi) The procedures for the giving of First Aid and/or the transportation of injured persons to hospital are followed by all cleaning staff;

(vii) The procedures in the event of a fire are followed by all employees;

(viii) The assessment of substances as required by the COSHH Regulations are carried out in consultation with the Council Education Officer and the appropriate preventative or control measures are adopted, applied and reviewed from time to time.

2.6 Other Teaching and Non-Teaching Staff

The Health and Safety at Work etc Act 1974 placed duties on all staff to ensure the health and safety of themselves and others affected by their work activities. In order to achieve this objective, all teaching and non-teaching staff are responsible for:-

(a) Ensuring that they take responsible care to avoid accidents or injury to themselves, other employees, pupils/students or members of the general public by their work activities.

(b) Observing all health and safety rules relating to the use of specific machinery.

(d) Reporting all accidents and potential hazards to safety to the Head Teacher or a teacher or other member of staff with supervisory responsibilities.

2.7 Safety Representatives and Safety Committees

The Safety Representatives and Safety Committees Regulations 1977 which were made under the Health and Safety at Work etc. Act 1974 provide for the appointment and functions of Safety Representatives and Safety Committees. Appendix B gives details of the duties and responsibilities of Safety Representatives and Safety Committees.

2.7.1 Safety Representatives

(a) Safety Representatives are responsible for representing employees in consultation with the employer in promoting and developing health and safety measures and checking the effectiveness of the measures.

(b) Safety Representatives who have been trained and appointed by the recognised trade unions should use the inspection report form which is given in Appendix C following their three monthly inspection of the premises.

(c) The names of the Safety Representatives, where they can be contacted and the area covered by the Safety Representatives are as follows:

Name of Safety Representative	Location and Telephone No.	Area Covered

2.7.2 Safety Committee

(a) The Education Service structure and the functions of Safety Committee is given in Appendix D and is based on the school establishing a Safety Committee which will consist of Safety Representatives and will be responsible for drawing health and safety matters to the attention of the Head Teacher or his/her representative.

(b) Recommendations or proposals which cannot be dealt with at the school should be referred to the Council Education Officer.

(c) The Education Service has a structure of Local Health and Safety Committees which deal with matters affecting particular groups of staff. In addition there is a Council Health and Safety Committee which provides co-operation between the Council and employees in all Services in measures designed to ensure their health and safety at work and making recommendations to the Council.

(d) The Safety Committee for the school meets ….

Once per term

The members of the Safety Committee are

Head Teacher – Mrs S Thorpe
Governor representative – D Martin
Teacher representative – Mrs S Thorpe
Non- teaching representative – D Martin
Caretaker – Site supervisor – Steve Wilson

3. TRAINING

The training of employees is an integral and important part of the Health and Safety Policy of the Education Service and the school. No person will be employed on work in the school unless he/she has been trained to understand the hazards involved and the precautions to be taken.

The employees who are responsible for safety training in the school are:

…Mrs S Thorpe…….

…….

…….

4. ADVICE AND GUIDANCE ON HEALTH AND SAFETY MATTERS

4.1 Education Service

(a) Advice and guidance on specific health and safety matters in connection with the curriculum can be obtained from the members of Raising Standards.

(b) It may on occasions be necessary to seek advice from members of Raising Standards on the action which should be taken particularly in the case of serious incidents or where there is any element of doubt about safety matters. In such matters if the member of Raising Standards is not immediately available at the office, it is imperative that a clear message outlining the matter of concern is left with the Clerks. In addition, it is extremely important that the urgency of the matter is clearly conveyed.

(c) The following procedures must be followed by schools <u>in the event of any spillage of hazardous chemicals or exposure to persons to any hazardous chemical, however minor.</u>

(i) Schools must <u>immediately</u> inform <u>both</u> the Safety Adviser and the Schools Advisers.

(ii) If the Safety Adviser is not available, a clear message should be left with outline details of the incident, a request that it be communicated urgently and contact name(s) and telephone number(s) for reply.

4.2 The Health and Safety Unit

The HBS Health and Safety Unit is responsible for advising all Services of the Council on all matters affecting occupational health, safety and welfare, carrying out health and safety inspections of Council buildings. The HBS Health and Safety Unit is based at 4th Floor, Vancouver House, Gurney Street, Middlesbrough, TS1 1JL. Telephone number 727414.

4.3 Fire Prevention Officer

The Fire Prevention Officer is available to give advice on fire precautions. The address and telephone number of the Fire Prevention Officer is:-

Cleveland Fire Brigade
Brigade Headquarters
Endeavour House
Stockton Road
Hartlepool
TS25 5TB
Telephone Number Hartlepool 01429 872311.

4.4 Health and Safety Executive

The Health and Safety Executive Inspectors can also be consulted on health and safety matters. The Inspectors have powers to enforce the health and safety legislation and regulations. The address of the Health and Safety Executive is:-

Alnwick House
Benton Park View
Newcastle upon Tyne
NE98 1YX
Telephone Number: 0191 2026200

4.5 Employment Medical Advisory Service

The Employment Medical Advisory Service can give advice on health at work. The address of the Employment Medical Advisory Service:

Arden House
Regent Centre
Regent Farm Road
Gosforth
Newcastle upon Tyne
NE3 3JN
Telephone Number: 0191-2026200

WHINNEY BANKS PRIMARY SCHOOL

HEALTH AND SAFETY POLICY 2017

(To be reviewed: December 2018)

SECTION 3

HEALTH AND SAFETY POLICY STATEMENT FOR WHINNEY BANKS PRIMARY SCHOOL

1. PRINCIPLES OF COUNCIL AND CONTROLLED NURSERY AND PRIMARY SCHOOL'S HEALTH AND SAFETY POLICY

1.1 The purpose of the Health and Safety Policy Statement for the School is to define how Schools will comply with health and safety duties for all activities conducted by employees and involving pupils, students, members of the public and other persons. The Governing Body, Head Teacher and all staff are committed to achieving a safe working environment, and a continuous improvement in health and safety performance.

1.2 Secondary Schools will comply with the Council's and the Education Service's Health and Safety standards, policies and instructions, guidance and codes of practice which may be issued from time to time.

1.3 Governing Bodies have duties as persons who are concerned with premises (under Section 4 of the Health and Safety at Work etc. Act, 1974) to ensure that the premises are safe and there are no risks to health. Head Teachers and all employees are responsible for the policy being carried out. Governing Bodies and Head Teachers will ensure that rules, regulations and Codes of Practice on health and safety are monitored, reviewed and updated as necessary in consultation with the Corporate Director of Education. The detailed responsibilities of Governing Bodies, Head Teachers and employees for health and safety are given in paragraph 2 of this policy statement.

2. ORGANISATION AND RESPONSIBILITIES FOR HEALTH AND SAFETY IN THE SCHOOL

2.1 The Governing Body

2.1.1 The Governing Body are responsible for:-

(a) developing and implementing a health and safety policy statement giving details of how health and safety will be managed in the school and reviewing and updating the policy on a regular basis;

(b) setting the remit for the Health and Safety Committee which includes the items given in paragraph 2.2 (a) to (e) page 28.

(c) ensuring that the school implements an effective management system for health and safety by adopting policies and procedures and reviewing and updating the policies and procedures on a regular basis;

(d) ensuring that the school has systems to monitor the need for non structural repairs in the school, to deal with potential hazards and to authorise the necessary work to achieve this;

(e) advising the Authority of any observed structural defects that could adversely affect the health and safety of staff, pupils and the public;

(f) ensuring that the school has systems for the safe condition, storage and maintenance of all equipment at the school and for ensuring that such equipment can be used safely in the normal running of the school;

(g) ensuring that the premises are effectively managed to ensure that the means of access and exit are safe and without risks to health;

(h) ensuring that the plant, substances and equipment in the premises are safe and without risks to health;

(i) ensuring that the school has systems to deal with potential hazards to health and safety and that contact is made, where appropriate, with representatives of the Authority and contracting organisation;

(j) having a standard item relating to health and safety at work on the agenda of every ordinary meeting and receiving a report at the meeting on health and safety from the Head Teacher;

(k) ensuring that safety rules, concerning the use of premises and equipment, are displayed in appropriate locations within the school and are enforced;

(l) ensuring that safe working practices are adopted by staff and pupils and by contractors when on site;

(m) taking all reasonable action to ensure that health and safety considerations (including safe storage and condition of equipment) are taken into account by outside contractors. Where a contractor chosen by the school is not on the Authority's approved list, the adequacy of the contractor's insurance cover must be established, in accordance with the Authority's requirements.

2.1.2 The Governing Body and school staff note that Inspectors from the Health and Safety Executive or appropriate Officers of the Authority can at any reasonable time, or immediately if there is potential danger, enter the school premises to carry out their duties.

2.1.3 The Governing Body recognise that, if they fail to comply with the Authority's Health and Safety Policy or do not implement the Codes of Practice on health and safety of those who attend, work or visit school premises, its members may incur liability under Health and Safety at Work legislation. In the event that omissions or actions by the Governing Body in such matters

require the Authority to incur expenditure to rectify the position, the school's delegated budget may be charged with the costs.

2.2 Health and Safety Committee

The Health and Safety Committee are responsible to the Governing Body for:

a. monitoring the organisation of health and safety in the school;

b. ensuring that detailed health and safety standards for the school are in line with the standards of the Council and the LEA which are contained in policies and Codes of Practice issued from time to time by the Corporate Director of Education;

c. monitoring the effectiveness of the school's health and safety standards;

d. ensuring that the policies are fully implemented and the procedures are followed; and

e. reviewing the health and safety training needs of the school.

The Committee meets once per term and members include representatives of the Governing Body and teaching and support staff.

The members of the Committee are:
Head Teacher – Mrs S Thorpe
Governor representative – D Martin
Teacher representative – Mrs S Thorpe
Non- teaching representative – D Martin
Caretaker – Site supervisor – Steve Wilson

2.3 The Head Teacher

Governing Bodies recognise that the Health and Safety at Work etc Act 1974 places duties on all Managers to ensure that the work of all employees under their control is carried out as safely as is reasonably practicable. In order to achieve this objective the Head Teacher has responsibility for the organisation of health and safety in the school, which includes the following:-

(a) Setting the health and safety standards for the school in consultation with the Governing Body and staff in line with the standards of the Council and the LEA;

(b) Monitoring on behalf of the Governing Body the implementation of the Council, LEA and school health and safety standards;

(c) Ensuring that all health and safety policies are fully implemented and the procedures are followed by all staff. Reporting to the Governing

Body and Health and Safety Committee on the progress being made towards achieving the health and safety standards which have been set and the implementation of policies and procedures in the school;

(d) Ensuring that all staff (including new starters and staff who are allocated new duties in the school) receive all health and safety information, instructions and guidance relating to Health and Safety issued to the school by the Corporate Director of Education, the Council's Safety Adviser, the Department of Education and Skills, the Health and Safety Executive or any other responsible source

(e) Organising and co–ordinating the Health and Safety training and retraining of all staff and ensuring that the training provided is appropriate to the needs of the school and staff. This includes Health and Safety Induction for new starters and the training of all staff on the implementations of Health and Safety legislation

(f) Ensuring that staff are supervised in order for them to take reasonable care for their own health and safety and for the health and safety of other employees, pupils and other persons.

(g) Nominating, as and when appropriate, employees to be responsible for specific aspects of Health and Safety and ensuring that all staff are made aware of any such delegation

(h) Providing sufficient Risk Assessors of suitable knowledge and experience to undergo the corporate training in risk assessments areas;

(i) Identifying any additional support, training and advice required for the Risk Assessors and notifying the Training and Development Unit in the Education Service of any problems encountered;

(j) Ensuring that all risk assessments are conducted in correct priority and to ensure that adequate time is made available for the Assessor to complete the assessment;

(k) Providing a local mechanism for carrying out risk assessments on any new, or modified, work before the work commences;

(l) Providing a local mechanism for reviewing all assessments at periodic intervals (maximum period 12 months);

(m) Ensuring that instructions issued by the Corporate Director of Education for the reporting of accidents, dangerous occurrences, near misses and potential hazards are followed and an investigation takes place on all accidents with a view to introducing preventative action;

(n) Ensuring that adequate arrangements exist for safety procedures in the case of fire, that all staff and pupils are aware of such arrangements and that regular fire drills are carried out;

(o) Ensuring that adequate arrangements exist for the carrying out of first aid and for transporting injured staff and pupils to hospital and that all staff are aware of such arrangements;

(p) Ensuring that only appropriately trained and qualified staff supervise the use of potentially hazardous equipment or machinery;

(q) Ensuring that contractors employed within school sites do not by their work activities endanger the health and safety of staff, pupils or members of the general public who may be present on school sites.

It is recognised that the duties given in paragraphs 2.3(a) to (q) above can be delegated to Senior Staff but the overall responsibility for ensuring that these duties are carried out rests with the Head Teacher.

2.4 Staff with management responsibilities

It is the policy of the school that employer's duties are in part delegated to Managers who are responsible for work activities under their direct control. In order to achieve this objective the responsibility of staff with management responsibilities includes the following:

(a) In consultation with the Head Teacher and the Health and Safety Co-ordinator, setting the health and safety standards for their area of responsibility;

(b) Ensuring that all health and safety policies are fully implemented and the procedures are followed by all staff (including new starters and staff who are allocated new duties within the Department);

(c) Ensuring that all employees (including new starters and staff who are allocated new duties within the Service) receive all health and safety instructions and guidance relating to their work which has been issued to the school by the Corporate Director of Education, the Council's Safety Adviser, Department for Education and Skills, the Health and Safety Executive or any other responsible source;

(d) Ensuring that all staff acting under their direction are aware of the health and safety precautions to be taken when undertaking potentially hazardous procedures;

(e) Ensuring that any curriculum or other activities under their control include instructions on the correct and safe methods of carrying out potentially hazardous procedures;

(f) Ensuring that all employees (including new starters and staff who are allocated new duties in the school) in their area of responsibility are trained, periodically re-trained and supervised in order for them to take reasonable care of their own health and safety and the health and safety of other employees, pupils and other persons;

(g) In consultation with the Head Teacher and Health and Safety Co-ordinator ensuring that the training provided is appropriate to the member of staff and the school;

(h) In consultation with the Head Teacher ensuring that sufficient risk assessors are provided for the school and that training on the implications of risk assessments is provided for all staff (including new starters) in their area of responsibility.

(i) Ensuring that all risk assessments are carried out and risk assessments are carried out on new and modified work before the work commences;

(j) Ensuring that all risk assessments are reviewed at periodic intervals;

(k) Ensuring that curriculum or other activities under their control do not involve staff and pupils in procedures likely to cause accidents;

(l) Ensuring that the Council, LEA and school reporting procedures for accidents, dangerous occurrences and near misses are followed and that all accidents, dangerous occurrences, potential hazards to safety and near misses are reported to the Head Teacher and/or the Health and Safety Co-ordinator;

(m) Ensuring that any equipment or machinery under their control known to need repair is not used until the necessary repairs have been carried out;

(n) Ensuring that fire safety procedures are followed by employees and regular fire drills are held;

(o) Ensuring that first aid procedures are implemented in their area of responsibility and first aid cover is maintained at all times;

2.5 Catering Supervisor/Cook in Charge

The Supervisor/Cook in Charge is responsible for Health and Safety in respect of all kitchen staff in the establishment in accordance with the instructions issued from time to time by the Catering Manager and general safety considerations affecting work in the kitchen.

2.6 Caretaker/Site Manager

(a) Where the cleaning of the school is carried out by a contractor, the Caretaker/Site Manager is responsible for acting as site monitoring officer in respect of the cleaning operations of the Contractor and ensuring that the employees of the Contractor observe and conform with the health and safety requirements of the contract and the premises of the school are safe and there are no risks to health;

(b) The Caretaker/Site Manager is responsible for the security of the premises, the lighting and heating of the premises and ensuring that the premises are open for use as and when required;

(c) The Caretaker/Site Manager is responsible for carrying out the following duties where the cleaning operations are carried out by staff who are directly employed by the school:

(i) Participating in setting the health and safety standards for their area of responsibility in consultation with the Head Teacher and the Health and Safety Co-ordinator;

(ii) Implementing all health and safety policies, instructions and procedures for their area of responsibility and issuing them to all staff (including new starters) who are responsible to the Caretaker/Site Manager;

(iii) Fully implementing and following all health and safety policies, instructions and procedures for their area of responsibility (including rules relating to the use of specific machinery) and ensuring that the policies and instructions and procedures are followed by all staff (including new starters) who are responsible to the Caretaker/Site Manager;

(iv) Receiving training and periodic re-training in order to take reasonable care for their own health and safety and the health and safety of other employees, pupils and other persons;

(v) Ensuring that all employees (including new starters) within their area of responsibility receive training and periodic re-training by contacting the Health and Safety Co-ordinator;

(vi) Carrying out assessments of the risks in their area of responsibility and carrying out risk assessments on new and modified work before the work commences;

(vii) Carrying out reviews of the risk assessments at periodic intervals;

(viii) Ensuring that they and their work colleagues take reasonable care to avoid accidents or injury to themselves, other

employees, pupils and members of the general public, as a consequence of their work activities;

(ix) Ensuring that any equipment or machinery under their control which is known to need repair is not used until the necessary repairs have been carried out;

(x) Following the school reporting procedures for accidents, dangerous occurrences and near misses and that all accidents, dangerous occurrences, potential hazards to safety and near misses are reported to the Head Teacher and/or the Health and Safety Co-ordinator;

(xi) Following the fire safety procedures and ensuring that the procedures are followed by all employees;

(xii) Ensuring that first aid procedures are implemented in their area of responsibility and that first aid cover is maintained at all times.

2.7 Risk Assessors

Risk Assessors are responsible for:-

(a) Identifying all tasks that require to be assessed and agreeing with the head of Service a priority rating for carrying out risk assessments.

(b) Agreeing with the Head Teacher timescales for carrying out risk assessments;

(c) Conducting risk assessments to the best of their ability. Recognising where their limit of experience lies and ensuring that their Head Teacher is informed when additional assistance is required.

2.8 All Teaching and Support Staff

The Health and Safety at Work etc Act 1974 places duties on all staff to ensure the health and safety of themselves and others affected by their work activities. In order to achieve this objective, all teaching and support staff are responsible for:-

(a) Participating in setting the health and safety standards for their work in consultation with the Head Teacher or Head of Service and the Health and Safety Co-ordinator;

(b) Receiving all health and safety policies, instructions and procedures for their work;

(c) Fully implementing and following all health and safety policies, instructions and procedures which have been issued to them by the Head Teacher,

(d) Observing all health and safety rules relating to the use of specific machinery;

(e) Ensuring that any equipment or machinery under their control is not used until the necessary repairs have been carried out;

(f) Receiving training and periodic re-training in order for them to take reasonable care for their own health and safety and the health and safety of other employees, pupils and other persons;

(g) Following the recommendations of risk assessments when carried out on their activities;

(h) Notifying the Head Teacher when they are aware of a risk assessment or a procedure which is not correct or presents a more significant hazard than that stated in the assessment;

(i) Following the Council, LEA and school reporting procedures for all accidents, dangerous occurrences, potential hazards to health and safety and near misses;

(j) Following the fire safety procedures for the school and their work area;

(k) Following the first aid procedures which have been laid down for the school and their work area.

3. CONSULTATION

(a) It is recognised that the participation of all employees is essential in order to maintain and improve the working environment of the school. Consultation on health and safety matters will be through the recognised channels and the active participation and support of all employees at the school will be encouraged to maintain good communications.

(b) The Safety Representatives and Safety Committees Regulations 1977 which were made under the Health and Safety at Work etc Act 1974 provide for the appointment and functions of safety representatives and safety committees. Appendix B of the Education Service's Health and Safety Manual for Schools gives details of the duties and responsibilities of Safety Representatives and Safety Committees.

3.1 Safety Representatives

(a) It is the policy of the school to encourage the participation of Safety Representatives in the promoting of health and safety in the school and to encourage their development;

(b) Safety Representatives are responsible for representing employees in consultation with the employer in promoting and developing health and safety measures and checking the effectiveness of the measures;

(c) Safety Representatives who have been trained and appointed by the recognised trade unions should, following their three monthly inspection of the premises, use the inspection report form which is given in Appendix B.

(d) The names of the Safety Representatives, where they can be contacted and the area covered by the Safety Representatives are as follows:-

Name of Safety Representative	Location and Telephone Number	Area Covered

3.2 Safety Committee

(a) It is the policy of the school to encourage the development of a Safety Committee and to instigate, develop and carry out measures to ensure the health and safety of every person in the school and to keep under review the measures which have been taken to ensure the health and safety of all persons in the school;

(b) The structure and function of the Safety Committee have been modeled on the LEA guidance which is given in Appendix B:

(c) The Safety Committee for School meets once each term.
The members of the Safety Committee are:-

Head Teacher – Mrs S Thorpe
Governor representative – D Martin
Teacher representative – Mrs S Thorpe
Non- teaching representative – D Martin
Caretaker – Site supervisor – Steve Wilson

4. TRAINING

4.1 Health and Safety training is accepted as a major part of the school's training policies. This will include areas such as Induction, Staff Development and New Legislation.

4.2 Each employee will receive appropriate training and periodic retraining sufficient for them to be well versed in safe methods of work, handling and use of materials e.g. on COSHH, equipment and the correct type and use of safety equipment and personal protective equipment appropriate to the school environment.

4.3 No person will be employed on work in the school unless he/she has been trained and periodically retrained to understand the hazards involved and the precautions to be taken.

4.4 The members of the staff who are responsible for safety training in the school are:

Head Teacher – Mrs S Thorpe

5. ARRANGEMENTS FOR CARRYING OUT THE POLICY

5.1 Section 4 of the LEA's Health and Safety Manual for Schools gives details of how the functions which have been allocated to employees are to be carried out in the school.

5.2 Section 4 is supplemented by Policies, Codes of Practice, instruction and guidance which are issued by the Council and the Corporate Director, Education from time to time.

6. PUBLICISING THE POLICY STATEMENT

A copy of this statement will be brought to the attention of all Governing Bodies and all employees.

7. MONITORING AND REVIEWING THE POLICY STATEMENT

This Policy Statement will be reviewed and amended periodically by the Governing Body and Head Teacher. It may also be supplemented by further general statements or with further statements on specific issues.

Signed:	Mrs L Green Chair of the Governing Body	Mrs S Thorpe Head Teacher
Date:	6.12.2017	Date: 6.12.2017

SECTION 4 ARRANGEMENTS FOR CARRYING OUT THE FUNCTIONS IN THE SCHOOL

This section gives details of how the functions which have been allocated to employees are to be carried out.

1. WORKING METHODS

It is the duty of all employees to take reasonable care for the health and safety of themselves and other persons including pupils and students who may be affected by their acts or omissions at work.

In particular it is the duty of all employees to be familiar with this Health and Safety Policy statement and to check their understanding of it by periodic reference to it, to follow its provisions and to co-operate with other employees in promoting health and safety and to look for any revision to the Policy Statement.

2. OFFICES, STAFF ROOMS AND STORES

2.1 Identification of Risks

The attention of staff is drawn to the following potential risks in Offices, Staff Rooms and Stores: -

2.1.1 Lifting and carrying goods, equipment and materials.

2.1.2 Packing and unpacking goods, equipment and materials.

2.1.3 Storing goods, equipment and materials.

2.1.4 Using or being in the presence of equipment operating on mains electricity e.g. VDU's, word processors, computers, typewriters, other office machines, photocopiers, heaters and kettles. For further details of the health and safety aspect of using VDU's please see paragraph 17 in this Section.

2.1.5 Mains electricity outlet sockets, plugs and cables.

2.1.6 Trailing leads and telephone cables.

2.1.7 Other tripping and slipping hazards, e.g. defective floors or floor coverings, waste bins, low furniture etc.

2.1.8 Unstable filing cabinets or furniture, defective equipment, doors, windows, furniture or fittings.

2.1.9 Materials or decorations which are displayed above head height, on the wall or in glass surfaces.

2.1.10 Using tools, scissors, knives, pins and drawing instruments.

2.1.11 Using guillotines.

2.1.12 Using or being in the presence of substances which are defined as being “hazardous to health” by the Control of Substances Hazardous to Health Regulations 2002. These can come in the form of pastes, powders, liquids, oils, gases, aerosols, sprays, fumes, dusts and dangerous viruses. They could arise as solvents, glues, oils, resins, paints, pesticides, acids, degreasers, thinners, toxic metals, welding fumes, cleaning materials, man made mineral fibres and inks.

2.2 Risk Removal

2.2.1 The lifting and carrying of goods, equipment and materials must be organised and carried out in order to prevent the member of staff being injured or causing risk to other persons during the course of lifting and carrying. Correct lifting and carrying procedures must be observed, if equipment is provided it must be used and protective clothing, which is provided, must be worn.

2.2.2 The safe method of packing and unpacking goods, equipment and materials must be followed.

2.2.3 Goods, equipment and materials must be stored in order to prevent them from falling from the shelves and to prevent the contents from being spilled and creating a hazard to persons.

2.2.4 The systems of work, work activities, protective measures, working space and access in connection with the use of electricity or electrical equipment in Offices, Staff Rooms and Stores must comply with the Electricity at Work Regulations, 1989. Staff can reduce or remove risks by:-

(a) reporting all faults in equipment to the Head Teacher;

(b) taking the faulty equipment out of use until the equipment has been made safe;

(c) switching off all equipment when not in use and disconnecting the equipment when leaving the room;

(d) employees must not undertake any electrical repairs unless they have been trained to effect such repairs in accordance with the Electricity at Work Regulations 1989;

(e) trailing leads and cables should be secured to prevent tripping and slipping hazards.

2.2.5 Other tripping and slipping hazards must be removed and/or reported as quickly as possible. If there are wet floors as a result of cleaning operations a warning notice must be posted and access to the area must be prevented until the floor has been dried. A warning notice must also be posted if there are defective floor coverings. Waste bins and low furniture must not be left in places where the risk of tripping over them or colliding with them can occur.

2.2.6 Filing cabinets must not become unstable or top heavy and materials must be stored at a height, which is unsafe. The drawers of furniture must be kept closed. Defective equipment, doors, windows, furniture or fittings must be reported to the Head Teacher.

2.2.7 Materials or decorations, which are displayed above head height or on the wall, must not be hung from light fittings or near heat sources in order to reduce the risk of them catching fire. If materials or decorations are to be put on display, stepladders must be used.

2.2.8 Great care must be taken when using tools, scissors, knives, pins and drawing instruments. When they are not in use they should be stored in order to prevent accidents.

2.2.9 When they are used all guillotines must have the guard in place. Guillotines must not be used if the guard is not in place. If a guard has been removed it must be refitted without delay.

2.2.10 The use and storage of substances in Offices, Staff Rooms and Stores come within the terms of the Control of Substances Hazardous to Health Regulations 2002. Details of the Regulations. All substances which are used in or brought into Offices, Staff Rooms and Stores from outside, must be assessed to determine whether

they are “hazardous to health”. If the assessment identifies a hazard to health, appropriate control measures must be introduced to reduce the risk. Employees and other persons should be given information, instruction and training on the correct use of the product, health hazards associated with the product plus the use of appropriate control measures.

3. CLASSROOMS AND OTHER TEACHING AREAS

3.1 Identification of Risks

Most of the potential risks, which have been identified in 2.1 above, may also exist in classrooms and other teaching areas. The following risks will also exist in classrooms and other teaching areas:

3.1.1 Keeping and investigating living things.

3.1.2 Using electricity and electrical equipment.

3.1.3 Heating and burning.

3.1.4 Using and investigating non-living materials.

3.1.5 Constructional activities and use of tools and machines.

3.1.6 Factors involving hygiene (e.g. playing of musical instruments).

3.1.7 Display or decoration involving height or glass surfaces.

3.1.8 Use of sharp pointed scissors, knives, pins, sharp tools and drawing instruments.

3.1.9 Using, being in the presence of and storing substances which are defined as being “hazardous to health” by the Control of Substances Hazardous to Health Regulations 2002. These can come in the form of pastes, powders, liquids, oils, gases, aerosols, sprays, fumes, dusts and dangerous viruses. They could arise as solvents, glues, oils, resins, paints, pesticides, acids, degreasers, thinners, toxic metals, welding fumes, cleaning materials, man made mineral fibres and inks.

3.2 Risk Removal

3.2.1 The actions detailed to reduce or remove the identified risks in Offices, Staffrooms and Stores which are given in Paragraph 2.2 will also be appropriate for reducing or removing the risks in Classrooms and Other Teaching Areas. In general, risks can be minimised or eliminated by sensible practice and adherence to the guidance given by the Corporate Director of Education, the Council's Safety Adviser, the DfES Safety in Education Series, CLEAPSS and HSE publications or from any other responsible source.

3.2.2 The system of work, work activities, protective measures, working space and access in connection with the use of electricity or electrical equipment in Classrooms and Other Teaching Areas must comply with the Electricity at Work Regulations 1989. All faults in equipment, especially if it is powered by electricity, must be reported to the Head Teacher and the equipment must be taken out of use until it has been made safe. Employees must not undertake any electrical repairs unless they have been trained to effect such repairs in accordance with the Electricity at Work Regulations 1989. All equipment must be switched off when it is not in use and electrically powered equipment must be disconnected when leaving the area. Trailing leads and cables should be secured to prevent tripping and slipping hazards.

3.2.3 The use and storage of substances in Classrooms and Other Teaching Areas come within the terms of the Control of Substances Hazardous to Health Regulations 2002.

Details of the Regulations are given in Paragraph 15 below. Standard risk assessments for Science subjects and Design and Technology have been produced. Attention is drawn to paragraphs 4.2.9 and 5.2.4 in this Section which gives details of the standard risk assessments for these areas. If standard risk assessments do not exist, all substances which are used in Classrooms and Other Teaching Areas must be assessed to determine whether they are "hazardous to health" or not. If the substances are assessed as being "hazardous to health" appropriate preventative or control measures must be introduced and employees and other persons given information instruction, training and supervision on the correct use and the protective measures for the substances.

4. SCIENCE

4.2 Risk Removal

N.B. FOR ALL EDUCATIONAL INSTITUTIONS WHERE THE SAFETY CODES OF PRACTICE FOR SCIENCE LAY DOWN MORE STRINGENT SAFETY REQUIREMENTS THAN THOSE GIVEN IN OTHER SOURCES OF SAFETY INFORMATION THE MORE DEMANDING PROCEDURES SHOULD BE FOLLOWED.

(a) **For Infant, Junior, Primary, Special Schools, and Secondary Schools**

- Safety Circulars issued by the Corporate Director, Education, the Curriculum Advisers,the Safety Adviser or any other responsible source.

ALL STAFF TEACHING SCIENCE NEED TO BE FAMILIAR WITH AND FOLLOW THE GUIDANCE GIVEN IN THE DOCUMENTS.

MODEL SCIENCE HEALTH AND SAFETY POLICY L223 (JULY 2007) CLEAPSS SCHOOL SCIENCE SERVICE.

5. CRAFT DESIGN AND TECHNOLOGY

6. ART AND DESIGN

6.1 Identification of Risks

The attention of all employees is drawn to the following potential risks.

6.1.1 General

(a) Moving about the art and design area.
(b) Carrying equipment and handling materials.
(c) Lifting and moving heavy or bulky equipment and furniture.
(d) Clothing, footwear and hairstyles which increase the risk of fire, entanglement with machinery and contamination of food.
(e) Use of cookers and other electrical appliances and machinery.
(f) Food handling.
(g) Fire.
(h) Overcrowding.
(i) Protrusions from walls or equipment.
(j) Obstacles on the floor.
(k) Materials and equipment and personal possessions left lying around.
(l) Condition of the floor.
(m) Windows and ventilation.
(n) Leaning across equipment, standing on worktops and draining boards.
(o) Location of main control taps for gas and water and the main electrical supply switch.
(p) Chemicals and substances in use which are defined as being “hazardous to health” by the Control of Substances Hazardous to Health Regulations 2002. These can come in the form of pastes, powders, liquids, oils, gases, aerosols, sprays, fumes, dusts and dangerous viruses. They could arise as solvents, glues, oils, resins, paints, pesticides, acids, degreasers, thinners, toxic metals, welding fumes, cleaning materials, man made mineral fibres and inks.

6.1.2 Accommodation Furniture and Fittings

(a) Construction of furniture and fittings.
(b) Working surfaces.
(c) Height of furniture and fitments.
(d) High level storage.

(e) Household steps.
(f) Lighting and shading in the rooms.
(g) Storage of unused materials and equipment.
(h) Use of machines, tools and equipment.
(i) Overcrowding of furniture and equipment.

6.1.3 Equipment

(a) Operating the equipment and working methods adopted for operating the equipment.
(b) Installation and positioning of the equipment.
(c) The level of cookers in relation to working surfaces.
(d) Adjacent cupboards and walls in relations to the cookers.
(e) Equipment placed on unsound bases.
(f) Installation of domestic appliances.
(g) Design and construction of equipment and the maintenance of equipment.

6.1.4 Fire, Burns and Scalds

(a) Using the equipment.
(b) Handling materials.
(c) Leaning across lighted burners or hot electric plates.
(d) Loose hair, clothes, curtains, oven cloths coming into contact with naked flames or electric hot plates.
(e) Gas leaks, defective pilot lights, worn electric leads and unsafe wiring.
(f) Lighting burners when they are not automatic.
(g) More than one person using a cooker.
(h) Positioning of panhandles.
(i) Frying in deep fat.
(j) Scalding accidents.
(k) Ill-fitting fireguards.
(l) Use of portable heaters.
(m) The placing of mirrors in the home economics area.
(n) Flammability of fabrics and the design of clothing.
(o) Storage of flammable substances.
(p) Storage of combustible materials.
(q) Accumulation of rubbish and combustible waste material such as oily rags.

6.1.5 Electrical Equipment

(a) Improper use and handling of fixed and portable electrical equipment.
(b) Failure to notice that an appliance is switched on.
(c) Handling electrical apparatus with damp or wet hands or when the user is standing on a wet surface.
(d) Not switching off equipment when not in use.
(e) Not disconnecting portable equipment from the mains socket.
(f) Not storing plugs and leads.
(g) Not disconnecting apparatus from the mains before making any adjustment.
(h) Assembling, securing the base, the location and use of sewing machines.
(i) Lifting and transporting sewing machines from one area to another.
(j) Use, care, cleaning and maintenance of microwave ovens.
(k) Damage to the door seal and other hazards of microwave ovens.

6.1.6 Science Bays

(a) The location of areas with scientific apparatus and chemical regions in relation to food preparation and dress and textiles sections.
(b) Storage of potentially hazardous chemicals.
(c) Culture of microorganisms.

6.1.7 Poisons

(a) Scheduled poisons.
(b) Handling, use and storage of dangerous substances such as cleaning agents, disinfectants, bleaches, and stain removers.
(c) Putting poisonous substances into lemonade bottles, food tins and jam jars.
(d) Cleaning fluids and powders used in unventilated areas.
(e) Toxic vapours given off from cleaning fluids and powders which have been mixed together.
(f) Skin irritations from the use of certain detergents and chemicals.
(g) Fire risks from the use of wax and dye for printing on textiles.

6.1.8 Food Hygiene

The contamination of food and food poisoning through:-

(a) Unwashed hands, inappropriate protective clothing and trailing long hair when handling food.
(b) Lack of handwashing facilities and towels in food preparation areas.
(c) Sinks, containers and other equipment used for scientific and experimental work being also used for food preparation.
(d) Storage of Food of between 1°C and 3°C. If the refrigerator should rise above 5°C the fault must be reported immediately.
(e) Freezers are a potential source of danger and attention should be paid to the following hazards:-

(i) not following Manufacturer's instructions for use and maintenance;
(ii) incorrect packing of the cabinet;
(iii) out of date frozen food;
(iv) The freezer must operate between - 18°C and 21°C faults must be reported immediately.
(v) re-freezing frozen food after thawing;
(vi) not using food as soon as possible after removal from the freezer;
(vii) thawing food outside of a refrigerator;
(viii) food cooked from a frozen state particularly when microwave ovens;
(ix) materials for dissection or microbiological work placed in home economics freezers or refrigerators.

6.1.9 Miscellaneous Risks

(a) Incorrect use and inhalation of the contents of sprays and aerosols and using sprays and aerosols in confined spaces.
(b) Use and supervision of pressure cookers and slow cookers.
(c) Animals in home economics areas.

6.2 Risk Removal

6.2.1 The risks identified in 6.1.1 to 6.1.9 overleaf can be eliminated or minimised by sensible practice and by adhering to the guidance given in managing health and

safety in food and textiles in schools 1994 and guidance given by the Corporate Director, Education, the Council Safety Adviser, and HSE publications or from any other responsible source.

6.2.2 Electricity in Art and Design

The system of work, work activities, protective measures, working space and access in connection with the use of electricity or electrical equipment in art and design areas must comply with the Electricity at Work Regulations 1989.

All faults in equipment, especially if it is powered by electricity must be reported to the Head Teacher and the equipment must be taken out of use until it has been made safe. Employees must not undertake any electrical repairs unless they have been trained to effect such repairs in accordance with the Electricity at Work Regulations 1989. All equipment must be switched off when it is not in use and electrically powered equipment must be disconnected when leaving the area. Trailing leads and cables should be secured to prevent tripping and slipping hazards.

6.2.3 The Control of Substances Hazardous to Health Regulations 2002

Details of the Regulations are given in section 15 below. Each substance which is used, created in or brought into the Art and Design Areas from outside must be assessed to determine whether it is "hazardous to health". If the assessment is identified as being "hazardous to health" appropriate preventative or control measures must be introduced to reduce the risk. Employees and other persons should be given information, instruction and training on the correct use of the product, health hazards associated with the product plus the use of appropriate control measures.

6.2.4 Protective Clothing

(a) Clothing which can be unsuitable and provide inadequate protection.
(b) Loose hanging neck ties and long hair.
(c) Inadequate eye protection.
(d) Handling of dusty materials.
(e) Using paint, dye, plaster and adhesives or clays.

6.2.5 Cutting tools

(a) Using sharp knives and tools for art work.
(b) Ineffective holding devised when carving wood or other resistant materials.
(c) Unstable working surfaces and not using bench keys or G clamps when cutting or engraving wood, lino or hardwood for printmaking.
(d) Unguarded guillotines.

6.2.5 Pottery – Kilns

(a) Opening the kiln door before the main supply of electricity is turned off.
(b) Not duplicating warning lights which indicate that the mains supply of electricity is on and the location of the lights in the studio.
(c) Not identifying the risks in using the kilns before they are used.
(d) Not giving instructions to students on the complete firing sequence and hazards associated with the improper removal of ventilation/inspection bungs during firing and suitable eye protection.
(e) Siting of kilns.
(f) Extractive ventilation for the kilns.
(g) Fumes from the kilns.

6.2.8 Pottery – Pug Mills

(a) Unauthorised use of pug mills.
(b) Guarding of the mills.
(c) The provision and location of cut out switches.

6.2.9 Pottery – Materials

DES Administrative Memorandum 5.7 prohibited raw lead glazes and set out the precautions in connection with the use of low solubility glazes. Those glazes containing over 5 per cent soluble leads should not be used in schools and strict precautions should be taken with all other glazes. Ground flint should not be used for dusting kiln furniture or making fatwash. Wherever possible flint should be kept in either slop or paste form. Glazes should be kept in secure containers away from draughts/blown air central heating. Where possible glazed should be kept in a secure cupboard.

6.2.10 Pottery – Ceramic Dust

(a) Floors, working surfaces, tools and overalls impregnated with ceramic dust.
(b) Method of cleaning the pottery area.
(c) Irregular cleaning of the pottery area and washing of the surfaces.
(d) Staff and pupils not washing and drying their hands.
(e) Bringing food and drink into the studio and smoking in the studio.
(f) Using asbestos materials for gloves, butts or shelving.

6.2.11 Printed Textiles

(a) Heating wax in a single container over open flames.
(b) Not following the correct guidance for heating wax.
(c) Admitting water to the wax container.
(d) Fixing of dyes by placing the fabric in a warm oven.
(e) Storage of dyes.
(f) Use of acids.
(g) Use of solvents.
(h) Storage of solvents.
(i) Boiling water.

6.2.15 Photography

(a) Developers employed in processing may cause an allergic reaction.
(b) The layout of the processing room for dish and tank processed (wet area) and a separate dry bench for printing, enlarging and handing dry photosensitive materials.
(c) Using thermometers as stirring rods.
(d) Construction of the “wet processing area.”
(e) Not washing chemically contaminated surfaces after use.
(f) Electrical fittings and sockets in the “wet area.”
(g) Electrical apparatus not properly earthed.
(h) Electrical switches in the dark room.

6.2.16 Other Materials and Processes

(a) Identifying the possible dangers from using new materials and processed before the activities begin.
(b) Identifying the possible dangers from using paints, crayons, other materials containing poisonous substances, highly flammable plastics, plastics which give off poisonous or highly toxic vapours, corrosive chemicals and adhesives.
(c) Storage of materials in containers.
(d) Mixing materials in a vessel which might be used for food or drink.
(e) Storing liquids in bottles or containers which have been used for food and drink.

6.2.18 Risk Removal

The risks identified in paragraphs 6.2.4 to 6/2/17 overleaf can be eliminated or minimised by guidance from the Council's Health & Safety Adviser, and HSE publication or from any other responsible source.

7. SCHOOL HALL, DINING AREAS, FOYERS, TOILETS AND OTHER COMMUNAL AREAS

7.1 Identification of Risks

(a) Some of the potential risks listed in the above sections will also exist in these areas, e.g. electricity, slipping and tripping hazards, hazardous substances etc.
(b) Horseplay.
(c) Hazards due to people hurrying.
(d) Glass doors and large glass areas.
(e) Slipping hazards caused by the weather, wet floors or spilt food.
(f) Risks arising from unhygienic conditions.
(g) Use of cleaning materials and disinfectants.

7.2 Risk Removal

(a) Some of the actions detailed in the other sections above will be appropriate in these areas but staff should further assist by:-

(i) Preventing pupils from running or indulging in horseplay.
(ii) Identifying and preventing contact with large areas of glass.
(iii) Organising the necessary equipment, mats, etc., in inclement weather. If there are wet floors as a result of cleaning operations a warning notice must be posted and access to the area must be prevented until the floor has dried.
(iv) Cleanliness, especially of toilets.
(v) Waste bins and furniture must not be left in places where the risk of tripping over them or colliding with them can occur.
(vi) Where defective floor coverings are identified warning notice must also be posted if there are.

(b) The use of cleaning materials and disinfectants are governed by the Control of Substances Hazardous to Health Regulations 2002 paragraph 15 below gives details of the Regulations. Each cleaning materials must be assessed to determine whether it is “hazardous to health”. If the assessment identifies a hazard to health appropriate control measures must be introduced to reduce the risk. Employees and other persons given information, instruction and training on the correct use of the product, health hazards associated with the product plus the use of appropriate control measures.

8. SCHOOL KITCHENS

The main risks are indicated in the Health and Safety Policy Statement for the Catering Section within Education which indicates the precautions to be taken to reduce or remove the risks involved.

9. PLAYGROUNDS AND PLAYING FIELDS

9.1 Identification of Risks

Most accidents in playgrounds and playing fields are likely to be caused by the youthful exuberance of the youngsters in rushing and pushing at each other. However, there can be further risks from the following:-

(a) Faulty play equipment.
(b) Damaged playground and playing field surfaces.
(c) Damaged fences or gates.
(d) Glass areas.
(e) Outward opening windows.
(f) Unreasonable pupil/student behaviour, particularly at break-time.

Further guidance can be found in BAALPE "Safe Practice in Physical Education" 1999.

9.2 Risk Removal

Staff should be observant in noting damage to equipment and to the premises and should report any damage as soon as practicable to the Head Teacher. There will be adequate staff supervision of playground activities, especially at break-times. Play areas made dangerous by glass, tins, large pot holes, etc., must not be used until the hazard has been contained or removed.

10. PHYSICAL EDUCATION AND OUTDOOR EDUCATION

10.1 Advice and guidelines on safety in physical education and outdoor education are available in documents issued by:-

(a) The DES (1) Safety in Physical Education. (2) Safety in Outdoor Education 1989.

(b) The British Association of Advisers and Lecturers in Physical Education (B.A.A.L.P.E.) Safe Practice in Physical Education 1999.
The 1999 edition of Safe Practice in Physical Education is a completely revised and updated edition of the original BAALPE handbook which has been the

standard reference work on the subject and it is approved by the DfES.

(c) National Governing Bodies of Sports.

10.2 Employers, and staff who supervise others, whether they be other employees or pupils have always had a Common Law duty of care to those in their charge. The Health and Safety at Work Act has strengthened this existing duty of care, by requiring that all reasonably practicable precautions shall be taken to ensure the safety and health of people at work and of others who may be affected by work activities. Everything that happens within schools and most external school activities are covered in some way by the Act. Schools should ensure areas are free of foreseeable hazards.

10.3 The Local Education Authority and the Governors of schools have the prime responsibility under the Act, but they can only meet this responsibility through the actions of others including, of course, Head Teachers and teachers.

10.4 The Head Teacher is responsible for the overall safety administration of physical education and outdoor education.

The Head Teacher in Infant/Junior/Primary/Special Schools and Heads of Physical Education Departments and Heads of Outdoor Education Departments in Secondary Schools are responsible for the safe conduct of all physical education and outdoor education activities. They are all responsible for ensuring that:

(a) areas of individual responsibility are clearly identified;

(b) all fixed and portable equipment is safe and in working order and that advice on its use is available;

(c) the appropriate safety literature is brought to the attention of ALL teachers concerned; (as specified above) and the advice and guidance is adhered to;

(d) first aid equipment and trained assistance in its use is available;

(e) any accident occurring within P.E. or O.E. is reported on the appropriate forms.

10.5 Head Teachers must ensure that pupils engaged in physical education and outdoor education activities for all kinds are adequately supervised.

11. SCHOOL SWIMMING POOLS

Advice and guidance are available in “Swimming Pools – Regulations for Use” which has been issued to all schools with swimming pools, plus Managing Health and Safety in Swimming Pools published by the HSE (HSG179)

12. SCHOOL VISITS

Pupils derive a good deal of educational benefit from taking part in visits with their school. In particular they have the opportunity to undergo experiences not available in the classroom. Most visits take place without incident and is clear that teachers are already demonstrating a high level of safety awareness.
However a number of tragic incidents involving school children in the last few years, there is growing concern amongst school staff and parents about ensuring the safety of pupils on school visits.
In response to this concern, the DfES issued a good practice guide “ Health and Safety of Pupils on Educational Visits 1998” which should be brought to the attention of all staff who are planning a visit or journey which involves pupils or students..

13. SCHOOL TRANSPORT

13.1 Transport to and from Schools

(a) The LEA has laid down instructions to drivers of school transport which emphasise:-

(i) the necessity for vehicles to be secured at all times;
(ii) that defects must be immediately reported;
(iii) that vehicles must be kept clean inside and out;
(iv) the procedures which must be followed in the event of a breakdown or an accident;
(v) that vehicles must not be used for any unauthorised purpose;
(vi) the daily and weekly checks which must be carried out and
(vii) the procedures for the loading and unloading of children in LEA vehicles which are fitted with hydraulically operated wheelchair lifts.

(b) The LEA instructions to Bus and Taxi Escorts emphasise the necessity for them to exercise high health and safety standards in relation to the pupils which are placed in their charge.

13.2 Use of Private Vehicles by Staff for School Purposes

(a) The attention of all employees is drawn to the LEA regulations on the Use of Private Vehicles for School Purposes.

(b) It is essential that any employee who may drive any vehicle, either private or on Council business, is in possession of the correct current driving licence and in the case of a private vehicle has comprehensive insurance cover which includes use by the employee concerned for the business of the Council.

(c) The correct driving licence is a "full" licence not a "provisional" licence valid for the group of vehicles to be driven, still current and not expired, and not bearing any disqualification. The correct insurance is one which provides comprehensive cover while on the Council's business and where necessary provides for the carriage of goods belonging to the Council.

13.2.1 School Owned Mini buses

The attention of all employees is drawn to the LEA regulations on School Owned Mini buses which gives details of the insurance cover which should be transacted, the procedures for obtaining insurance cover, the procedures to be followed in the event of an accident and the procedures for reporting accidents.

14. WORK EXPERIENCE PLACEMENTS

The Health and Safety (Young Persons) Regulations, 1997 changed the status of pupils and students from visitors to employees whilst they are with an employer on work experience.

It is vitally important that the health and safety of pupils on work experience placements can be guaranteed before they are placed and during the course of their placement. Those who are involved in placing pupils with employers must do everything which is reasonably practicable to ensure the health and safety of pupils and that they are not exposed to risks during their placements. It is important that employers who receive pupils are made aware of their responsibilities for ensuring the health and safety of pupils and that pupils are made aware of their responsibilities for ensuring their own health and safety and of other persons during their placement. Guidance for organisers of work experience is provided in the HSE document "Managing Health and Safety on Work Experience – a guide for organisers" (HSG 199).

15. THE CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH REGULATIONS 2002

15.1 The Regulations require employers to:-

(a) Make an assessment of health risks created by work involving substances hazardous to health and review and update the assessment if the work changes or it is apparent that the original assessment is no longer valid.

(b) Prevent or control the exposure of employees to substances hazardous to health.

(c) Ensure that control measures are used.

(d) Ensure that control measures are maintained in efficient working order, in good repair and in a clean condition. Where engineering controls are provided e.g. fume cupboards, dust extractors, hey require thorough examination and testing every 14 months.

(e) Monitor exposures at the workplace.

(f) To provide in specified cases health surveillance to protect the health of employees who are liable to be or are exposed to substances, hazardous to health.

(g) Provide information, instruction and training for persons who may be exposed to substances hazardous to health.

(h) Give prior notice and post suitable warning notices if certain fumigations are being undertaken.

15.2 The Regulations require employees to make full and proper use of any

- control measures,
- personal protective equipment, or
- any other equipment and facilities

that are provided in accordance with the Regulations.
If any defects in the control measures are discovered, the defect must be immediately reported to the employee's supervisor.

15.3 Assessment of substances used in the school must be provided and kept on site in order to protect the health and safety of members of the teaching and non-teaching staff and the health and safety of pupils, students or other persons who may need to use or come into contact with the substances.

15.4 The form the assessment takes and the training for employees are contained in guidance issued from time to time by the Corporate Director, Education.

16. PROTECTIVE CLOTHING AND EQUIPMENT

Employees will be issued with protective clothing and equipment when the nature of the duties carried out by the employees warrants such clothing and equipment. Employees must wear the protective clothing and equipment when they are carrying out their duties and especially when they are handling or using hazardous substances or operating or watching the use of machinery in practical departments.

17. USE OF DISPLAY SCREEN EQUIPMENT

Legal requirements

The Health and Safety (Display Screen Equipment) Regulations 1992 have been in force since January 1993, and implement a European Directive (90/270/EEC). The Regulations apply where employees habitually use DSE as a significant part of their normal work.

In the case of employees, the Regulations require employers to

- Assess and reduce risks;
- Ensure workstations meet minimum requirements;
- Plan breaks or changes of activity;
- Provide eye tests on request (and special spectacles, where the test shows these are necessary for the work and ordinary ones cannot be used); and
- Provide health and safety training

A small proportion of DSE users suffer health problems as a result of their work. But this can generally be avoided by good workplace design and by training users.

The main health risks are;

- Upper Limb Disorders (often inaccurately called repetitive strain injury, or RSI): Aches and pains in the hands, wrist, arm, neck or shoulder. In severe cases if no action is taken, these disorders become persistent or disabling.
- Stress: from pace of work and deadlines, or through frustration or anxiety when a computer system does not work well or the user does not feel competent to operate it.
- Eyestrain: Long spells of DSE work can lead to tired eyes, discomfort or headaches (and can make users more aware of eye defects suck as short sight). However there is no evidence that DSE work can cause disease or permanent damage to eyes.

Working Safely with DSE

Employers should make sure they comply with the regulations. Employers and DSE users can take various practical steps.

Some Key points are:

- Set up equipment and workstations for the most comfortable working position, making full use of adjustable chairs, etc.
- Make sure there is enough work space to take whatever documents and other equipment are needed, in convenient positions;
- Arrange screen, desk and lighting to avoid glare or bright reflections on the screen;
- Users should avoid sitting in the same position for long periods. It is best to change posture as often as is practicable, and take frequent breaks (either as rest breaks, or changes to a different kind of work like filing or photocopying);
- Encourage the suitable information and training is given on how to avoid health risks, and encourage users to alert their Head Teacher if they get aches and pains in their upper limbs.

Use of VDU's During Pregnancy

If pregnant employees who operate DSE's in the course of their duties request alternative work they should immediately be deployed without any loss of salary during the period of pregnancy.

18. FIRST AID ARRANGEMENTS

18.1 The Health and Safety (First Aid) Regulations 1981 requires employers to make adequate and appropriate first aid arrangements if their employees are injured or become ill at work. Although pupils, students and visitors are not covered by the Regulations the Guidance Notes to the Regulations states that some provision should be made for them.

18.2 The provision of first aid to pupils and students is governed by the LEA policy on First Aid.

18.3 The LEA supports the view that the first aid arrangements which are made in the school must take into consideration pupils and visitors as well as employees.

18.4 It is considered that each school should have at least one trained and qualified first aider to give assistance to employees, pupils and visitors if they are injured or become ill whilst on the school premises. If the trained and qualified first aider is absent there should be as least one Appointed Person provided to take charge of the situation where there is an injured or ill person i.e. telephoning for a doctor or an ambulance, the first aid equipment and facilities during the absence of the first aider.

In addition appropriate first aid arrangements must be made when out of hour's activities, meetings, classes or activities take place on the school premises, for physical education and outdoor education and when school visits including educational visits abroad are being planned.

19. DISPENSING OF MEDICINES AND/OR TABLETS

19.1 The treatment of minor illnesses such as the administration of tablets and/or medicines falls outside the definition of first aid in the Health and Safety (First Aid) Regulations 1981. For this reason, the treatment of minor illnesses does not form part of the training of a first aider. The Approved Code of Practice to the Regulations states that first aid boxes and travelling first aid kits should contain sufficient quantities of specified first aid materials and nothing else. The specified materials do not include medicines and tablets which must not be stored in first aid boxes or travelling first aid kits.

19.2 The Employment Medical Advisory Service has advised that first aiders or any person must not dispense medicines including analgesics to any employee.

The Health and Safety Executive have expressed the view that if any employee dispensed medicaments to another employee, the employee dispensing the medicaments would be acting on behalf of the employer and the employer would be liable for any detrimental consequences which may result from the action of the employee.

19.3 The caution of employees in accepting responsibility for administering medicines and/or tablets to pupils is understandable. It is considered that wherever practicable parents should accept responsibility for administering medicines and/or tablets to their own children. School staff are recommended to refer to DfES model of good practice 'supporting pupils with medical needs' and the supplementary guidance document 'supporting pupils with medical needs in Middlesbrough Schools.'

20. HIV

20.1 The Government's advice to all employers on the precautions which should be followed by first aiders to avoid the risk of infection with the HIV virus is set out in the 1986 publication "AIDS and Employment" issued jointly by the Department of Employment and Health and Safety Executive.

20.2 In any situation requiring first aid, certain precautions always need to be taken to reduce the risk of transmitting other

infections, including hepatitis. These standard precautions will be equally effective against the HIV virus. For example first aiders should always cover any exposed cuts or abrasions they may have with a waterproof dressing before treating a casualty, whether or not any infection is suspected. They should wash their hands both before and after applying dressings.

20.3 Whenever blood, semen or other body fluids (1) have to be mopped up, disposable plastic gloves and an apron should always be worn and paper towels used; these items should then be placed in plastic bags and safely disposed of, preferably by burning. Clothing may be cleaned in an ordinary washing machine using its hot cycle. The HIV virus is killed by household bleach and the area in which any spills have occurred should be disinfected using one part of bleach diluted with ten parts of water; caution should be exercised as bleach is corrosive and can be harmful to the skin.

20.4 If direct contact with another person's blood or other body fluids occurs the area should be washed as soon as possible with ordinary soap and water. Clean cold tap water should be used if the lips, mouth, tongue, eyes or broken skin are affected and medical advice sought.

20.5 First-aiders who may be called upon to give mouth-to-mouth resuscitation should be aware that mouthpieces are available for use when carrying out this procedure, but they should only be used by properly trained persons. Mouth-to-mouth resuscitation should never be withheld in any emergency because a mouthpiece is not available. No case of infection has been reported from any part of the world as a result of giving mouth-to-mouth resuscitation.

(1) The HIV virus is carried in blood, semen and vaginal fluid. There are no well-documented cases of the HIV virus being transmitted via saliva, urine or tears or during the course of normal social activity.

21. ACCIDENT REPORTING PROCEDURES

21.1 The accident reporting procedures of the school complies with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and guidance from the Corporate Director of Education.

21.2 All accidents must be entered in the Accident book (BI510) which is located in

The school office……

……

……

21.3 The following accidents and dangerous occurrences must be reported to the Head Teacher as soon as possible:-

(a) accidents which result in a member of staff being absent for one day;
(b) accidents which result in a member of staff receiving hospital treatment;
(c) accidents to pupils or students;
(d) accidents which result in death or defined major injury to any person;
(e) defined dangerous occurrences;
(f) accidents which result in a member of staff receiving injuries which results in them being absent for over three consecutive days;
(g) certain diseases related to work.

21.4 Defined major injuries, dangerous occurrences and certain diseases related to work are given in Appendix D

21.5 If a serious accident occurs or where there is any element of doubt about safety matters the advice of the Head of Achievement (Margaret Colley Tel: 01642 728301) must be sought on the action which should be taken. The Head of Achievement and her telephone number is given in Appendix A. If the Head of Achievement is not immediately available at the office, it is imperative that a clear message outlining the matter of concern is left (01642 728301). The urgency of the matter should be clearly conveyed.

21.6 The following procedures must be followed by schools <u>in the event of any spillage of hazardous chemicals or exposure of persons to any hazardous chemical, however minor.</u>

(i) Schools must immediately inform both the Councils Safety Adviser, Mr Edward Braisher (727071) and the Head of Achievement, Margaret Colley (01642 728301).

(ii) If the Councils Safety Adviser is not available, a clear message should be left with outline details of the incident, a request that it be communicated urgently and contact name (s) and telephone number (s) for reply.

21.7 The procedures for reporting accidents, dangerous occurrences and certain diseases related to work to the LEA, the Council and the Health and Safety Executive are given in Appendix D.

21.8 The Health and Safety Executive have advised the accidents which result in fatal or major injuries to pupils on school premises during school hours must be reported to them in the same way as those accidents to employees (see Appendix D). However, injuries during play activities in playgrounds arising from collisions, slips and falls are not reportable to the Health and Safety Executive unless they are attributable to:-

(a) the condition of the premises e.g. potholes, ice, damaged or worn steps etc; or

(b) plant or equipment on the school premises; or

(c) lack of proper supervision.

Fatal and major injuries to pupils occurring on school sponsored or controlled activities off the school site (such as field trips, sporting events or holidays in the UK) must be reported to the Health and Safety Executive, the Education Service Training & Development Unit and the Council's Safety Adviser. If the accident arose out of or in the connection with these activities. The procedures for reporting such accidents is given in Appendix D.

If a pupil's accident does not result in a fatal or major injury the accident is not reportable to the Health and Safety Executive. A report must be sent to the Education Service Training & Development Unit and the Council's Safety Adviser using Form 57A (Middlesbrough Accident Report Form). The procedures given in Appendix D, must be followed.

22. EMERGENCY PROCEDURES

22.1 Isolation, Control and Warning of Risks

Preventative measures include the establishing of a simple hazard reporting system under which any member of staff, pupil or student will report details of a potential hazard to a designated member of staff. The designated member of staff should arrange for the potential hazard to be inspected at the earliest opportunity and remedial action taken or for the hazard to be isolated or removed and staff and pupils warned accordingly. The procedures will result in increasing the level of awareness of the need to minimise hazards throughout the school.

22.2 Action in the Event of an Emergency

(a) It is the responsibility of the Head Teacher to check the fire warning system in the school. Advice on the action to be taken in the event of a fire and the precautions to be taken to prevent fire from occurring, to minimise the damage to the building and safeguarding the occupants and contents of the building is given in Appendix E

(b) Should an emergency situation occur (such as a fire, bomb alert, major gas leak, structural failure etc.) the person recognising the situation must evacuate the building following the evacuation procedures which are given in Appendix E.

(c) All staff and pupils must be fully conversant with these instructions, be familiar with the location of the fire alarms, the routes to the emergency exits and the location of the emergency exits. The escape routes must be clear, unobstructed and identified with appropriate directional signs. There is a need for a routine to be laid down in the case of an emergency. The routine should be tested, periodically concentrating on equipment, escape routes and the training of staff.

22.3 Fire Wardens and Deputy Fire Wardens

(a) Fire Wardens are responsible for ensuring that the part of the building or floor area (including toilets) which they have agreed to cover is completely evacuated in the event of an emergency situation.

(b) Fire Wardens should, if time permits, close all doors behind them as they carry out an evacuation check. Fire Wardens should ensure that they are the last to leave the area which they are checking and they must not leave stragglers who promise to leave in a few seconds. After checking their area Fire Wardens should proceed to the large playground to ensure that a complete report of the evacuation of the building can be given on their arrival. Fire Wardens should report to the Head teacher. In giving their report Fire Wardens should state clearly and distinctly which area of the building or floor area has been cleared. After having reported the clearance of their area Fire Wardens should assemble at the large playground. Wardens should only re-enter the building when it has been cleared for re-occupation by the Senior Fire Officer.

(c) In the absence of any Fire Warden a nominated Deputy or the most senior member of staff present should take responsibility for reporting the evacuation of the area.

(d) The names of the Fire Wardens, Deputy Fire Wardens and the Senior Member of Staff and the areas of responsibility are as follows:-

Area Covered by Fire Wardens	Name of Fire Warden	Name of Deputy Fire Warden/ Senior Member of Staff
'Junior corridors and rooms'	Mrs J Stephenson	Mrs S Thorpe
'Infant corridor and rooms'	Mrs A Cattermole	Miss V Harron
Nursery	Mrs A Cattermole	Mrs A Colegate

22.4 Fire Safety

All employees must:-

(a) Make sure that flimsy decorations are not hung from light fittings or heat sources. In a fire they will catch light and fall onto people trying to escape.

(b) Check that employees, pupils and visitors know where the escape routes are to be found.

(c) Ensure that classrooms, workrooms and laboratories are cleared of waste paper and other combustible materials at least once a day.

(d) Check that the storage arrangements for flammable liquids such as solvents and the contents of aerosols comply with regulations.

(e) Check that the escape routes are free from obstruction and the doors to them are not locked.

(f) Exercise care in the use of smoking materials or flames.

(g) Check the availability and serviceability of fire fighting equipment.

(h) Know the fire evacuation procedures and be prepared to initiate it if necessary.

(i) Establish a safety system when staying overnight in hotels especially abroad.

22.5 Bomb Threats

If a warning is received that an explosive device or devices have been placed within the school premises the advice on the action to be taken which is given in Appendix F should be followed.

22.6 Gas Safety

(a) Head Teachers should inform all employees that in any case where gas equipment or piping is found to be leaking or faulty they should close down the appliance, or in the case of a leak, turn off the supply until an inspection is made and repairs are carried out. The staff concerned should inform the Head Teacher who should arrange for the necessary repair.

(b) **Gas Isolation Valves**

Gas isolation valves are provided in Home Economics Departments, Laboratories, Craft Areas, Kitchens and Boiler Houses for EMERGENCY USE ONLY.

Because these valves are conveniently sited with prominent notices they may be closed inadvertently. Head Teachers are requested to bring to the attention of ALL APPROPRIATE STAFF (including temporary and supply staff) the need for frequent checks on these items in the interests of safety.

Should a valve be closed for any reason then the following procedure should be as follows:-

(i) Check all appliances in the room, area of department concerned to ensure they are switched OFF.

(ii) Ensure all PILOT LIGHTS ARE RE-IGNITED once service has been restored.

22.7 Emergency Procedures Action Plan

The following action plan has been drawn up to familiarise employees with the location of the fire fighting equipment, fire alarms/escape routes and emergency exits.

(a) **Escape Routes and Emergency Exits**

Employees who checks the escape routes and emergency exits	How often are they checked	Location of the escape routes and emergency exits
S Wilson	Daily	All

……

……

……

……

(b) **Fire Extinguishers**

Employees and Maintenance Company who checks the Fire Extinguishers	How often are they checked	Location of Fire Extinguishers
S Wilson Safe and Sure	Annual	Map available

Fire Alarm

Employees who checks the Fire Alarm	How often are they checked	Location of the Fire Alarm
S Wilson	Daily	Whole site
All staff	Daily	Corridors near classrooms

23. ASSAULTS ON STAFF

The Council will be fully supportive of all staff who are victims of aggression whilst carrying out or in connection with their official duties.
A Violence to Staff policy is currently being developed and will be issued to Governing Bodies for consultation and adoption.

APPENDIX A

ADVICE AND GUIDANCE ON HEALTH AND SAFETY MATTERS

THE EDUCATION SERVICE

1.1 STANDARDS SERVICE

a. Advice and guidance on specific health and safety matters in connection with the curriculum can be obtained from members of the LEA's Standards Service.

b. If a serious incident occurs, or where there is any element of doubt about safety matters, advice from the Head of Achievement must be sought on the action which should be taken. The Head of Achievement and her telephone number is given below. If the Head of Achievement is not immediately available at the office, it is imperative that a clear message outlining the matter of concern is left (tel. 01642 728301). The urgency of the matter should be clearly conveyed.

c. The following procedures must be followed by schools in the event of accidents in science involving the uncontrolled or accidental release, spillage or escape, of any substance or pathogen from any apparatus or equipment which, having regard to the nature of the substance or pathogen and the extent and location of the release, spillage or escape, might have been liable to cause the death of, any of the injuries or conditions listed in the Policy Statement or other damage to the health of, any person.

i Schools must immediately inform both the Council's Safety Adviser, Mr Edward Braisher (01642 727071) and the Head of Achievement, Margaret Colley (01642 728301)

ii If the Council's Health and Safety Adviser is not available, a clear message should be left with outline details of the incident, a request that it be communicated urgently and contact name(s) and telephone number(s) for reply.

iii If Mrs Willis is not available, a similar message should be left, but the Advisers' Clerk should be asked to put the caller through to another member of the Standards Service. It is not sufficient to leave a "please ring back" message with no indication of the possibly hazardous nature of the incident.

1.2 **TRAINING AND DEVELOPMENT**

Advice on safety training and development will be sought from Health & Safety (Ann Pennock).

2. MIDDLESBROUGH COUNCIL HEALTH AND SAFETY UNIT

2.1 The Health and Safety Unit is based in the HBS HR Service, telephone number 01642 727419.

2.2 The Health and Safety Unit will play a proactive role in the development of Health and Safety Policies and procedures throughout the Council and will provide the Council and all its services with:

a. Information and new legislation
b. Advice on Health and Safety issues

2.3 It will review and authorise all safety procedures and documents produced within the Council before their release to staff.

2.4 It will visit all Council premises and monitor all health and safety activities to ensure compliance with both legislative and Council standards.

2.5 It will advise on behalf of the Council what standards are to be set, what health and safety management procedures are necessary and how health and safety legislation is to be interpreted.

2.6 It will investigate accidents, incidents and complaints where appropriate.

2.7 Together with the Education Services Training and Development Officer, it will review and authorise all health and safety training packages and provide courses where necessary.

2.8 It will monitor compliance with the corporate risk assessment procedure to ensure the corporate standard is achieved.

2.9 It will maintain an issues group and support consultative arrangements.

3. FIRE PREVENTION OFFICER

The Fire Prevention Officer is available to give advice on fire precautions. The address and telephone number of the Fire Prevention Officer is:-

Cleveland County Fire Brigade
Brigade headquarters
Endeavour House
Stockton Road
Hartlepool
TS25 5TB

Tel (01429) 872311

4. HEALTH AND SAFETY EXECUTIVE (HSE)

The Health and Safety Executive enforce health and safety law in schools. The address of the Health and Safety Executive is:-

Benton Park View
Newcastle upon Tyne
NE98 1YX

Tel: 0191 202 6200

Contact with the HSE should be through the council's **Safety Unit** in the first instance.

5. EMPLOYERS MEDICAL ADVISORY SERVICES (EMAS)

The Employment Medical Advisory Service (EMAS) is staffed by doctors and nurses with specialist occupational health qualifications. EMAS responsibilities are set out in the Health and Safety at Work etc. Act 1974. EMAS act as the medical arm of the Health and Safety Commission and provide medical advice to the Health and Safety Executive, as well as giving advice to other interested parties e.g., employers.

EMAS does not provide medical treatment, people who require such care are referred to their own doctor or hospital.

If advice on occupational health is required, you should contact the Council Health and Safety Unit in the first instance.

APPENDIX B

DUTIES AND RESPONSIBILITIES OF SAFETY REPRESENTATIVES AND SAFETY COMMITTEES

Introduction:

The Safety Representatives and Safety Committees Regulations 1978 set out the legal basis for consultation with employees on health and safety issues in unionised workplaces.

1. Appointment of Safety Representatives

(i) The Regulations provide that recognised trade unions may appoint safety representatives to represent the employees.

(ii) Safety representatives may represent, by mutual agreement between the appropriate unions, more than one group of employees.

(iii) As far as reasonably practicable, a safety representative should have been employed by his/her employer throughout the preceding two years or have had at least two years experience in similar employment.

2. Functions of Safety Representatives

In addition to representing employees in consultations with employers on measures which help to promote and develop the health and safety at work of the employees, safety representatives have the following functions:-

(i) To investigate potential hazards and dangerous occurrences at the workplace and to examine the cause of accidents.

(ii) To investigate complaints by any employee he/she represents relating to that employee's health, safety or welfare at work.

(iii) To make representations to the employer on matters arising out of (a) and (b).

(iv) To make representations to the employer on general matters, affecting the health, safety or welfare at work of the employees at the workplace.

(v) To carry out inspections.

(vi) To represent employees in consultations in the workplace, with inspectors of the Health and Safety Executive.

(vii) To receive information from inspectors.

(viii) To attend meetings of safety committees.

Note: No function given to a Safety Representative shall be construed as imposing any duty on the Representative other than the duties imposed on all employees to take reasonable care etc. The Commission have directed that no Safety Representative may be prosecuted for any action or omission by the Representative in respect of the performance of functions assigned in the Regulations.

3. Inspections

(i) Safety Representatives are entitled to inspect the workplace normally not more frequently than at three monthly intervals. Arrangements suitable for each workplace will need to be devised. A formal programme of regular inspections may be appropriate.

(ii) Written reports should be made on the appropriate form of unsafe or unhealthy conditions or working practices or unsatisfactory arrangements for welfare at work, though minor matters may be reported orally.

(iii) Normally it should be possible for the employer to take appropriate remedial action. When medical action is not considered appropriate or cannot be taken within a reasonable period of time, then the reasons should be explained in writing to the Safety Representative.

4. Information to be made available

Employers should make available the information within the employers' knowledge necessary to enable Safety Representatives to fulfil their functions, and to enable them to play an informed part in promoting health and safety at work.

5. Safety Committees

(i) Employers are obliged to establish a Safety Committee where at least two Safety Representatives request it.

(ii) The Health and Safety at Work Etc Act 1974 states that Safety Committees have the function of keeping under review the measures taken to ensure the Health and Safety at Work of the employees.

(iii) The Guidance Notes to the Safety Representatives and Safety Committees Regulations 1977 states that Safety Committees ought to consider drawing up agreed objectives or terms of reference which should include the promotion of co-operation in instigating, developing and carrying out measures to ensure the health and safety of every person in the establishment.

(iv) Certain basic objectives for Safety Committees may include the following:-

- The study of accident and notifiable diseases statistics and trends, so that reports can be made to management of unsafe and unhealthy conditions and practices, together with recommendations for corrective action.

- Examination of safety audit reports.

- Consideration of reports and factual information provided by inspectors of the enforcing authority appointed under the Health and Safety at Work Etc Act 1974.

- Consideration of reports which safety representatives may wish to submit.

- Assistance in the development of safety rules and safe systems of work.

- A watch on the effectiveness of the safety content of employee training.

- A watch on the adequacy of safety and health communication and publicity in the workplace.

- The provision of a link with the appropriate officers of the Authority.

(ii) The Health and Safety Commission believe that the detailed arrangements for Safety Committees should evolve from discussion and negotiation between employers and the appointed safety representatives.

Number

Safety Representative: Report Form

Notification to the employer (or his representative) of conditions and working practices considered to be unsafe or unhealthy and of arrangements for welfare at work considered to be unsatisfactory.			This column to be completed by the employer.
Date and Time of inspection or matter observed.	Particulars of matter(s) notified to employer or his representative (including location where appropriate)	Name(s) of Safety Representatives notifying matter(s) to employer or his representative.	Remedial action taken (with date) or explanation not taken. This information to be relayed to safety representatives
[This report does not imply that the conditions are safe and healthy or that the conditions are safe and healthy or that the arrangements for welfare at work are satisfactory in all other respects]			Signature of employer (or representative)
Signature(s) of safety representative(s)			Date
Record of receipt of form by the employer or his representative(s):			
Signature:			Date

Sample of suggested form to be used for notifying to the employer, or his representative , unsafe and unhealthy conditions and working practices and unsatisfactory arrangements for welfare at work.

APPENDIX C

THE CONTENTS OF FIRST AID BOXES AND TRAVELLING FIRST AID KITS

Extract from the Revised Code of Practice to the Health and Safety (First Aid) Regulations 2013

1. First Aid Boxes

1.1 First-aid boxes should contain a sufficient quantity of suitable first aid materials **and nothing else.**

1.2 Contents of the boxes should be replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. Items should not be used after the expiry date shown on packets. It is therefore essential that first-aid equipment be checked frequently, to make sure there are sufficient quantities and all items are usable.

1.3 First-aid boxes should be made of suitable material designed to protect the contents from damp and dust and should be clearly identified as first-aid containers; the marking used should be a white cross on a green background.

1.4 First aid boxes which are to form part of an establishment's permanent first-aid provision should contain only those items which a first-aider has been trained to use.

1.5 There is no mandatory list of items that should be included in a first aid container. As a guide, where no special risk arise in the workplace, a minimum stock of first aid items would normally be:

(a) one guidance card;
(b) twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment;
(c) two sterile eye pads, with attachments;
(d) 4 individually wrapped triangular bandages; (preferably sterile).
(e) six safety pins;
(f) six medium sized individually wrapped sterile unmedicated wound dressings (approx. 12 cm x 12 cm);
(g) two large sterile individually wrapped unmedicated wound dressings (approx. 12 cm x 12 cm); and
(h) 2 extra large sterile individually wrapped unmedicated wound dressings (approx. 18 cm x 18 cm).
(i) One pair of disposable gloves.

This is a suggested contents list only, equivalent but different items will be considered acceptable.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed, disposal containers should be provided. At least 1 litre should be provided. Once the seal has been broken, the containers should not be kept for reuse. The container should not be used after the expiry date.

Eye baths/eye cups/refillable containers should not be used for eye irrigation.

1.6 Sterile first-aid dressings should be packaged in such a way as to allow the user to apply the dressing to a wound without touching that part which is to come into direct contact with the wound.

1.7 The part of the dressing which comes into contact with a wound should be absorbent. There should be a bandage or other fixture attached to the dressings and consequently there is no reason to keep scissors in the first-aid box. Dressings, including adhesive ones, should be of a design and type which is appropriate for their use.

1.8 Where an employee has received additional training in the treatment of specific hazards which require the use of special antidotes or special equipment, these may be stored near the hazard area or may be kept in the first-aid box.

2. TRAVELLING FIRST-AID KITS

The contents of travelling first-aid kits should be appropriate for the circumstances in which they are to be used. At least the following should be included:-

(a) Card giving the general first-aid guidance;
(b) six individually wrapped sterile adhesive dressings;
(c) one large sterile unmedicated dressing;
(d) two triangular bandages;
(e) two safety pins;
(f) individually wrapped moist cleansing wipes.
(g) one pair of disposable gloves.

This is a suggested contents list only, equivalent but different items will be considered acceptable.

Appendix D

CORPORATE PROCEDURE FOR REPORTING INJURIES, DISEASES AND DANGEROUS OCCURRENCES

INTRODUCTION

In order to ensure the health and safety of our employees, service users and members of the public who may be affected by our activities, it is essential that all injuries, dangerous occurrences and certain occupational diseases be recorded, reported and investigated with a view to preventing them happening again.

Furthermore, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) the Council is required by law to report some serious work related accidents, diseases, and dangerous occurrences to the Health and Safety Executive (HSE).

It is also important for details of accidents and incidents to be recorded accurately and reported promptly in order for the Council to deal expediently with any civil claims which may arise from them.

How an accident is recorded and reported depends upon its severity, the following procedures are intended to assist you in this.

CONTENTS

1. DOCUMENTATION

The following documentation should be available on the premises.

Accident Book (BI 510):
Details of all accidents resulting in injury, major or minor should be entered in the accident book.
NB
Due to data protection requirements the accident book has been changed to a loose leaf format. Completed sheets from the accident book are to be retained securely in the workplace by a responsible person, NOT forwarded to the safety team.

Form F57
This is Middlesbrough Council's internal form for reporting injuries to employees.

Form F57A
This is Middlesbrough Council's internal form for reporting injuries to service users, visitors, contractors and members of the public which occur on our premises or as a result of our activities.

Form F2508
This is the Health and Safety Executive's own form which is used when reporting Major Injuries or Over-3-Day Injuries to them in writing

2. USE OF THE NEW ACCIDENT BOOK BI 510

The Data Protection Act requires that personal information be kept securely.
A member of staff within each workplace should be nominated to be responsible for the safekeeping of completed accident records.

The responsible person should:

- Enter their name and work address on the inside front cover of the new accident book.
- Enter a number in the box on the front cover of the accident book to ensure identification.
- Number additional accident books in sequence.
- Number each of the records and the corresponding boxes on the page stubs.

An injured employee, or someone acting on their behalf, must:

- Complete an accident record as soon as they can.
- Detach the completed record from the accident book and pass it to the responsible person
- If they so wish, take a photocopy of the completed form, and make a note of the page and accident book number before passing it to the nominated person.

The nominated person must then ensure that the completed form is stored securely, e.g. a lockable cabinet.

You should investigate the cause of each accident recorded. If you find anything different from the information provided, you should make a note in Section 3 of the record sheet to say what you found.

Do not dispose of the accident book covers after the last record has been completed and removed for storage. Instead keep the covers in a safe place, so the accident records can be matched to the stubs.

You must keep each accident record, and each set of book covers, for at least three years.

NB
This is not a replacement for the Council's accident reporting procedure
The accident reporting procedure must continue to be followed, and injuries reported using forms F57 and F57A.

3. MINOR INJURIES TO EMPLOYEES

Minor injuries to employees resulting from accidents at work should be entered in the accident book in line with Section 2 of this Procedure, and the accident investigated locally with a view to preventing a recurrence.

4. INJURIES TO EMPLOYEES RESULTING IN 1-DAY ABSENCE FROM WORK OR REQUIRING MEDICAL ATTENTION (F57)

It there is an accident to an employee resulting in an injury requiring treatment from a hospital, health centre or general practitioner, or resulting in a 1-day absence from work, then:

- Details must be reported to the injured person's supervisor/line manager by the quickest possible means, who must then:

- Enter the details in the Accident Book BI 510;

- Complete all the details on the internal Accident Report Form F57 on the day of the injury (or the first day of absence);

- Forward a copy of the completed form F57 within 24 hours to;

    a) The Health and Safety Unit
    b) The Risk Manager

It is the responsibility of the line manager/supervisor to make the accident site safe, wherever practicable, and to carry out an investigation into the incident to identify any measures that may be needed to prevent a recurrence.

5. INJURIES TO MEMBERS OF THE PUBLIC, SERVICE USERS AND CONTRACTORS ON COUNCIL BUSINESS (F57A)

If there is an accident on Council premises or arising out of the Council's activities resulting in an injury to a service user, contractor or a member of the public then the premises manager/ departmental manager/responsible person must:

- Enter the details in the accident book B1510

- Complete the details on Middlesbrough Council's accident report form F57A as soon as is practicable, including the names and addresses of any witnesses wherever possible.

- Forward a copy of the completed form F57A within 24 hours to:

  a) The Health and Safety Unit
  b) The Risk Manager

It is the responsibility of the premises manager/departmental manager/responsible person to make the accident site safe, wherever practicable, and to carry out an investigation into the incident

6. DEATH OR MAJOR INJURIES*(RIDDOR)

If there is an accident arising out of or in connection with work, and

- An employee or a self-employed person on Council business is killed or suffers a major injury (including as a result of physical violence); or
- A service user or member of the public is killed, suffers a major injury ***or is taken to hospital directly following the accident***, then the line manager/supervisor/responsible person must:

1. **Notify the Health and Safety Unit without delay:**
   Telephone 01642 727419.

   The Health and Safety Unit will take full details of the accident from you and advise you how to proceed

2. **Notify the Health and Safety Executive by telephone at the HSE's Incident Contact Centre. Telephone 0845 3009923**
3. Enter details in the accident book BI 150
4. **You must follow this up within 10 days by completing the HSE's Accident Report Form F2508 and forwarding it to :**

   HSE Incident Contact Centre
   Caerphilly Business Park
   Caerphilly
   CF83 3GG

   With copies directly to:

   - The Health and Safety Unit
   - The Risk Manager

   Definitions of major injuries are attached at Appendix 1

7. OVER THREE DAY INJURIES TO EMPLOYEES (RIDDOR)

If, following an injury at work, which is not a major injury, an employee is incapacitated for work, or from doing their normal job, for more than three consecutive days, (not counting the day of the accident but including weekends and Bank Holidays), then this is classed as an Over Three Day Injury and is reportable to the HSE under RIDDOR.

The employee's supervisor/line manager must:

- Enter the details in the accident book B 1510 (if they haven't already done so)
- Complete the details on internal accident report form F57 (if they haven't already done so)
- Telephone the Council's Health and Safety Unit with full details of the accident.
- Fill in the HSE Form F2508 and forward it to:

HSE Incident Contact Centre.
Caerphilly Business Park
Caerphilly
CF83 3GG

You should then forward copies of the completed form F2508 to:

a) The Health and Safety Unit
b) The Risk Manager
c)

NB. As the Health and Safety Unit acts as the Council's point of contact with the HSE it is important that they are informed in good time of all reports made to the HSE. This allows them time for investigate the accident if necessary and be familiar with the details of the incident should the HSE contact them later.

8. DANGEROUS OCCURRENCES/RIDDOR

Under RIDDOR a number of incidents have been prescribed as dangerous occurrences.
These are serious incidents which whilst not resulting in injury clearly could have done so, e.g. a gas explosion or a scaffolding collapse.
A full list of the specified dangerous occurrences is attached at Appendix B.

If the unlikely event of a specified dangerous occurrence then you must:

- Contact the Health and Safety Unit immediately Telephone: 01642 727414
- Contact the HSE's Incident Contact Centre immediately
  Telephone: 0845 3009923

9. REPORTABLE DISEASES/RIDDOR

Certain work- related diseases are also reportable to the HSE under RIDDOR.

If a doctor notifies you that one of your employees suffers from a reportable work related disease then you must contact the Health and Safety Unit who will then help you to:

1. Notify the HSE using Disease Report Form F2508A

2. Carry out an appropriate investigation.

Reportable diseases include:

- Certain poisonings;

- Some skin diseases such as occupational dermatitis; skin cancer; chrome ulcer; oil folliculitis/acne;

- Lung diseases including: occupational asthma; farmer's lung; pneumoconiosis; asbestosis; mesothelioma;

- Infections such as leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus;

- Other conditions such as: occupational cancer; certain musculoskeletal disorders; decompression illness and hand-arm vibration syndrome.

NB RIDDOR is concerned with diseases which are caused by conditions at work. This should not be confused with the separate requirement to report certain communicable diseases to the Health Authority.

The Health and Safety Unit

4th Floor, Vancouver House, Gurney Street, Middlesbrough, TS1 1JL. Telephone number 727414.

4th Floor
Vancouver House
Gurney Street
Middlesbrough
TS1 1JL

Anne Pennock Assistant Health & Safety Adviser 01642 727419

Head of Achievement

Margaret Colley Tel. 01642 728301
Vancouver House
Middlesbrough
TS1 1JL

Health and Safety Executive (HSE)

Incident Contact Centre
Caerphilly Business Park
Caerphilly
CF83 3GG

Tel O845 3009923

APPENDIX 1A

MAJOR INJURIES (AS DEFINED UNDER RIDDOR)

1. Any fracture, other than to the fingers, thumbs and toes.
2. Any amputation
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electrical burn (including any electrical burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
7. Any other injury:
   (a) Leading to hypothermia, heat induced illness or to unconsciousness,
   (b) Requiring resuscitation, or
   (c) Requiring admittance to hospital for more than 24 hours.
8. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
9. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion, or through the skin.
   (a) Acute illness requiring medical treatment; or
   (b) Loss of consciousness.
10. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or it's toxins or infected material.

EXPLANATORY NOTES

The following notes explain some of the main terms used:

(a) Fracture includes a break, crack or chip.

(b) Amputation means either traumatic amputation at the time of the accident or surgical amputation following the accident.

(c) Acute illness means illness which:

Progresses rapidly to a crisis after the onset of symptoms: and

Has severe symptoms.

(d) Medical treatment covers hospital treatment, treatment by a general medical practitioner, or at a health centre.

(e) Loss of consciousness means that the injured person enters into a state, for however short a period, where there is a lack of response, either vocal or physical, to people trying to communicate with them. .

(f) Biological agent is defined in the COSHH Regulations 1994 as meaning "any micro-organism, cell culture, or human endoparasite including any which may have been genetically modified, which may cause an infection, allergy, toxicity or otherwise create a risk to human health". In practice this will cover bacteria, viruses, fungi and parasites.

APPENDIX 1B

REPORTABLE DANGEROUS OCCURRENCES
(AS DEFINED UNDER RIDDOR)

1. Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
2. Explosion, collapse or bursting of any closed vessel or associated pipework;
3. Failure of any freight container in any of its load-bearing parts;
4. Plant or equipment coming into contact with overhead power lines;
5. Electrical short circuit or overload causing fire or explosion;
6. Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
7. Accidental release of a biological agent likely to cause severe human illness;
8. Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
9. Malfunction of breathing apparatus while in use or during testing immediately before use;
10. Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
11. Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
12. Unintended collision of a train with any vehicle;
13. Dangerous occurrence at a well (other than a water well);
14. Dangerous occurrence at a pipeline;

APPENDIX 1B Cont.

15. Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;

16. A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;

17. A dangerous substance being conveyed by road is involved in a fire or released;

The following dangerous occurrences are reportable except in relation to offshore workplaces:

18. Unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material fall; a wall or floor in a place of work; any false-work;

19. Explosion or fire causing suspension of normal work for over 24 hours;

20. Sudden, uncontrolled release in a building of:

    - 100 kg or more of a flammable liquid;
    - 10kg or more of a flammable liquid above its boiling point; or
    - 10kg or more of a flammable gas; or
    - 500 kg of these substances if the release is in the open air;

21. Accidental release of any substance which may damage health.

F57(rev)
June 1999

REPORT OF INJURY FORM FOR EMPLOYEES
THIS FORM IS REQUIRED FOR A MINIMUM OF ONE DAY'S ABSENCE AND ANY MEDICAL TREATMENT

Section 1: Details of Injured Person

Service:

Section:

Full Name:

Home Address & Post Code;

Job Title/Occupation:

Payroll Number: Union:

Section 2: Details of Incident

Date of Incident: Time:

Premises/Site Name:

Details of Injuries:

Details of Incident (How did it occur?)

Medical Treatment:

Hospital	
First Aid	
G.P.	
Other (please specify)	

Section 3: Is Action Necessary to Prevent a Recurrence?

Yes		If yes, identify the necessary action and to whom the responsibility for the action devolves:
No		

Signed: Manager/ Supervisor Date of Completion:

Circulation:

1) Copy for Service
2) Copy for Health & Safety Adviser HR
3) Copy for Risk & Insurance Unit, Finance & Audit
4) Copy for HR (for Union)

☐ The injured party has read the contents of this report and signed to state that they agree with its contents.

Signature:

☐ The injured person was not available for the completion of this form

☐ The injured person has read the contents of this report and does not agree with its contents. Their comments are attached

PLEASE COMPLETE THE REVERSE OF THIS FORM

INCIDENT ASSESSMENT REPORT
You should complete this assessment report for all incidents

1) Was the incident the result of a defect or alleged defect in the premises?

No	**o**	**Please move to Question 2**
Yes	**o**	**Please note the contents of Section A below and answer the additional questions**

2) Did the incident involve the use of the Authority's equipment?

No	**o**	**Please move to Question 3**
Yes	**o**	**Please move to Question 2a**

2a) Was the equipment faulty or alleged to be faulty? You may wish, at this point, to inspect the equipment for yourself.

No	**o**	**Please move to Question 3**
Yes	**o**	**Please note the contents of section B and answer the additional questions.**

3) Is it possible that the accident was contributed to by the action/instruction (or lack thereof) of a member of staff?

No	**o**	**You do not need to complete further details on this assessment**
Yes	**o**	**please note the contents of Section C and answer the additional questions**

A **<u>Defective Premises</u>**: If an incident occurs because of defective premises, it is important that the defect is made safe as soon as possible. This should involve preventative measures such as warning signs, until a permanent repair can be arranged. Such repairs should only take place after the defect has been recorded.

However, in the event of an incident resulting in a serious injury requiring immediate hospitalisation, or an accident reportable under RIDDOR, the accident site must be preserved intact for inspection by Health & Safety Advisors.

Brief Description of the Defect:_____

Any Previous Incidents Arising from Defect (please detail):_____

Had the defect been reported previously to the site/premises manager?
Yes o
No o

B **<u>Defective equipment (Alleged or Actual)</u>**: Equipment involved in an incident should be inspected to establish if a defect exists..

Defective/allegedly defective equipment should be removed from use until it can be determined that it is safe to use (by an experienced member of staff). Such equipment should not be disposed of until an inspection by Health & Safety staff and Insurance Inspectors has occurred.

Brief Description of the Equipment:_____

Is a defect apparent?
Yes o Brief Description of the Defect:_____
No o

However, in the event of an incident resulting in a serious injury requiring immediate hospitalisation, or an accident reportable under RIDDOR, the accident site must be preserved intact for inspection by Health & Safety Advisors.

Any Previous Incidents Arising from Defect (please detail):_____

Had the defect been reported previously to the site/premises manager?
Yes o
No o

C **<u>Involvement of Staff:</u>** To ensure that it can be clearly established which members of staff were present at the time of the incident, their names and job titles should be recorded now. *You should also ask all staff present to make a brief written statement of their recollection of events which should be signed and dated. These reports should be retained by the Service with a copy of the Form F57/F57A.*

Manger/Supervisor:_____ Contact No._____

Other Staff: _____ Title/ Designation:_____

_____ _____

_____ _____

F57A(rev)
June 1999

ACCIDENT REPORT FORM FOR MEMBERS OF THE PUBLIC, SERVICE USERS & CONTRACTORS ON COUNCIL BUSINESS.

Section 1: Details of Injured Person
Service:
Section:

Full Name:

Home Address & Post Code;

Telephone Number: Date of Birth:
Age if under 18

Section 2: Details of Incident
Date of Incident: Time: ☐

Premises/Site Name:

Address of Premises/Site:

Person in Charge of Premises/Site/Activity:

Details of Incident (How did it occur?):

Details of Injuries:

Medical Treatment:
Hospital ☐
First Aid ☐
G.P. ☐
Other (please specify) ☐

Name & address of Witness(es):

Section 3: Is Action Necessary to Prevent a Recurrence?
Yes ☐ If yes, identify the necessary action and to whom the responsibility for the action devolves:

No ☐

Signed: Manager/ Supervisor Date of Completion:
Circulation:
5) Copy for Service
6) Copy for Health & Safety Adviser HR
7) Copy for Risk & Insurance Unit, Finance & Audit

☐ The injured party has read the contents of this report and signed to state that they agree with its contents.

Signature:_____

☐ The injured person was not available for the completion of this form

☐ The injured person has read the contents of this report and does not agree with its contents. Their comments are attached

PLEASE COMPLETE THE REVERSE OF THIS FORM

INCIDENT ASSESSMENT REPORT
You should complete this assessment report for all incidents

4) Was the incident the result of a defect or alleged defect in the premises?

No	**o**	**Please move to Question 2**
Yes	**o**	**Please note the contents of Section A below and answer the additional questions**

5) Did the incident involve the use of the Authority's equipment?

No	**o**	**Please move to Question 3**
Yes	**o**	**Please move to Question 2a**

2a) Was the equipment faulty or alleged to be faulty? You may wish, at this point, to inspect the equipment for yourself.

No	**o**	**Please move to Question 3**
Yes	**o**	**Please note the contents of section B and answer the additional questions.**

6) Is it possible that the accident was contributed to by the action/instruction (or lack thereof) of a member of staff?

No	**o**	**You do not need to complete further details on this assessment**
Yes	**o**	**please note the contents of Section C and answer the additional questions**

A **Defective Premises**: If an incident occurs because of defective premises, it is important that the defect is made safe as soon as possible. This should involve preventative measures such as warning signs, until a permanent repair can be arranged. Such repairs should only take place after the defect has been recorded.

However, in the event of an incident resulting in a serious injury requiring immediate hospitalisation, or an accident reportable under RIDDOR, the accident site must be preserved intact for inspection by Health & Safety Advisors.

Brief Description of the Defect:_____

Any Previous Incidents Arising from Defect (please detail):_____

Had the defect been reported previously to the site/premises manager?
Yes o
No o

B **Defective equipment (Alleged or Actual)**: Equipment involved in an incident should be inspected to establish if a defect exists..

Defective/allegedly defective equipment should be removed from use until it can be determined that it is safe to use (by an experienced member of staff). Such equipment should not be disposed of until an inspection by Health & Safety staff and Insurance Inspectors has occurred.

Brief Description of the Equipment:_____

Is a defect apparent?
Yes o Brief Description of the Defect:_____
No o

However, in the event of an incident resulting in a serious injury requiring immediate hospitalisation, or an accident reportable under RIDDOR, the accident site must be preserved intact for inspection by Health & Safety Advisors.

Any Previous Incidents Arising from Defect (please detail):_____

Had the defect been reported previously to the site/premises manager?
Yes o
No o

C **Involvement of Staff:** To ensure that it can be clearly established which members of staff were present at the time of the incident, their names and job titles should be recorded now. *You should also ask all staff present to make a brief written statement of their recollection of events which should be signed and dated. These reports should be retained by the Service with a copy of the Form F57/F57A.*

Manger/Supervisor:_____ Contact No._____

Other Staff: _____ Title/ Designation:_____

_____ _____

_____ _____

NOTIFICATION OF HAZARD / NEAR MISS FORM

Section 1: Details of Near Miss Incident or Hazard

What were the perceived dangers:

Where and when did the incident occur:

Location:

Date:

Time:

Was this a "Dangerous Occurrence" as defined by the HSE Yes ☐ ☐

If so, form F2508 must also be completed

Section 2: Details of Person(s) involved

Full Name:

Home address and post code:

Tel.Number:

Name and address of witness(es):

Reported by Date

Section 3: Action taken to Prevent a Recurrence?

Signed Manager/Supervisor Date

Circulation:

8) Copy for Service
9) Copy for Health & Safety Adviser HR
10) Copy for Risk & Insurance Unit, Finance & Audit

HSE
Health & Safety Executive

Health and Safety at Work etc Act 1974
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Report of an injury or dangerous occurrence

Filling in this form
This form must be filled in by an employer or other responsible person.

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 What type of work does the organisation do?

Part B

About the incident

1 On what date did the incident happen?

/ /

2 At what time did the incident happen?
(Please use the 24-hour clock eg 0600)

3 Did the incident happen at the above address?

Yes ☐ Go to question 4

No ☐ Where did the incident happen?

- ☐ elsewhere in your organisation – give the name, address and postcode
- ☐ at someone else's premises – give the name, address and postcode
- ☐ in a public place – give details of where it happened

If you do not know the postcode, what is the name of the local authority?

4 In which department, or where on the premises, did the incident happen?

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F.
If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

2 What is their home address and postcode?

3 What is their home phone number?

4 How old are they?

5 Are they

☐ male?
☐ female?

6 What is their job title?

7 Was the injured person (tick only one box)

☐ one of your employees?
☐ on a training scheme? Give details:
☐ on work experience?
☐ employed by someone else? Give details of the employer:
☐ self-employed and at work?
☐ a member of the public?

Part D

About the injury

1 What was the injury? (eg fracture, laceration)

2 What part of the body was injured?

F2508 (01/96)

3 Was the injury (tick the one box that applies)

- ☐ a fatality?
- ☐ a major injury or condition? (see accompanying notes)
- ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- ☐ an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- ☐ become unconscious?
- ☐ need resuscitation?
- ☐ remain in hospital for more than 24 hours?
- ☐ none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- ☐ Contact with moving machinery or material being machined
- ☐ Hit by a moving, flying or falling object
- ☐ Hit by a moving vehicle
- ☐ Hit something fixed or stationary
- ☐ Injured while handling, lifting or carrying
- ☐ Slipped, tripped or fell on the same level
- ☐ Fell from a height
  How high was the fall?
  ☐ metres
- ☐ Trapped by something collapsing
- ☐ Drowned or asphyxiated
- ☐ Exposed to, or in contact with, a harmful substance
- ☐ Exposed to fire
- ☐ Exposed to an explosion
- ☐ Contact with electricity or an electrical discharge
- ☐ Injured by an animal
- ☐ Physically assaulted by a person
- ☐ Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form.)

☐

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

☐☐☐☐ ☐

Part H

Your signature

Signature

☐

Date

/ /

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use

Client number	Location number	Event number	
☐	☐	☐	☐ INV REP ☐ Y ☐ N

APPENDIX E

FIRE PRECAUTIONS IN SCHOOLS

The Fire Precautions (Workplace) Regulations 1997

INTRODUCTION

The Fire Precautions (Workplace) Regulations 1997 implement the general fire safety provisions of the European Framework and Workplace Directives not specifically dealt with by other legislation.
The Regulations apply to all workplaces where staff are employed.

WHAT THE REGULATIONS COVER

The Regulations place a duty on employers to ensure minimum fire safety standards are provided in their premises.
In schools, the LEA, as the employer, is the duty holder but has delegated the responsibility for ensuring ongoing compliance with the Regulations to the Head Teacher.
In particular, the employer must:

1. Assess the fire risks in the workplace (either as part of a general review of health and safety risks, which is already carried out, or as a specific exercise).
2. Check that a fire can be detected in a reasonable time and that people can be warned.
3. Check that people who may be in the building can get out safely.
4. Provide reasonable fire fighting equipment.
5. Check that those in the building know what to do if there is a fire.
6. Check and maintain the fire safety equipment.

FIRE RISK ASSESSMENT

The fire precautions we need to take are commensurate with the risk. In order to determine the precautions necessary an assessment of the fire risk should be carried out.

Fire risk assessments for all Schools have been carried out by The Health and Safety Unit in liaison with the Head Teacher, and copies of the fire risk assessment pro-forma forwarded to all schools.

A copy of your fire risk assessment pro-forma should be inserted here.

You should consider this as a working document.

N.B. Responsibility for ensuring fire precautions and actions arising from the fire risk assessments are implemented, and for regular review, rests with the Head Teacher.

Responsibility for enforcing the Fire Precautions (Workplace) Regulations 1997 rests with the Fire Authority, who will visit your school on a regular basis to inspect your fire risk assessment documentation and compliance with it.

The Health and Safety Adviser to the Council has agreed a protocol of inspection with Cleveland Fire Brigade which is intended to encourage a proactive and co-operative approach to the regulations.

Further detailed guidance re. Fire Safety in Schools will be released periodically by the Health and Safety Unit and should be inserted here.

FIRE PRECAUTIONS IN SCHOOLS
PRACTICAL GUIDANCE

The Fire Risk assessment pro forma sets out the minimum fire precautions that should be in place at you School.
Practical advice contained in Building Bulletin 7 was issued in the previous safety manual, and has been included here for additional Guidance.

Introduction

- Any building, no matter how safely designed, can quickly become dangerous unless there is foresight and care in its day to day use.

- No alterations, however minor, should be made to the structure particularly to doors, walls and ceilings, or windows which may provide fire protection or an escape, without seeking professional advice and approval.

- Only the occupants and those responsible for them can ensure that the premises continue to be safe, and that everyone who uses the building knows what to do if there is a fire.

- Teachers and other staff must be given training in the correct procedures in case of fire.

- Fire evacuation drills must be practised on a regular basis, at least once a term, and in particular with new pupils at the beginning of the school year. Each fire drill should be recorded, and any problems or defects relating to the building or alarm system reported as a matter of urgency.

Action in the event of fire

- The Fire Brigade should be called immediately to any fire, however small.

- In the event of a fire, staff must supervise the evacuation from the building as quickly and safely as possible.

- No attempt should be made to fight the fire until evacuation is complete, and then only by staff trained to do so if they can without putting themselves at risk.

- Where possible, staff should contain the spread of smoke and fire by closing doors, but only where there is no risk to their own safety.

Everyday precautions

Stairways and doors

- Stairways and final exit doors must never be obstructed, and all exit doors must be capable of being opened easily and immediately from the inside while there is anyone in the building. Stairways and exit doors should be kept in good repair. No combustible material should be stored or allowed to accumulate in the stairway enclosures.

- Ideally, doors across escape routes should not be fitted with locks. If, however, they are lockable, those doors which provide essential escape routes from occupied parts of the premises, must (during the period of such occupation) be kept unlocked with the key removed.

- The purpose of fire doors into stairway enclosures and across escape routes is to prevent smoke and dangerous gases blocking any escape route. This should be explained to all the occupants of a building, together with the importance of ensuring that such doors, which should have notices, are closed if there is a fire in any part of the building. All fire doors should be closed at night and during weekends and holidays so that, if there is an outbreak of fire, its spread will be reduced and the damage by smoke contained.

Interconnected and open-plan areas

- In large open-plan rooms fixed furniture and equipment such as that used for cooking and science teaching should be positioned where there is no risk of its forming a hazard on escape routes. In such open-plan areas, materials or loose furniture should not be allowed to accumulate and impede the movement of the occupants. It is essential that all occupants should have an unobstructed passage to the fire exits in such areas.

Rubbish and the storage of combustible material including polyurethane

- Rubbish and combustible waste including paper, cardboard, plastics and chemicals should not be allowed to accumulate in any area, particularly high risk areas (laboratories, workshops, kitchens, craft rooms, boiler rooms etc). Rubbish and combustible waste must never be put in any escape route, including corridors, dual-purpose areas, protected lobbies and stairways, and entrance/exit areas. All such material should be put in a metal or other non-combustible closed container and removed from the building to a safe place as soon as possible, but at least daily. Particular care should be taken with the storage of any material of this type in caretaker's rooms, stage storage areas and PE equipment stores. If polyurethane or similar materials are to be used and stored (e.g. gymnasium mats) advice on storage and special fire precautions must be sought at the earliest opportunity from the local fire officer.

- Home Office statistics for school fires indicate that the most likely source of a school fire is the burning of paper and cardboard followed by other combustible

material such as clothes, upholstery and furniture, and the most likely place for a fire to occur is in a class-room or store.

- Heaters, such as convectors and storage heaters, may require protection to ensure that they are not misused, e.g. by blocking air grilles. Regular maintenance is strongly recommended.

Electrical supply and fittings

- Fuses that have blown must only be replaced after establishing the cause for blowing, with fuses of the correct rating. A fuse should never be replaced with one of a higher rating or, as sometimes happens, with thick copper wire. Flexible cable to fittings should be as short as possible and should be inspected regularly and replaced immediately if worn. Additions or alterations to wiring, should be undertaken only by a qualified electrician. Special care should be taken over improvising stage lighting and when fairy lights or other types of lighting are used for decorative purposes.

Laboratories

- The precautions against fire that should be taken in laboratories are deal with in "Safety in Science laboratories" (DES Safety Series No.2).

- Hazardous experiments and demonstrations should not be carried out near the door to a laboratory or workshop.

- Unless a separate store, detached from the main building, is provided, the amount of petrol and other flammable liquids stored on the premises should be severely limited. With petrol, there is a statutory requirement ,that unless its storage has been licensed by the local authority (who may attach to the license such conditions as they consider appropriate) not more than 14 litres in the aggregate may be stored, in separate containers each containing not more that 0.5 litres.

Housecraft rooms

- General guidance on fire precautions in housecraft and art rooms is provided in the booklet "Safety in practical studies" (DES Safety Series No.3).

Furnishings and equipment - including play equipment and sports equipment

- Great care should be taken that educational and display materials, which may be added to the building by the occupants do not constitute a particular fire hazard. For example, collecting a large quantity of plastic waste material for a teaching project will introduce a new risk unless properly controlled.

- It is essential when furnishing any additional establishment to give careful attention to the fire properties of furnishing materials and items of furniture. The most important considerations apply to soft furnishings such as curtains and upholstered furniture. In the case of upholstered furniture a minimum level of

requirement, when tested according to BS 5852 Part 1 is ignition source 0 (smouldering cigarette), with ignition source 1 being preferable. However, in many areas a higher level of ignition resistance - say to ignition source 5 or 7 of BS 5852. Part 2 - may be more appropriate. Dual-purpose areas, staff rooms, student common areas, domestic science areas, etc, where soft upholstery is used, are examples of such areas. Consideration should also be given to existing furniture which may require to be upgraded in high risk areas. The level should be set after an appraisal of the fire hazard taking account not only of the likelihood of a fire source being present, but also the consequential hazard to the occupants should a fire occur. In the case of curtains, they should be capable of being classified as fabric type B when tested to BS 5867 Part 2. Mattresses should be specified in accordance with the tests in BS 6807; here ignition source 5 resistance is appropriate. Advice may also be sought from specialist organisations as to the suitability for use of various materials, based on their proposed purpose and association with other materials (e.g. certain types of PE mattresses, upholstery for informal seating areas) and safety rules should be strictly observed. With the greater use of mobile and loose furniture, it can be difficult to maintain clear unobstructed escape routes. These escape routes are, however essential and the educational management must ensure that they are not obstructed in any way by furniture or display equipment.

Temporary displays and decorations

- Great care must be taken when using paper or flimsy materials either for decorations for costumes, especially where heating is by any kind of open fire. Such decorations, and also natural or artificial foliage, should not be suspended from light fittings or anywhere near a heat source; fire occurring in suspended and highly flammable materials spread rapidly, and flaking pieces may drop over a wide area before everyone in the room has a chance to escape. Cotton wool and most plastic materials, particularly foamed plastics, should not be used for these purposes.

- Fancy dresses and costumes are often, by their very nature, highly flammable and the greatest care should be exercised when plays or parties are being held. At such times open or portable fires are undesirable but if used must be adequately protected with fireguards. In order to minimise the risk of dresses and costumes catching fire, mirrors should never be placed above fires in “dressing rooms”.

Vandalism and security

- There is concern about the increased incidence of fires caused by vandalism at night or during holidays, often resulting in extensive material damage and disruption of pupils education. The opportunity for such acts of vandalism may be reduced by ensuring that windows and external and internal doors are properly secured when buildings are unoccupied and that flammable material is not left needlessly accessible to intruders.

Community and dual use

- Where premises are used by members of the public especially outside normal opening hours, additional safety considerations may arise particularly where disabled people are involved. Escape routes and exits should be clearly marked for the benefit of those who may not be familiar with the layout of the building. Those responsible for such out-of hours activities should be carefully briefed about the position of telephones, escape routes, fire alarms, fire fighting equipment etc.

- Substantial ashtrays should be provided in rooms where smoking is allowed, although smoking should be prohibited in areas of high fire risk and discouraged elsewhere. Thorough checks of all parts of the premises should be made at the end of an evening or session by the person or persons responsible to ensure that no smouldering fires or cigarettes are left burning and that doors and windows are properly secured etc.

Periodic action

Fire inspections

- The fire engineer should be consulted about periodic inspection of premises by fire brigade officers or other responsible persons to ensure that escape routes are properly available and no fire hazards have been introduced. It may be appropriate to designate one or more persons to take a special interest in safety, particularly in relation to possible fire hazards and the necessary fire precautions.

Fire drills

- It is important to ensure that periodic fire drills (by which is meant practice evacuations of the building, not fire fighting practices) are carried out in every educational establishment. Again, the advice of the fire engineer officer should be sought on details. Clearly one such drill must take place soon after new occupants arrive at the beginning of every academic year. Additional fire drills on a termly basis are desirable.

Fire warning systems

- Independent electric fire warning systems should be tested once a week and any fault rectified immediately. Faulty items relating to the building fabric should be notified and rectified quickly. Tests, results and action taken should always be recorded and kept in a place of safety, both in the school and duplicated elsewhere.

Fire extinguishers

- Fire extinguishers should be maintained and recharged according to the manufacturer's instructions. When in position they should be well away from any fire, radiator or heat-producing appliance and should not stand in direct sunlight. Spare extinguishers and refills should be stored in a cool, dry place and never in store-rooms attached to teaching spaces.

EVACUATION PROCEDURES

1. There should be a fire drill soon after new occupants arrive at the beginning of the school/college year. A fire drill should be repeated at least once a term and should be noted in the Log Book and reported to the Governing Body.

2. The most important aspect of the fire drill is the prompt and complete evacuation of the premises. Head Teachers must ensure that all staff, pupils and students are fully acquainted with fire evacuation procedure that assembly areas are known to all concerned and that a roll call of everyone evacuated is taken immediately at the assembly areas.

3. The evacuation procedures for the school involves the <u>total evacuation</u> of all persons from the building as quickly as possible.

4. On hearing the alarm all persons including visitors and members of the public should vacate the building in a quiet and orderly manner and proceed by the nearest unobstructed route to the assembly areas. The following rules should be followed:-

   (a) Do not run.
   (b) Do not use lifts.
   (c) Do not re-enter the building for any reason until the Senior Fire Officer present has deemed it safe to do so.

5. Employees are reminded that personal effects e.g. handbags, coats keys etc should, if time permits, be taken out of the building at the time of the evacuation or securely locked away. Staff should also note that they are not required to close doors or windows before leaving the building.

6. In order to alleviate a possible risk of fire, it is essential for good housekeeping to be maintained at all times.

7. In this connection great care should be taken to ensure that combustible materials for teaching or display, furnishings and curtains, do not constitute a particular fire hazard. Surplus combustible materials e.g. waste paper inside the building should be kept to a minimum. Experience has shown plastic materials in fire to be a major smoke hazard. Escape routes, and particularly stairways, should be kept free of obstructions.

8. Head Teachers who require advice on matters relating to fire precautions should contact the Fire Engineer Officer at Cleveland County Fire Brigade Headquarters, Park Road South, Middlesbrough, Tel. No. (01642) 851185.

Appendix F

Advice on Action to be taken in the event of a Bomb Threat

1. Bomb Threat

1.1 Unfortunately bomb threats are becoming an increasingly common part of everyday life. The threat of attack is not only from terrorist organizations but also from members of the public who may hod a grievance against the School or Local Authority.

1.2 To minimize the risk of injury from a bomb attack employees need to be aware of the following;-

(a) The need for good security and constant vigilance

(b) How to deal with a telephone warnings

(c) How to deal with a suspicious package

(d) How to evacuate the premises in the event of a bomb threat

2. Procedures

2.1 Procedures for dealing with Telephone Warnings

(a) As soon as it is clear that the caller is making a bomb threat let them finish their message without interruption. If any response is necessary, keep it to one or two words where possible.

(b) Keep calm

(c) While the caller is talking, try to take down the message exactly. Certain parts may not make sense but may in fact be a means of establishing whether the threat is genuine or not.

(d) The caller may ring off immediately after giving the message, but whoever takes the call should nevertheless try to get a response to the following questions:-

- Where is the device?
- What time will it go off?
- What does it look like?
- What kind of bomb is it?

- Why are you doing this?

The person receiving the call should also try and assess the following: -

- The Caller - is it a man, woman or child?

- The speech - is it intoxicated, rambling, irrational?
  Has it a distinctive accent?
  Was the caller laughing?
  Did the caller have a speech impediment?
  Try to note if the caller is familiar with the layout of the building or any of its occupants

- Distractions - Is the call from a call box or private phone?
  Is there background noise i.e. trains, traffic, aeroplanes?

In order to help with this task a record sheet (see attached) sets out the points mentioned above

(e) If possible, attract the attention of another employee in the room and keep them on standby.

(f) Keep the caller talking for as long as possible. Do not replace the telephone handset – keep the line open even when the caller has rung off.

(g) As soon as the call is complete contact the Head Teacher/Premises Manager giving full details. The Head Teacher/ Premises Manager will contact the Police immediately.

(h) The Head Teacher/ Premises Manager will assume control until such time as the Police take over. If the Police assume control depending on the quality of the information e.g. coded warning evacuation may begin

(i) If the warning is relatively low risk and the Police have not assumed control, the Head Teacher/ Premises Manager is absolutely satisfied that the call is a hoax, the Head Teacher/ Premises Manager will instigate an evacuation.

(j) Whilst vacating the premises or if sufficient time allows, all employees should carry out visual checks of their classrooms or immediate surroundings and be alert to any suspicious objects. They should report any findings to the Head Teacher /Premises Manager or to the Police in attendance at the scene as soon as possible.

(k) Teachers and pupils should take their personal belongings, bags, rucksacks, coats etc. with them, if items are to hand, to make the security forces task simpler if they are required to search the premises.

(l) The Head Teacher/ Premises Manager in co -operation with the police will identify when phased re-entry of the building can be instigated.

(m) On re-entering the building employees must remain vigilant and look out for anything untoward.

2.2 Procedure in case of Suspect Device found on Premises or Package received in the Post

If you find a suspect device / package then you must:

(a) Clear the area immediately and warn people in the area to keep clear.

(b) Contact the Head Teacher/ Premises Manager immediately providing them with full details of the location and appearance of the suspect device.

(c) The Head Teacher/ Premises Manager will assume control of the situation. The Police will be contacted immediately giving full details.

(d) If the suspect device is located away from escapes routes/exits doors the Head Teacher/Premises Manager will assess the situation and make suitable arrangements to evacuate the building.

(e) If it has been decided that an evacuation is necessary all employees and pupils will be instructed to leave the building by a designated escape route in a calm and orderly manner and proceed without delay to the assembly point.

(f) All employees and pupils must remain at the assembly point until instructed otherwise.

(g) In the event of a security alert, you should not use mobile phones in close proximity to buildings.

(h) No employees or pupils must re enter the building until they have been told it is safe to do so.

(i) The Head Teacher/ Premises Manager will liaise with the Police and relay any additional requirements / information to assembled employees.

2.3 Postal Bombs

Sending explosive devices through the post is possibly the easiest way to get a device into the building with the smallest risk to the would be bomber. Postal bombs take many forms. They may come in any shape or size: parcels envelopes or padded jiffy bags. They may explode or ignite when opened and sometimes before they are opened. They are usually designed to kill or maim the person who is opening them.

Any one of the following signs should alert employees to the possibility that a package contains an explosive device: -

- Grease marks on the envelope or wrapping
- An unusual odour such as marzipan or machine oil
- Visible wiring or tin foil, especially if the envelope or package is damaged
- The weight distribution may be uneven :the contents may be rigid in a flexible envelope
- It may have be delivered by hand from an unknown source or posted from an unusual place
- If a package, it may have excessive wrapping
- There may be poor handwriting, spelling or typing
- It may be wrongly addressed; or come from an unexpected source
- There may be too many stamps for the weight of the package

Packages or envelopes showing the above signs must be handled gently and no more than necessary.

All employees who might be required to open mail in the course of their work should be warned that, should they have any suspicion that a package or envelope may contain an explosive device they should: -

- Put down the package / envelope gently and walk away from it.
- Evacuate the immediate area (shut the door of the room)
- Contact the Head Teacher / Premises Manager who will contact the police
- On no account place the package into anything (including water) or place anything on top of it
- The person who dealt with the package should remain available for interview by the Police

2.4 Assembly Points in case of Bombs Threats

In the event of a bomb threat evacuation the assembly point should be re-sited, namely

- Away from all school buildings
- Away from glazing
- Not located in or near the car park
- The furthest point on the school / premises site (ideally 400 metres from the school building)

2.5 Chemical / Biological Devices (CB)

The following guidance is reproduced from the guidance issued by the Civil Contingencies Secretariat in the Cabinet Office

We would stress again that there is no evidence of any specific threat against the UK

Internal – a suspect CB device is discovered in the entrance foyer (This assumes that the existing access control procedures limit unauthorised access your entrance foyer only)

- Switch off air conditioning system – this may require the installation of an isolation switch within the school

- Close all fire doors – where premises have automatic closing fire doors, this may be achieved by reconfiguring the fire alarm system to provide an additional function of automatically closing the fire doors without the fire alarm sounding

- Isolate the foyer – close all doors that give access to the foyer and close off the lifts

- Close all the windows in the rest of the building

- Evacuate the building – where evacuation is not possible, for example, where the only evacuation route is through the contaminated area, move staff up the building to await instructions from the emergency services
- Dial 999 for the Police

Internal – a suspicious package is detected in the post room, or elsewhere on the premises

- Place the suspicious package in a sealable container, for example, place in a " bomb bin" and fit the lid
- Shut the window in the post room
- Leave the room, closing the door
- Switch off the air conditioning system
- Evacuate all the floors directly below the post room, the floor on which the post room is located, and the floor directly above
- Dial 999 for the police

Internal – a device goes off in the post room or elsewhere on the premises

- Evacuate the room and close the door
- Switch off the air conditioning system
- Close all fire doors
- Close all windows in the rest of the building
- Evacuate the building – where evacuation is not possible, for example, where evacuation route is through the contaminated area, move staff up the building to await instructions from the emergency services
- Dial 999 for the police

External – a device is discovered or goes off externally

- Switch off the air conditioning system
- Close all fire doors
- Close all windows in the rest of the building
- Move all the occupants located on the ground and below ground floors up the building to the first floor and above, to await instructions from the emergency services
- Dial 999 for the police

External – a device is placed next to air intakes of the building air conditioning system (the air intakes are generally located high n the building façade or on the roof)

- Prevent unauthorised access to the air conditioning air intakes
- Physically secure the access routes, alarm and cover with CCTV for alarm verification
- Dial 999 for the police

Internal/ External – Contamination of the on –site water storage tanks

- Prevent unauthorised access to the on site water storage tanks
- Physically secure the access routes, alarm and cover with CCTV for alarm verification
- Dial 999 for the police

ALL CASES WHERE A DEVICE IS SUSPECTED OR DISCOVERED

If possible, ensure that a list is compiled of each member of staff and all visitors' names and location within the building at the time of the event, and up-to –date contact details

APPENDIX H

CORPORATE POLICY FOR THE MANAGEMENT OF HEALTH AND SAFETY AT WORK IN SCHOOLS

Middlesbrough Council's Policy for complying with the regulations was approved at a meeting of the Corporate Health and Safety Committee on 23rd February 2000 and is set out below.

General Risk Assessment Policy

1. Authorisation

The Management of Health and Safety at Work Regulations 1999. Corporate Health and Safety Committee 23 February 2000.

2. **Standard**

The Council will, in accordance with the Management of Health and Safety at Work Regulations 1999:-

(a) Assess the risks to the health and safety of employees and anyone else who may be affected by our work activities.

(b) Record the significant findings of the risk assessment.

(c) Make arrangements for implementing any Health and Safety measures that follow from the risk assessment.

(d) Provide appropriate Health Surveillance for employees where the risk assessment shows it to be necessary.

(e) Appoint competent persons.

(f) Set up emergency procedures.

(g) Provide employees with information, instruction and training.

(h) Provide temporary employees with Health and Safety information.

3. Procedure

(a) Headteachers are responsible for the implementation of the policy in their school.

(b) Headteachers must ensure that risk assessors are nominated - these may be teachers or other employees with wide knowledge and experience of their work activities.

(a) Risk assessors will be trained in the corporate risk assessment procedure authorised by the Health and Safety Unit to the Council.

(b) Head Teachers must ensure that the necessary control measures identified through the risk assessment will be prioritized and put in place.

(c) Copies of all risk assessments must be retained in the workplace and made available to the Health and Safety Unit who will monitor the standard of and compliance with the risk assessment policy.

(d) Risk assessments must be reviewed whenever there is a change in workplace or procedure, but in any case at least annually.

(e) The need for specialist assessments, e.g. COSHH, Violence risk assessments etc are identified during the general risk assessment procedure. Where this is the case, Head Teachers must ensure specialist assessors are appointed to carry these out.

General Principles of Risk Assessment

The general principles of risk assessment are outlined below:

(a) Look for and list the Hazards (note: Hazard means anything that can cause harm i.e. electricity, chemicals etc.).

(b) Identify who could be harmed (i.e. list groups of people at risk)

(c) Is the risk adequately controlled (i.e. consider and list the precautions already in place)?
(Note: Risk is the chance, great or small that someone will be harmed by the hazard).

(d) What further action is necessary to control the risk? Consider whether existing precautions are adequate, or are further precautions necessary.

(e) Implement additional precautions / controls identified as result of the risk assessment.

(f) Monitor and review assessments. It is prudent to plan to review risk assessments at regular intervals. The time between reviews is dependent on the nature of the risk and the degree of change likely in the work activity. Such review should form part of standard management practice.

APPENDIX I

MODEL POLICY ON ASTHMA IN SCHOOLS

INTRODUCTION

In the UK about one in seven children of primary school age has asthma, although sometimes it could be described as “wheezing” or “wheezy bronchitis”. Many children do cease to have the symptoms of asthma when they reach their teens. Most children can expect to lead a normal life if medicines are taken properly and used regularly. Periodically, however, some children may experience attacks of asthma. Despite the large number of children who have asthma the condition is rarely fatal. However, it should not be underestimated. More children are admitted to hospital with asthma than with any other single condition.

Increasing concern has been expressed by schools about the procedures which they should follow if a child suffers an asthma attack, the treatment which should be given and the storage of medication for relieving asthma. The purpose of this document is:-

(a) to give guidance to schools on the issues raised;

(b) to give information to schools on the symptoms of asthma, what triggers an asthma attack and how schools can reduce or eliminate the child’s exposure to these triggers;

(c) to raise awareness of asthma in schools; and

(d) to help schools to draw up an asthma policy.

It is hoped that this document will answer the queries which have arisen and will encourage schools to develop an asthma policy for the school.

1. What is Asthma?

1.1 Asthma is a condition which particularly affects children. It causes the airways in the lungs to narrow, making it difficult to breath. Sudden narrowing produces what is usually called an attack of asthma. Lesser or more persistent narrowing leads to less dramatic symptoms.

1.2 Individual children are affected by asthma in different ways. Some children may have very occasional, brief and mild attacks, whereas others may be forced to stay off school, be unable to participate in games and need regular treatment if they catch a cold.

2. The Causes of Asthma Attacks

2.1 People with asthma have airways which are almost continuously inflamed (red and sore) and are therefore very sensitive to a variety of common stimuli. Asthma is not an infectious, nervous or psychological condition although stress may sometimes lead to symptoms.

2.2 A child's inflamed airways are quick to react to certain triggers (irritants) that do not affect non-asthmatic children. The things that trigger asthma vary from child to child; the know triggers include:

- Viral infections (especially common colds)
- Allergies
- Exercise
- Cold weather or strong winds
- Excitement or prolonged laughing
- Sudden changes in temperature
- Numerous fumes such as glue, paint and tobacco smoke

2.3 Certain substances which do not affect other people can cause symptoms to develop in those with asthma. As the substance does not affect most others it is described as an allergen.

2.4 Common allergens are:

- House dust mites which live in soft furnishings and beds
- Furry or feathery animals
- Grass pollen
- In rare cases, foods such as milk and eggs.

2.5 Other allergic symptoms include itching and redness of the skin (eczema), watery eyes (allergic conjunctivitis) and a runny nose or sneezing (hayfever, rhinitis). The symptoms can occur with or without the symptoms of asthma.

3. How Asthma Affects Children

3.1 Children with asthma may have episodes (attacks) of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a 'tightness' inside the chest which is sometimes frightening and may cause great difficulty in breathing.

3.2 Individual children are affected by their asthma in different ways. One child may occasionally experience minor coughing bouts and breathlessness; while another is unable to participate in games and is sometimes forced to stay off school. Sometimes a cough can be the only symptom of asthma.

4. Avoiding Attacks of Asthma

4.1 In the majority of cases only the use of modern treatments will help to avoid the symptoms of asthma. However, the following allergic triggers can be avoided by schools:

- Grass pollen can cause severe attacks from about late May to the end of July and children who are allergic to pollen may need to keep clear of flowering grass.

- Cigarette smoke. Adopt a policy on smoking which ensures that pupils are never exposed to the dangers of passive smoking whilst in school.

- An asthmatic child should not be sent outside to play in very cold weather of he/she is wheezing.

- An asthmatic child should not be forced to participate in physical recreation if he/she says that he/she is too wheezy to continue.

- Guinea pigs, hamsters, birds and rabbits may need to be removed or housed away from the classroom if they are causing trouble.

- Fumes from science experiments can provoke symptoms. Ensure that fume cupboards are used in Science lessons. If this is not possible teachers must be aware that pupils may need to leave the room.

- Food allergy is rare, but if the doctor asks a child to avoid certain foods it is important to follow this advice and not to regard it as a 'food fad'.

5. When a Child with Asthma is Admitted to School

5.1 It is important for Head Teachers to ask the parents/guardians of a child with asthma to give full information about their child's asthma, specifically:-

(a) what triggers the asthma attack;

(b) the current treatment which he/she is receiving, and

(c) whether or not the child is able to take responsibility for self administration of the medication.

It is important that this information is obtained in writing from the parents/guardian. The procedures which schools should adopt to deal with the medication and inhalers of a child with asthma are given in paragraph 7.

5.2 Information on what triggers on asthma attack is important in order for the school to identify those areas or activities which may give rise to an attack and the steps to be taken to reduce or eliminate the child's exposure to such triggers. (See paragraph 4 for details of the triggers).

5.3 Allow the child easy access to the medication. Even the slightest delay in taking medication can cause necessary distress and can be dangerous. (See paragraphs 7 and 8 for the procedures for administering medication by the school and access to medication).

5.4 Let the school doctor or nurse know if a child is absent a lot with chest problems.

5.5 Some children need a discrete reminder to take medication (especially before exercise). Some children are shy of taking medication in front of others. Staff can also help by making sure that the medication is taken correctly. If treatment is not taken properly and regularly severe asthma may develop and the child may have to be sent home or even to hospital.

5.6 Remind the child to carry his/her medication on school trips.

6. Asthma Treatments

6.1 There are two types of treatments, both of which come in an inhaler.

Relievers

These medicines, sometimes called brochodilators, quickly open up the narrowed airways and help the child's breathing difficulties. Relievers usually come in blue containers.

Preventers

These medicines are taken daily to make the airways less sensitive to the triggers. Preventers usually come in brown, and sometimes white, containers.

6.2 Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and in rare cases has proved fatal.

6.3 Many children use a plastic spacer to help them take their inhaler more effectively.

6.4 If a non-asthmatic child 'experiments' with another child's asthma medication this will not be harmful. Relievers act simply to dilate or open up the airways and will not have an adverse effect on a child who does not have asthma.

6.5 A few children with severe asthma may use an electrically powered device called a nebuliser to deliver asthma medicines.

6.6 If you think that a child is having problems with taking his/her medication correctly please let the parents/guardians or the school nurse known.

7. Procedures for Dealing with Medication and Inhalers and the Storage of Medication and Inhalers

7.1 When written notification is received from the parents/guardians that their child is able to take responsibility for the self administration of the contents of their reliever inhaler, Head Teachers should allow them to keep their reliever inhaler with them at all times in their pocket or in an inhaler pouch. The child's parents and doctor should decide when the child is old enough to do this. Oral messages received via pupils should not be accepted as authorisation from parents.

7.2 Where the parents/guardians indicate to the school that their child is not able to self administer the contents of their reliever inhaler, Head Teachers should ensure that the inhalers which are brought to school are stored in the class teacher's desk. This will be the case for younger children. Head Teachers should make sure that the inhalers are clearly marked with the child's name and children allowed easy access to their inhalers at all times.

7.3 A form for parents/guardians to indicate that either the child is able to take responsibility for self administration or is not able to take responsibility for self administration is given in Appendix I-A.

7.4 The written notification from the parents/guardians should be recorded on the pupil's file and a medication record for each pupil set up and

maintained. A specimen medication report for each pupil is given in Appendix I-B.

7.5 All doses must be recorded on the medication record.

7.6 The medication record should be kept where it is readily available to those employees who are responsible for each child.

7.7 Head Teachers should ask parents/guardians to ensure that children have two inhalers. A spare inhaler to be kept at school and one to use on the journey to and from school.

7.8 The spare reliever inhaler should be marked with the child's name and kept in an agreed place in the school. It must always be accessible to children with asthma so that they can obtain it if they have forgotten to bring their original inhaler to school or if their original inhaler is lost or damaged.

7.9 The location of their inhaler which is stored in the school and their spare inhaler must be known to the child at all times of the school day. It is important for Head Teachers to ensure that children do not have to climb stairs or walk long distances to get their inhalers when they are breathless. At break times schools must make sure that inhalers are accessible to children.

7.10 Employees need not worry that a child may overdose on his/her medication - reliever medication will not be harmful however much is used - you cannot overdose on an inhaler.

7.11 Schools must not cause delay by locking up or keeping a child's inhaler in a room away from the child.

7.12 Head Teachers should ensure that inhalers are always taken on school trips.

7.13 Head Teachers should liaise with school doctor or school nurse on the correct management if a child needs to use a nebuliser at school.

8. How to Involve Asthmatic Children in Sport and Exercise

8.1 Children with asthma can suffer because many people think that their asthma prohibits them from joining in. The aim of full participation should be the goal for all but the most severely affected pupil with asthma. However most young people with asthma can become wheezy during exercise. Taking a dose of reliever of Intal before taking exercise can help prevent or reduce the symptoms of exercise-induced asthma.

After a 4 minute run a child can get a severe attack of wheezing and coughing which can last half an hour or more if it is not treated.

This type of asthma is called exercise-induced asthma. Teachers can help to identify undiagnosed asthma by spotting children who cough a lot after exercising in the winter.

Children should warm up before playing games. Several 30 second sprints over five to ten minutes may protect the lungs for up to an hour or so.

8.2 The type of sport and the weather conditions are often critical:

- Wheezing due to asthma is usually worse on cold, dry days than when the air is moist and warm.
- Prolonged spells of exercise are more likely to induce asthma than short bursts.
- Exercising with the arms and legs alone is less likely to trigger an attack than exercise using both.

8.4 It is important that PE teachers encourage children with asthma to take part in sport, to take their medication before hand and to keep it with them during the class. Children who are forced into inactivity may become psychologically and socially isolated and a child who is physically fit is probably better able to cope with an asthma attack.

8.5 Children who have list confidence in their ability to participate should be encouraged to take part in active sports. It may help them to know that people with asthma (such as Ian Botham and Adrian Moorhouse) do succeed in competitive sports.

8.6 No child should be forced to continue games if the say that they are too wheezy to continue.

8.7 To summarise it is important that Head Teachers:

- Make sure that everyone involved in physical education is aware of the needs of children with asthma.
- Make an opportunity for children who have exercise-induced asthma to take a puff of their inhaler before they start exercise. Teachers should be aware that some children are shy of doing this in public.
- Make sure that children bring their inhalers to the gym, the sports field or the swimming baths.
- Make sure that children who say they are too wheezy to continue take their reliever inhaler and rest until they feel better.

9. What to do if a Child Suffers an Asthma Attack

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone; however the following guidelines may be helpful.

9.1 **Ensure that the reliever medicine is taken promptly and properly**. A reliever inhaler (usually blue) should quickly open up narrowed air passages: try to make sure it is inhaled correctly. Preventer medicine is of no use during an attack; it should be used only if the child is due to take it.

9.2 **Stay calm and reassure the child**
Attacks can be frightening, so stay calm and do things quietly and efficiently. Listen carefully to what the child is saying and what he or she wants: the child has probably been through it before. Try tactfully to take the child's mind off the attack. It is very comforting to have a hand to hold but don't put your arm around the child's shoulder as this is very restrictive.

9.3 **Help the child to breath**
In an attack people tend to take quick shallow breaths, so encourage the child to breath slowly and deeply. Most people with asthma find it easier to sit fairly upright or leaning forwards slightly. They may want to rest their hands on their knees to support the chest. Leaning forwards on a cushion can be restful, but make sure that the child's stomach is not squashed up into the chest. Lying flat on the back is not recommended.

In addition to these three steps loosen tight clothing around the neck and offer the child a drink of warm water because the mouth becomes very dry with rapid breathing.

9.4 **Call a doctor or an ambulance urgently if:**

- The reliever has no effect after five to ten minutes.
- The child is either distressed or unable to talk.
- The child is getting exhausted.
- You have any doubts at all about the child's condition.

9.5 **After the Attack**
Minor attacks should not interrupt a child's concentration and involvement in school activities. As soon as the attack is over, encourage the child to continue with normal school activities.

10. How to Find out More about Asthma

Contact the school doctor or nurse if there is any query or problem with the medication or its administration to a child with asthma or how to deal with asthma.

For more information, booklets covering all aspects of asthma and a video showing what happens when a child in school suffers an attack can be obtained by writing to the National Asthma Campaign, Providence House, Providence Place, London N1 0NT. A list of publications produced by the National Asthma Campaign is given in Appendix I - C.

Appendix I-A

LETTER FROM PARENTS /GUARDIANS TO THE SCHOOL GIVING INFORMATION ON THEIR CHILD'S ASTHMA

Dear Head Teacher

Asthma

I am writing to inform you that _____ (name of the child in full) has asthma. I understand that you require information on my child's asthma to help you identify the areas and activities in the school which may give rise to an asthmatic attack and details of my child's medication.

The information which you require is as follows:-

1. The triggers of an asthmatic attack are:
   _____
   _____
   _____

2. I confirm that:-

   *(a) The asthma medication which has been prescribed by my child's doctor will be administered by me before and after the school day and the medication is not required to be given to my child during the school day.

   *(b) My child is able to take responsibility for the self administration of his/her asthma medication and is able to carry his/her asthma inhaler during the school day.

   *(c) My child is not able to self administer the contents of the reliever inhaler whilst he/she is at school which has been prescribed by his/her doctor. I am writing to ask if staff of the school will assist my child when he/she requires to use the asthma inhaler and medication. Details of the inhaler and medication are as follows:-

   …… Name of Inhaler and Medication Dosage
   ……

   …… Method of administering the medication

   …… Times of the school day when the medication is to be administered.

   * Delete whichever does not apply.

3. The medication will be delivered personally by me to the school and I will ensure that a spare asthma inhaler is supplied to the school for use by my child.

Signed _____ (Parent /Guardian)

Home Address _____
_____
_____
_____

Date _____

Appendix I - B

MODEL ASTHMA POLICY FOR SCHOOLS

1. Declaration of Intent

- Welcomes all pupils with asthma
- Will encourage and help children with asthma to participate fully in all aspects of school life
- Recognises that asthma is an important condition affecting many school children
- Recognises that immediate access to inhalers is vital
- Will do all it can to make sure that the school environment is favourable to children with asthma
- Will ensure that other children understand asthma so that they can support their friends; and so that children with asthma can avoid the stigma sometimes attached to this chronic condition
- Has a clear understanding of what to do in the event of a child having an asthma attack
- Will work in partnership with parents, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma policy.

2. How to obtain Agreement for the Policy

(a) Ask the governors to agree the Policy

(b) Involve the School Nursing service

(c) Discuss the Policy with parents

(d) Raise the Policy at a full staff meeting

3. How to make the Policy Work

In order for the policy to be successful it will be successful it will be necessary to make sure everyone in the school understands about asthma and how to deal with it. Training will need to be given from time to time and new members of staff will need to be informed about the school's policy.

(a) Let all staff, governors and parents of children with asthma have a copy of the policy

(b) Have a training session for all staff, teaching and non teaching, so that they feel confident about implementing the policy

(c) Make sure new staff understand the policy

(d) Make sure that guidance on what to do in the event of an asthma attack is displayed prominently in the school and particularly in the staff room, gymnasium and PE Department. Teachers who have a child with asthma in their class may also wish to keep a copy close to hand.

4. How to make the school asthma friendly

Things that trigger asthma attacks, which are commonly found in schools, are given in section 4 of the guidelines document. These include cigarette smoke, animals, and chemicals. Avoiding these in the school environment can go some way to lessening the incidence of asthma attacks.

(a) Adopt a school policy on smoking which ensures that pupils are never exposed to the dangers of passive smoking whilst in school.

(b) Make sure that as far as possible school pets are housed away from the classroom.

(c) Ensure that fume cupboards are used in science lessons. If this is not possible teachers must be aware that pupils may need to leave the room.

5. How to Deal with Medication and Inhalers

The guidance given in section 6 and 7 of the guidelines document which refer to asthma treatments and the procedures for dealing with medication and inhalers and the storage of medication and inhaler should be included in this part of the schools policy.

6. How to involve children who have asthma in physical education

The guidance given in section 8 of the guidance document which refers to the involvement of children who have asthma in physical education should be included in this part of the school policy.

7. The action to be taken if a child suffers an asthma attack

The guidance given in section 9 of the guidance document which refers to the action to be taken if a child suffers an asthma attack should be included in this part of the school policy.

Appendix I- C

LIST OF PUBLICATIONS

1a Take control of asthma
1b Asthma in the under fives
2 Spacers and nebulisers
3 Exercise and asthma
4 Asthma at school: a teachers guide
5 Asthma and holidays
6 Asthma and pregnancy
7 Self management and peak flow measurement
8 Asthma at work: are you eligible for compensation?
9 Hayfever
10 Steriod treatment for asthma
11 Asthma and the environment
12 A junior Asthma Club application form
13 NAC school packs;
    Secondary Schools
    Primary Schools
    Single copies free
14 Every little breath
    A 12 minute video for teachers and carers at school
    Price £5 (inc. postage and packing)
    Cheques made payable to Asthma Enterprises Ltd.

15. The address of the nearest NAC

These publications can be obtained from:-
The National Asthma Campaign,
Providence House
Providence Place
London
N10NT

APPENDIX J

ANAPHYLAXIS (SEVERE ALLERGY) AND ITS MANAGEMENT IN SCHOOLS

An increasing number of children are being noted to have a severe allergy to food products, e.g. nuts, particularly peanuts. Some of these reactions may be very severe and require urgent action. This can be avoided if no product containing nuts is ingested or contacted.

Management is by: -

1. The avoidance of the allergen, e.g. nuts

2. By the emergency injection of adrenaline (EpiPen) in cases where a severe reaction develops

It is advisable that the child should only eat food that is **sent in from home**. The parent should have been advised **by a Dietician** on the day to day food management, taking into account that not all nut-containing products will be obvious. The school should, therefore, operate a "**Do not feed this child** " policy with **any other foodstuffs.**

This control cannot be totally guaranteed, eg chance sharing between children. It is, therefore, necessary to have a contingency plan to manage any significant adverse event. This must be underpinned with consents from parents, who should be involved in any agreement with the school staff and the Education service. Training must be offered to as many staff as possible on how to manage such an event. This protocol attempts to cover most eventualities and must be agreed with all parties concerned.

Injected adrenaline (EpiPen) is the treatment of choice in cases where a severe reaction occurs to the allergen. The need to use adrenaline must have been indicated by a Consultant Paediatrician and /or a Paediatric Immunologist. The School Doctor and Nurse form the liaison between the Education and Health Service (Acute)

Signed: …… Parent

…… Head Teacher
(for the
Education
Authority)

…… Medical Adviser

Date: ……

List of Volunteers

……..

……..

……..

……..

……..

……..

Copies to; Parents:
Education Service – Special Needs Officer
School Health Service, West Lane Hospital

APPENDIX K

THE PEANUT PROBLEM AND ITS MANAGEMENT IN SCHOOLS

An increasing number of children are known to have an allergy to nuts, particularly peanuts. Some of these reactions may be very severe and require urgent action. Obviously this can be avoided if no product containing nuts is ingested or contacted.

It would be advisable that the child should only eat food that is **sent in from home**. The parent should have been advised **by a dietician** on day to day food management, taking into account that not all nut-containing products will be obvious. The school should therefore operate a "Do not feed this child" policy with **any other foodstuff**.

Unfortunately this control cannot be totally guaranteed e.g. chance sharing between children. It is therefore necessary to have a contingency plan to manage any significant adverse event. This must be underpinned with consent from parents, who should be involved in any agreement with the school staff and the Education Service. Training must be offered to as many staff as possible on how to manage such an event. This protocol attempts to cover most eventualities and must be agreed with all parties concerned.

The need to use adrenaline must have been indicated by a Consultant Paediatrician and/or a Paediatric Immunologist.

PROTOCOL

Name of Child:-

1a. Every member of staff needs to be aware that ..... has a severe allergy to ..... nuts and any product using ..... nut oil.

1b. ..... will not be allowed to eat **anything** unless it has been **provided from home.**

1c. Parents will be requested to provide food for parties, science, etc., and be welcome to attend school at any time to supervise any activity in which food is involved. Food Technology activities will be monitored to exclude any element of danger, as far as is possible. **Any variations,** e.g. parental approval of the safety of foods to be used in lessons **should be clearly indicated as an addendum to this protocol and counter-signed by all parties.**

1d. If a supply teacher is taking the child's class, he/she will be made aware of the situation by the Head, Deputy Head, teacher or a team colleague.

1e. Attention will also be alerted with a reference in the school register i.e. red asterisk next to child's name
- reference to a note glued into the front of the register which indicates:
a. the problem.
b. the contingency plan
c. the place of availability and dose of adrenaline
Expiry date 1 2

1f. Parents will be requested to accompany the child for any school visits, if this is practically possible.

The parent, in consultation with school staff, should decide on the merits of informing other children of the problem. Would it prove prejudicial or beneficial? Either way the child should learn to avoid the problem with the support of teaching staff where necessary.

2. This contingency plan requires that ..... be treated if any of the conditions indicated in the following summary occur. It has to be emphasised that, **if in doubt, it is safer to give the treatment when it is not needed, rather than withhold it. Teachers are not expected to make medical decisions, but to administer treatment in good faith, acting in a life saving situation.**

If the child ingests a nut product it may produce a sensation of burning, irritation or itching in the lips, mouth or throat. The most common presenting symptoms are **abdominal pain and vomiting**. He/she could rapidly suffer an **anaphylactic reaction.** This could present as any of the following:

a. feeling of faintness and/or apprehension
b. blue discolouration of the lips
c. flushed face and neck
d. the development of urticarial rash, i.e. clearly defined red raised patches with white middles. The rash is intensely itchy
e. swollen lips and tongue, difficulty in swallowing or hoarseness and a high pitched wheeze, due to inflammation of the upper airway
f. a feeling of tightness in the chest, with associated breathlessness and possible wheeze
g. becoming pale, limp and stopping breathing
h. there may be a very rapid or very slow, weak pulse.

The child should:

i. be laid on the left side
ii. an injection of adrenaline. Dose:- should be given
a) into the upper arm, if using 2ml syringe and orange needle, or
b) into the upper leg, if using an Epipen (as indicated in the training).

The dose to be given should be updated as the child grows. Parents should be responsible for advising the school of any change, consulting with the School Health service if necessary.

iii. Help should be summoned within the school. The ambulance should be called **through 999,** requesting immediate action, explaining the circumstances and the management so far. **The child should never be left alone.**

iv. A telephone call should be made to the parent immediately after the 999 call. Parents are responsible for providing the school with a telephone number at which they can be contacted in emergencies.

v. **If the child is in a collapsed state and there is a trained first-aider able to give cardio-pulmonary resuscitation they should start this as soon as possible.**

vi. If there has been no improvement and the ambulance has not arrived **the dose should be repeated 10 minutes after the first injection. (The ambulance response time is expected to be 7 minutes approximately).**

vii. The child should be admitted to hospital for observation, even if recovery appears complete.

The treatment will be administered by any member of staff who has volunteered, and been trained in administering the correct type of injection.

It is recognised that there are situations where staff may be faced with extreme emergencies. In such circumstances, the **Council's Insurers would stand by an employee who had acted reasonably and in good faith in order to assist in what they believed to be an emergency situation requiring immediate intervention.**

It will be necessary for **two** separate syringes to be available at all times, **one near the vicinity of the child (the most appropriate method of attaining this proximity can be best determined by the school, taking into account the need for easy access balanced against the dangers of inappropriate access to needles and syringes),** the other in the Head's office, in case a repeat dose is necessary. The parent, through the family doctor or paediatrician, should be responsible for the provision of the adrenaline, keeping it updated and for notifying any change of dose.

DOSE Expiry date 1 2

The most suitable form for use by school staff is the **Epipen.** This contains a measured dose and is very easy to administer. It simply requires the grey cover to be removed, the black tip placed firmly against the **fleshy part of the upper leg** and, whilst holding the device around the barrel, depressed until

the click is heard. The apparatus should be held against the leg **for at least 10 seconds.**

As it is unlikely that two such pieces of equipment would be available the most appropriate **stand-by** would appear to be a **1ml glass vial of 1/1000 adrenaline, a 1ml disposable syringe and an orange cuffed needle.** (Small dose minijets are no longer available).

An amount in excess of the correct dose should be drawn up and, inverting the syringe, any air bubbles and excess drug expelled until the correct dose is measured.

The flesh of the **upper arm** is pinched as instructed, the needle inserted at a right-angle and the liquid injected.

Signed: ..... Parent

..... Head Teacher

..... for the Education Service

..... Medical Adviser

APPENDIX L

INFECTIOUS DISEASES

CONTENTS

Page number(s)

Introduction - To Recipients of this Handbook

This handbook is primarily aimed at teachers, School Nurses and School Doctors. It is designed to provide you with up to date information on the control and management of infectious disease within schools. The handbook will also be circulated to other professionals who may be involved with the individual and collective management of infectious disease in the school setting. This is intended to promote consistency of advice and action.

The guidelines in this handbook have been drawn up by a multi-disciplinary and professional group within County Durham whose members included: a Manager and Practitioner of the School Nursing Services, a Consultant community Paediatrician, Public Health Physicians, an Environmental Health Officer, a County Hygiene Officer, a representative of the Education Authority and a Head Teacher. The content has been amended when appropriate for use by schools in the Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees area and its recommendations reflect what is accepted as good working practice by professionals working in this area.

No handbook dealing with infectious disease can cover every situation that may arise. The key to success is to maintain good communication between all those involved in the control of infectious disease. This handbook outlines how further advice can be obtained and provides each school with appropriate contact points.

This information is designed to be filled in A4 loose leaf binder for two reasons: firstly to permit regular updating and secondly to allow individual pages to be removed for photocopying. This is particularly important for those sections giving written information and advice to parents.

The handbook includes the following sections:

The system to control infectious disease in schools	Routes to follow for further advice and reporting of problems and the position in relations to the law.
Who's who	A profile of the roles and responsibilities of those involved in the control of infectious disease in schools
Guidelines for parents	What the school needs to know from them and advice on when to keep children away from school
General guidelines	General information and guidance on infectious diseases
Disease directory	Information and advice on the management of particular diseases together with advice sheets for parents.

The System for the Management and Control of Infectious Diseases for Schools in Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton on Tees

The roles of the key professionals involved in the management of infectious diseases in school are outlined in the following chapter. This chapter outlines the initial procedures to be followed. However, due to the often uncertain nature of infectious disease, it is very difficult to outline procedures which will cover every eventuality. It is therefore important to maintain and encourage good communication between parents, teachers and health professionals. The contact names and telephone numbers of the relevant professionals should be entered on the to the Professional contact Sheet for future reference.

Head Teachers typically contact health professionals when they have a health problem within a school for which they need information and advice or to alert the health service to a potentially serious medical situation within the school which may require further action.

What constitutes a problem requiring the involvement of the health services cannot be rigidly defined. It will not only depend on the medical condition but its perception will be influenced by the knowledge and experience of the teacher and their need for further information. In general, the Consultant in Communicable Disease Control (CCDC) of the Department of Public Health (which has the responsibility for the health of the whole community) would wish to know of single cases of serious conditions such as diphtheria, polio, meningitis or potential outbreaks of less serious conditions. An outbreak may occur when two or more pupils in same class or three or more in the whole school have the same condition. Whenever there is doubt advice should be sought.

When Head Teachers and their staff think that there is an infectious disease problem in school they should look to this handbook for information. The handbook includes basic facts about the causes of infectious disease, how to control their spread, how to prevent them in the first place, whether exclusion from school is necessary and for how long, and what advice and information to give parents.

When further advice is required the **School Nurse** should generally be **the initial point of contact** for Head Teachers.

From time to time advice may be required on the occurrence of particular symptoms or signs in pupils such as rashes, jaundice or diarrhoea. Although the initial contact for general advice is with the School Nurse it should be remembered that school medial staff may not examine children without expressed parental consent and the responsibility for individual diagnosis and management lies with the pupil's own GP/family doctor.

When teachers have identified a health problem within a school the School Nurse should be provided with the necessary information for its management. This includes:

* the numbers involved;

- the affected children's names and addresses;
- their age and class;
- the symptoms;
- the dates of onset of the illness and of the child's absence from school.

The **School Nurse** is the key, front-line professional linking with the educational and health services. She has at her disposal an agreed written source of advice which includes advice on symptoms and specific diseases and the recommended action to take. She will also have ready access to School Doctors and the CCDC. However, School Nurses each cover several schools and may not always be immediately available. In this event, and particularly when the situation is perceived as serious, advice on individual pupils may be sought from School Doctors and advice of a general nature or on the potential for an outbreak situation from the CCDC of the Department of Public Health.

Once contacted the School Nurse will assess the situation and her further action will fall into two broad categories:

1. Issues which may be dealt with by the School Nurse alone. These will include problems not requiring specific intervention nor having the potential to spread within the school and for which the School Nurse feels able to provide the relevant advice. The problem may need to be reviewed within one or two weeks by the School Nurse.

2. Issues about which the School Nurse is unsure and which may require more specialised advice or further co-ordinated action. These include problems which indicate a potential outbreak of an infectious disease or which relate to a potentially serious condition. These should be referred by the School Nurse to the CCDC who would then be responsible for the co-ordination of any further action required. Such action may well involve professionals in education, environment health and the health service.

The Professional Contact Sheet

Please enter the name and telephone number of the following:

1. Department of Public Health (Consultant in Communicable Disease Control - CCDC)
   Public Health England
   133-155 Waterloo Road
   Wellington House
   London
   SE1 8UG Tel: 020 7654 8000 http://www.gov.uk/phe Twitter: @PHE_uk

2. School Nurse Lisa Poole Tel: 0800 303 1603

3. Environmental Health Officer – Tel: 728207

4. The Education Service Tel: 245432

5. The Health Promotion Department Tel: 0800 303 1603

Communicable Diseases Suggested Minimum Exclusion Periods

Disease	Normal Incubation Period (Days)	Period of Communicability	Minimal Period of Exclusion	
			Cases Subject to Clinical Recovery	Contacts
Meningococcal Meningitis	2-10 commonly 3-4	Whilst organism is present in nose and back of throat	Until clinical recovery	None
Hand, Foot and Mouth Disease	3-5	From a few days to a few weeks from onset of illness	Until clinical recovery	None
Diphtheria	2-5	Until virulent bacilli have disappeared from discharges from lesions	Until bacteriological examination is clear	At the discretion of the Consultant in Communicable Disease
Measles	7-18 commonly 10 to onset of illness and 14 to appearance of rash	From a few days before to 4 days after onset of rash	4 days from onset of rash	None
Mumps	12-25 commonly 18	From 7 days before onset of symptoms and until subsidence of swelling	Until swelling has subsided (7 days minimum)	None
Rubella (German Measles)	14-23	From 7 days prior and until at least 4 days after onset of rash	4 days from onset of rash	None
Pertussis (Whooping Cough)	6-20	From a single cough state and until 21 days after onset of periodic cough	21 days from onset of episodic cough (or 5 days if receiving appropriate antibiotics)	None

Polio	3-35 commonly 7-14	Whilst the virus is present in stools	At the discretion of the Consultant in Communicable Disease Control	At the discretion of the Consultant in Communicable Disease Control
Diarrhoea (general advice)	Varies according to cause	Varies according to cause	Until 48 hours after diarrhoea has stopped	None unless high risk group
Hepatitis A	15-50 average 28-30	7-14 days prior to, and up to 7 days after, onset of jaundice	7 days from onset of jaundice	None
Chickenpox	14-21	1 day prior to, and 5 days after, appearance of rash	5 days from onset of rash	None
Impetigo	Usually 1-3	Until skin healed or 24 hours after commencing antibiotics	Until skin healed or 24 hours after commencing antibiotics	None
Scabies	2-6 weeks 1-4 days in cases of reinfection	Until the treatment time specified by scabicide product	During the time specified by the scabicide product 8-24 hours	None
Threadworm	Life cycle requires 2-6 weeks to be completed	As long as eggs are being discharges (Usually 2 weeks)	Exclude persons in high risk groups until treatment completed	None
Ringworm	10-14	Persists while active lesions are present	None (treatment should be obtained)	None
Scarlet Fever	1-3	Until 24 hours after commencing antibiotics	Until 24 hours after commencing antibiotics	None

Produce by North and South Durham Health Authorities, 1994. Updated by THA 1998.

The Law in Relation to Infectious Diseases and Schools

Exclusion

Parents should be requested not to send their children to school when they are ill and when they become ill during school hours parents or identified carers should be requested to take them home. When children are suffering from infectious diseases they should be excluded from school for the minimum periods recommended, by which time the majority will no longer be infectious. The need for exclusion will not usually be an issue as recovery often takes longer than the recommended period of exclusion. If there are difficulties relating to the need for exclusion due to varying advice from health professionals, individual cases should be referred to the CCDC who will arrange for the assessment of the individual situation and give the appropriate advice. The same guidelines apply to school staff. School meals staff are required to comply with the Food Hygiene Regulations enforced by the Local Authority.

Formal exclusion of children from school is enforceable by the Head Teacher, acting on behalf of a local Education Authority or the managers or governors of a school. School Doctors and Nurses have no powers in the matter but the Head Teacher would be expected to act on professional advice. Recommended exclusion periods for individual infectious diseases are outlined in this document. Exposure to infectious disease is not normally a reason for exclusion. The CCDC will advice on those occasions when such exclusions are necessary.

In exceptional cases when parents insist on the return of their child to school when the child still poses a risk to others the CCDC (acting as the proper officer to the Local Authority) may insist that the child should not attend school until they no longer pose a risk to others. This is enforceable under Section 150 (1) of the Public Health Act, 1936 which states that “a person having the care of a child who is or has been suffering from or exposed to infection from a notifiable disease, shall not, after receiving notice from the proper officer that the child is not to be sent to school, permit the child to attend school until the proper officer issues a certificate that in his opinion the child may attend school without undue risk of communicating the disease to others.”

School Closure

School closure is rarely necessary as an outbreak control measure. It should only be considered when there are good reasons to expect that closure will appreciably reduce the likelihood of exposure. The strongest cases for closure may arise in residential schools and in day schools that serve a scattered rural population.

Since 1945, there has ceased to be the means under the Public Health Act, 1936 whereby a school could be required to close. When circumstances arise in which a closure may be indicated, it is simpler if this is effected by the Local Education Authority on the advice of the CCDC. Changing the dates of school holidays may obviate the need to close a school.

The Role of the Key Professionals in the Control of Infectious Disease in School

The following notes identify roles and responsibilities in Durham. They have been developed following multi-disciplinary discussion and agreement. The same applies in the Tees area.

I. The Department of Public Health (CCDC)

A. Has statutory responsibility for the control of notifiable diseases and outbreaks within schools.
B. Is concerned with all types of communicable diseases encountered within school.
C. Has a strategic role in the development of policies and protocols.
D. Has the authority to require additional local notification of diseases.
E. Is the main source of medical advice to the local Education Authority regarding the prevention of spread of infection and exclusion.
F. Acts as the source of specialist medical advice to the School Nurse/School Doctor.
G. May be called upon to advise on the exclusion of individual pupils.
H. Will, when necessary, liaise with parents about infectious disease matters.
I. Will organise any mass treatment or vaccination as necessary.
J. Will co-ordinate the work of others in the control of communicable disease in schools.
K. Will liaise with the media in the case of an infectious disease outbreak within a school.
L. Will inform the Chief Medical Officer of a significant outbreak of infectious disease.

II. The Community Paediatrician/Senior Clinical Medical Officer **(School Doctor)**

A. Will consider an individual child's susceptibility to infectious disease and advice the school accordingly.
B. Will provide a source of advice to the School Nurse relating to individual children.
C. Will assist in vaccination programmes as necessary.

III. The School Nurse

A. Is the initial contact point for teachers who have a query or when there is a problem relating to an infectious disease.
B. Will, if available, give advice about a child who is suspected to be suffering from an infectious disease.
C. Will, on occasion, visit an absent child at home in relation to an infectious disease.
D. Will play a role in the education of the children on hygiene practices.

E. Will maintain an awareness of the prevalence and problems relating to infectious disease within school through close liaison between themselves and the Head Teacher.
F. Will inform the CCDC if there is cause for concern about any infectious disease problem.
G. May note and record details of a child's immunisation and infectious disease history.

IV. The Health Visitor

A. Will provide a link with younger children i.e. pre-school children attending nursery schools and nursery classes within primary schools.
B. Is the initial contact point for nursery school teachers who have a query or when there is a problem relating to an infectious disease.
C. Will, if available, give advice about a nursery school child who is suspected to be suffering from an infectious disease.
D. Will liaise with the School Nurse when there are issues relating to pre-school children.

V. The Environmental Health Officer

A. Is concerned only with notifiable diseases, and more specifically with gastroenteritic diseases (diarrhoea and vomiting).
B. Will assist in the investigation of an outbreak within a school.
C. Will interview contacts of cases in order to identify food handlers.
D. Will liaise with CCDC and the school in the investigation of an outbreak in the following areas:

1 Collecting information on the situation;
2. Implementing necessary action on medical advice;
3. Advising teachers;
4. Advising and reassuring parents of children suffering from illness;
5. Collecting samples from identified cases and contacts if necessary.

V. The Education Authority

A. Will ensure that all schools are informed of policies and protocols in relation to infectious disease control, and their subsequent amendments.
B. Will ensure the adequacy of facilities and the availability of supplies necessary for infection control.
C. Will liaise with all the involved statutory organisations.

VII. The Head Teacher

A. Will notify the School Nurse/Department of Public Health of problems (as defined) relating to infectious diseases.

B. Will monitor the level and reasons for absenteeism within the school in liaison with the Educational Welfare Officer.
C. Will ensure that time is made available to follow hygiene practices.
D. Will, in the event of an outbreak, step up education and institute supervision of hygiene practice amongst children following professional advice.
E. Will inform the Education Authority of problems relating to infectious diseases.
F. Will inform the Education Authority when facilities within their school are not adequate for the control of infection.
G. Has the statutory power to enforce individual exclusion from school, acting on behalf of the Local Education Authority.
H. Together with the governors has the authority to close the school in the event of an outbreak of infectious disease. This should be done in conjunction with the Department of Health.

VIII. The Health Promotion Department

A. Will support curriculum development by integration health education, including hygiene and health and safety into the work of the school.
B. Will provide training for staff in relation to relevant health education methods and approaches.
C. Will provide resources supporting health education programmes (for example, videos, resource packs, leaflets and posters).

IX. The General Practitioner

A. Has an involvement in diagnosing and treating individual cases and advising on periods of infectivity.
B. Will notify individual cases of notifiable disease to the Department of Public Health via the statutory reporting system.

X. The Hospital Medical Staff

A. Will inform General Practitioners of specific cases of infectious disease diagnosed within the hospital.
B. Will notify cases of infectious disease to the CCDC.
C. Will inform the Community Medical Staff to medical conditions which make school children susceptible to infectious diseases.

GUIDELINES FOR PARENTS

Dear Parent

Children of school age commonly suffer from infectious diseases. Some of these are given a specific name such as chickenpox or dysentery, some are termed 'viral illness' and others are described by the symptoms they cause such as diarrhoea and vomiting. Most of these are mild, short-lived illnesses in the majority of children but the problem is that they easily spread within the school setting.

In order to minimise the chance of your child being ill at school and to reduce the spread of infectious disease within school, it would be helpful for you to observe the following guidelines which explain when your child should stay away from school and when you should inform the school about any close contact your child had with other cases of infectious disease.

If children do become ill at school we need some information to ensure that all the children are cared for in the best way. Please ensure that the school has details about where parents/guardians may be reached during the day, your child's GP and about a person who could be contacted in an emergency when parents/guardians cannot be reached.

Please inform us if your child has been in close contact with a case of:

Infectious diarrhoea (e.g. shigella, salmonella, rota virus) or hepatitis.

If the school is aware of this information we will be alert to the possible development of outbreaks of these diseases and to the need to take early action to prevent them from spreading within the school.

Please inform us of the reason for your child's absence from school.

This will allow us to keep track of the illnesses which are circulating within the school and will help us identify the opportunities for preventing the spread of illness.

Please keep your child at home if he/she is unwell.

Children who are unwell should not be at school. They will not be able to cope with class activities and may spread their illness to their friends.

The following symptoms, which may be associated with a fever, commonly occur in cases of infectious disease.

Children should not attend school when they are suffering from:

Diarrhoea - diarrhoeal illnesses spread easily amongst young children. If all parents kept their diarrhoeal children at home for 48 hours after the diarrhoea has ceased, all children would get diarrhoea less often.

Vomiting.

Severe and strange sounding cough.

Yellowish skin or eyes - (Jaundice).

Headache and stiff neck - particularly if your child is irritable and generally unwell.

Pinkeye - eyes which are sore and sticky.

Unusual spots or rashes.

Sore throat - or trouble swallowing.

Infected skin patches.

Severe itching - of body or scalp.

You should contact your GP/family doctor for any further advice, particularly if your child's symptoms are severe or persist. Please pass on any information from your GP/family doctor to the school. The length of time your child should stay off school depends upon the cause of their illness (there are recommended exclusion periods for particular conditions), how long your child's symptoms last for and how quickly your child recovers.

Please make provision for alternative care

Sooner or later all children will be ill. This can cause problems with regard to child care. The best way to deal with such a situation is to plan ahead.

** Find out about your employer's sick leave policies.

** If it is difficult for you to take time off work, find an alternative child carer. This could be a relative, friend, neighbour or other dependable adult you could ask to help when your child is too sick to be at school.

Thank you for your co-operation.

INFECTIOUS DISEASE - GENERAL ISSUES

Infectious diseases which commonly occur in school may usefully be grouped into four broad categories. These categories arise because of the common features in their prevention and control.

I. Diseases that are spread through the intestinal track (hand to mouth spread).

II. Diseases that are spread through the respiratory system (coughing and sneezing).

III. Diseases that may be spread by direct contact (touching and mouth kissing).

IV. Diseases that can be prevented by vaccination.

Diseases that are spread through the intestinal tract. Dysentery, food poisoning, viral gastroenteritis and hepatitis.

The germs causing these illnesses can be bacteria, parasites or viruses and it is not often possible to tell which germ is causing the illness without laboratory tests.

Germs causing these diseases pass from the intestinal tract (gut) of one person to that of another, sometimes directly and at other times via food. Some of these diseases affect the upper part of the gut causing nausea and vomiting whilst other affect the intestinal tract producing diarrhoea. These symptoms may be accompanied by fever and generalised illness.

Germs are excreted in the faeces of infected persons. If their standard of hygiene is poor these germs can then be spread to other places (taps, other people, food, etc) on their hands. The germs may then eventually enter the mouth of others who are not infected, often on their own hands, thereby spreading the illness.

It is not always easy to know when a person has a gastrointestinal infection. Good hygiene is therefore always important, not just when there is a known case of illness in the school. Please refer to the general gastroenteric precautions.

Most, although not all, causes of diarrhoea are ineffective. If a pupil had diarrhoea has he/she should be excluded from school until 48 hours after the diarrhoea has stopped. If the type of infection causing the diarrhoea is known then the specific guidelines referring to that infection should be followed. Children under 5 and older children unable to maintain a good standard of hygiene may need to be excluded until it can be shown they are no longer exerting germs because such children are at greater risk of spreading the illness.

General Gastroenteric Precautions

Once cases of gastroenteritis and other similar diseases have occurred in school, the mainstay of prevention is good hygiene and the following precautions should be taken.

- Children and staff should be informed about the importance of both personal hygiene and hygienic practices when serving, preparing and eating food. A wide selection of educational resources are available from the health promotion department which will be of use in developing an educational programme incorporating personal hygiene.

- Hands should be washed thoroughly with soap and hot water after every visit to the toilet and before handling or eating food. Hands should be dried on single use paper towels. Young children will need supervision to ensure that adequate hand washing takes place. Hand washing applies to staff as well as to pupils.

- Daily disinfection of toilet bowls, seats and flush handles should be carried out. Other surfaces that may have been touched by contaminated hands - i.e. door handles and tap handles should be treated likewise. A simple solution of a disinfected like diluted - Domestos is all that is required. One part domestos to 99 parts water

- The wash hand basins in toilet blocks should not be used as a source of drinking water and the use of communal drinking fountains should be discontinued.

- Parents should be made aware of the necessary measures to take, as good hygiene outside of school is of equal importance.

- If a pupil is sent home or is absent with diarrhoea and is subsequently diagnosed as having a particular condition it is important that this diagnosis is made known to the school since it will help in deciding upon the necessary control measures.

II. **Diseases that are spread through the respiratory system.**

Colds and flue, throat infections, measles, whooping cough, chicken pox and meningitis.

The germs causing these illnesses are usually viruses, of which there are a large variety, but occasionally bacteria may be the causative germ.

These germs spread through the air to others close by when an infected person coughs or sneezes, speaks or sings. They may also be spread by contact with saliva or the runny nose of an infected person. This can happen when a hand or an object touches the mouth or nose of an infected person and later touches the mouths, nose or eye of another person.

People often spread the germs during the incubation period of the infection before they themselves develop symptoms. This is when they are developing the disease and the germs are actively multiplying. Sometimes a child or adult can spread one of these diseases even if he/she never develops symptoms themselves (i.e. they have an a symptomatic infection). It is often difficult to control the spread of these diseases in a school as the children may have not have built up resistance to the germs and they inevitably associate closely and largely indoors when at school, factors which increase the spread of such infections.

III. **Diseases that are spread through direct contact**

Impetigo, lice, scabies, hand foot and mouth disease and ineffective conjunctivitis

Certain diseases of the skin and mucous membranes (such as the linings of the mouth and eye) may be spread by direct contact simply by touching an infected area, an affected person's body or indirectly through infected objects such as communal towels.

These diseases are rarely serious but they may be a nuisance in that they may be unsightly, irritant and sometimes difficult to eradicate. They are sometimes problematic because of the stigma wrongly attributed to them. The conditions often occur sporadically although outbreaks may occur.

Some of the skin diseases are associated with poor personal hygiene and may be associated with infection in other members of the family.

It is important that these conditions receive early medical treatment since once treatment is underway exclusion from school is not usually necessary. Spread may be prevented by paying close attention to hygiene practice in the school.

IV. **Vaccine preventable diseases**

Measles, mumps, rubella, poliom diphtheria, tetanus, whooping cough, Haemophilus influenza and tuberculosis.

Many of the diseases which have been an important cause of childhood illness, disability and death are now preventable through vaccination in infancy. As a consequence of childhood vaccination programmes we have seen the decline of all, and the disappearance of some, of these diseases.

Present Childhood Vaccination Programme

Vaccination is important as it protects children against disease both directly and indirectly by preventing the spread of disease within the community. There has been an improvement in the general level of acceptance of the value of vaccination by the public and on average more than 9 out of every 10 children have received the full course.

Sporadic cases of the more common of the above diseases are not uncommon and usually require no further action to be taken. However, it a small outbreak were to occur it might be worthwhile identifying children who are at risk of developing the disease and offering them vaccination.

Vaccination against	**Age**				
Disease	2,3 and 4 months	1 year	Pre-school booster	10-14 years	School leaving
Diphtheria	*		*		*
Whooping Cough	*				
Polio	*		*		*
Tetanus	*		*		*
Haemophilus Influenza	*				
Measles		*	*		
Mumps		*	*		
Rubella		*	*		
Tuberculosis	At birth for certain groups			*	

Disease Directory

Introduction

This section contains information for schools on the cause, symptoms, spread, prevention, exclusion and recommended action to take for each disease. There is also an information sheet for parents for most of these diseases which can be photocopied and distributed to parents whenever there is a problem with a particular disease in school. There distribution will be the responsibility of each school and each information sheet should be accompanied by a covering letter from the Head Teacher explaining to the parent why the sheet has been sent out to them. Advice relating to the content of the covering letter should be obtained from the CCDC of the Department of Public Health.

Disease **Page Numbers**

Meningitis - Advice for Schools

What is it?

Meningitis is an inflammation of the linings which cover the brain. It is uncommon illness which can be caused by both viruses and bacteria. In general, viral infections tend to be less severe and do not require treatment whilst bacterial infections tend to be serious and can be fatal without treatment. However, the early treatment of bacterial meningitis usually results in a full recovery. The most common organisms causing bacterial meningitis are the meningococcus (Neisseria meningitidis) and Haemophilus influenza type b, both of which tend to affect young people. Streptococcal and pneumococcal bacterial meningitis are more likely to occur in babies and in old people respectively. The Neisseria meningitidis bacterium can also cause septicaemia. Although cases of meningitis can occur at any time of the year, most cases usually occur in the winter and spring months.

Symptoms

The symptoms of meningitis are similar regardless of the causative organism.

Very young children are often drowsy, irritable and off their food. They may be distressed when handled, have a fever, vomiting, diarrhoea and seizures. Neck stiffness is occasionally present and a rash (reddish purple spots or bruises) may develop.

In order children and adults, headache, neck stiffness and eye discomfort from bright lights are the classical symptoms of meningitis. Vomiting, fever, back or joint pains, confusion and a rash may also occur.

The illness usually develops over one or two days but can develop quickly (within hours).

It is important to remember that vomiting and fever are common symptoms and can be due to a number of causes of which meningitis is a rare but important cause.

Spread

Meningitis is spread through the respiratory system. It is passed on from person to person by droplets from the mouth and nose of those carrying the germ (i.e. from coughing, sneezing or kissing). At any one time in the community a large number of people may have the germ in the back of their throats (up to 25% of the meningococcus), but only a very small number of people will develop meningitis. The reason why some people develop meningitis is as yet unknown. Most cases of meningitis occur in isolation and are not connected to others.

The risk of developing meningitis in anyone coming into contact with a case of meningitis is **very small**. People living in the same household or having mouth ‘kissing’ contact with a case of meningitis have a slightly increased risk of developing the illness, but the risk is still small. The bacteria causing meningitis do not live long

outside of the body and they cannot be picked up from water, cutlery, desks, buildings and so on.

Prevention

It is recommended that close contacts of a person with meningitis should be offered protection against developing the illness. This usually means those people having close, prolonged contact in the same household and mouth kissing contacts. These people are given a two day course of an antibiotic. One case of meningitis in a school does not usually require that everyone in the same class be given treatment. Further advice on such treatment can be obtained from the CCDC of the Department of Public Health.

The responsibility for the identification of contacts requiring treatment lies with the CCDC who will consider the circumstances of each individual case of meningitis. All those requiring treatment will be notified, those not concerned will not require treatment.

At present there is a vaccine to protect against certain types of meningococcal meningitis and one to protect against Haemophilus influenza type b. These may be used in certain outbreaks of meningitis. The CCDC will advise when the use of these vaccines in an outbreak situation is appropriate.

Recommended Action

If a case of meningitis has occurred in school it is important to keep a close watch for the development of further cases. If a case is suspected, the child's parents should be contacted and the child taken to see his/her GP/family doctor.

The CCDC will decide which contacts of a proven or suspected case should receive treatment and will make arrangements for them to be contacted. It should be recommended that although the risk of the illness spreading is very small, the anxiety caused by meningitis can be high. Good communication to allay this anxiety is essential. When a suspected case occurs in a school pupil, the school will receive verbal and written guidance from the CDCC of the Department of Public Health.

Written guidance will also be issued to the school for distribution to parents of children who are in the same class or attend the same school. The specific group will be identified by the CCDC. Further advice should be obtained from the CCDC of the Department of Public Health.

Exclusion periods

Cases should be kept off school until they are recovered clinically. Contacts of a case of meningitis do not need to be excluded from school and should carry on life as normal.

Meningitis - Advice for Parents

What is meningitis?

Meningitis is an inflammation of the lining of the brain?

Is it serious?

Meningitis caused by bacteria (most commonly meningoccal infection), is a serious disease which requires prompt treatment with antibiotics. Meningococcal infection can also present as Septicaemia. When early antibiotics treatment is given there is usually a full recovery. Meningitis caused by viruses is less serious and people usually recover from it completely without special treatment.

How is it spread?

The germs (bacteria or viruses) causing meningitis are passed from person to person by small droplets from the nose and throat of those carrying the germ (usually as a result of coughs, sneezes or kissing). Many people carry these germs and feel perfectly well. Why one person develops meningitis when most others do not is not known.

What are the chances of my child catching it?

Cases of meningitis usually occur in isolation and are not linked to others. The risk of catching meningitis from someone with meningitis is **very small**. The risk is slightly higher in people living in the same household or having mouth kissing contact with someone with meningitis, but the risk is still small. Other contacts, including classroom contacts at school, are not thought to have an increased risk of catching the disease.

An antibiotic can help to reduce the slightly increased risk of catching the illness in close prolonged contacts. Whenever a case of meningitis occurs the need for this antibiotic is looked at closely and is given to those thought to be needing it. All those requiring the antibiotic will be contacted, if you are not contacted you can be rest assured that you or your family do not need it.

What are the symptoms?

Very young children are often drowsy, irritable and off their food. They may be distressed when handled, have a fever, vomiting and or diarrhoea or may have fits. Neck stiffness is occasionally present and a rash (reddish purple spots or bruises) may develop.

In order children and adults, headache, stiffness and eye discomfort from bright lights are the classical symptoms of meningitis. Vomiting, fever, back or joint pains, confusion and a rash may also occur. The illness usually develops over one or two days but can develop quickly (within hours).

It is important that you remain alert to any illness that may develop in any of your family members, particularly if the symptoms look like those mentioned above. If you suspect meningitis in any member of your family you should contact your GP/family doctor and explain why you are worried.

Hand, Foot and Mouth Disease - Advice for Schools

What is it?

Hand, foot and mouth disease is a mild illness. It is not the same as foot and mouth disease which is a disease mainly of cattle.

Symptoms

The typical symptoms are a sore throat along with a rash, or ulcers, in the mouth and on the hands and feet. There may also be a fever. The illness is usually mild and can even occur without any symptoms. If a rash does develop it lasts from five to ten days.

Spread

The illness can be spread by contact with the discharges from the nose and throat or the faeces of those with the infection. It may also be spread by direct contact with the rash. The precise way in which the illness spreads throughout communities is not known.

Prevention

There is no specific treatment for those with the illness and there is no vaccine to protect against it. The mainstay of prevention is the practice of good personal hygiene.

Children should be educated about the need for good personal hygiene. Hands should be washed after every visit to the toilet and before meals. Communal towels should not be used. Single use paper towels or air driers should be used for hand drying.

Exclusion

If children have symptoms they should stay off school until they are symptom free.

Action

The School Nurse should be kept informed about cases. She will be able to give advice on good hygienic practice.

Hand, Foot and Mouth Disease - Advice for Parents

What is it?

Hand, foot and mouth disease is a mild illness caused by a virus.

Symptoms

The usual symptoms are a sore throat and a rash, or ulcers, in the mouth and on the hands and feet. There may also be a fever. The illness is usually mild and can even occur without any symptoms. If a rash does develop it lasts from five to ten days.

Spread

The illness can be spread from person to person by contact with the discharges from the nose and throat or the faeces of those with the infection. It may also be spread by direct contact with the rash. The precise way in which the illness spreads throughout communities is not known.

How is it prevented?

There is no specific treatment for those with the illness and there is no vaccine to protect against it. The mainstay of prevention is the practice of good personal hygiene.

In order to prevent the illness spreading at school action has been taken to keep the level of personal hygiene as high as possible. The following measures have been shown to help prevent the illness spreading at home:

- Everyone should wash their hands after every visit to the toilet and before meals.
- If it is possible, everyone should have a towel which is used by themselves only.

Should children stay away from school?

Children should stay away from school until they are symptom free and feeling well.

Colds and ‘Flu’ - Advice for Schools

What are they?

Most colds and ‘flu’ are caused by viruses. They are highly infectious and once a person has developed symptoms they are likely to have already passed the illness on to others.

Symptoms

A stuffy or runny nose along with coughs and sneezes are the symptoms of a cold. ‘Flu’, although similar, tends to be a little more severe and can also cause a sore throat, muscular aches and a fever.

Spread

Colds and ‘flu’ are spread from the respiratory system of those with the illness to the respiratory system of those not yet infected. This is usually via small droplets which are produced by the coughing and sneezing of those who have a cold or the ‘flu’. Direct contact with the discharges of the respiratory system (phlegm, mucous etc) may also spread the illness.

Prevention

Prevention of colds and ‘flu’ is very difficult as colds and ‘flu’ are highly infectious and there are no specific preventative measures of any great value. Discouraging unprotected coughing and sneezing and keeping hands clean may help reduce their spread.

There is a vaccine against certain types of ‘flu’ which is only recommended for use in those at special risk from the illness. Such people include those with chronic lung, heart or kidney disease and those taking drugs which affect the immune system.

Exclusion Periods

If children are unwell they should not be at school. If a pupil is well enough to be at school there is no justification in keeping him/her away from school

Diptheria - Advice for Schools

What is it?

Diptheria is a serious but nowadays rare bacterial disease. In 1990, only 2 cases were notified in England and Wales, neither of which was fatal.

Symptoms

The usual symptoms are a sore throat and swollen tonsils which are covered with a characteristic grey membrane. The throat swelling can be so severe (particularly in young children) that breathing difficulties can occur. The bacteria causing diptheria also produce a toxin which may spread through the bloodstream to cause permanent damage to the heart and nervous system.

Spread

Diptheria is spread from person to person by droplets from the nose and throat of those with the infection. Contact must be close, as in the classroom or home, for spread to occur. Most infected children have no symptoms at all but can still pass the disease on to others.

Prevention

By far the most effective way to prevent Diptheria is to vaccinate all children against it as part of the routine schedule of childhood vaccination. School entry is a useful time to review the vaccination history of children and again in Year 10. The necessary vaccinations to complete the schedule for the relevant children can be offered at this time.

Those with clinical Diptheria require treatment and may even have to be admitted to hospital. Close contacts (in the same class at school or living in the same house as a case) should remain at home where they will be observed for 7 days for the symptoms of Diptheria. They will be given antibiotic treatment and either a full course or a single reinforcing dose of Diptheria ‘vaccine’ depending upon their age and previous vaccination history. Other contacts will be given either a full course or a single reinforcing dose of ‘vaccine’ according to their age and previous vaccination history.

The CCDC of the Department of Public Health will be responsible for the identification and classification of contacts and the co-ordination of the action required. All queries should be directed to him/her.

Exclusion Periods

Cases should be kept off school until they have recovered and until 3 consecutive nasal and throat swabs taken on different days following the completion of antibiotic treatment are negative.

Close contacts should be kept off school until 3 consecutive nasal and throat swabs taken on different days following the completion of antibiotic treatment are negative. Other contacts do not require exclusion.

Diptheria - Advice for Parents

What is it?

Diptheria is a disease which affects the tonsils, throat and nasal passages. Although it is a serious condition it is very rare.

What are the symptoms?

The usual symptoms are a sore throat and swollen tonsils which are covered with grey tissue. The swelling of the throat can cause breathing difficulties, particularly in young children. The germ causing Diptheria also produces a substance which can spread through the bloodstream to cause damage to the heart and nervous system.

How is it spread?

Diptheria is spread from person to person by small droplets from the nose and throat of those with the infection. In order for the disease to spread, the contact between people has to be very close.

How can it be prevented?

The most effective way to prevent Diptheria is to vaccinate all children against it as part of the normal childhood vaccination programme.

Once a case of Diptheria has occurred it is important to protect those who have been in contact with it. Close contacts need to remain at home for 7 days and require treatment with antibiotics and vaccination against Diptheria. Other contacts will need immunisation against Diptheria but need not have their activities restricted in any way.

The current situation at school has been looked at and both close and casual contacts have been identified. Only those requiring treatment will be contacted. If you are not contacted you can be rest assured that you will not require treatment.

What should you do?

If your child has not yet been vaccinated against Diptheria you are strongly advised to contact your GP/family doctor to have this carried out. If you are contacted, follow the instructions given to you carefully. If you are not contacted, your child and your family do not require treatment and you and your family should carry on life as normal.

It is important that you remain alert to any illness that may develop in any of your family members, particularly if the symptoms look like those mentioned above. If you suspect Diptheria in any of your family members you should contact your GP/family doctor and explain why you are worried.

Measles - Advice for Schools

What is it?

Measles is a highly infectious viral disease which occurs in those not vaccinated against it.

Symptoms

Measles usually begins with ‘flu’ like symptoms. After 4-7 days a red blotchy rash develops on the face which then spreads to the rest of the body. The rash usually lasts for another 4-7 days.

Spread

Measles is a highly infectious disease. It is usually spread through the air from person to person by small droplets which are produced by coughs and sneezes of those with the illness. Occasionally, it may be spread by direct contact with the saliva or the nasal excretions from someone with measles. Those with the illness can pass it on to others from shortly before the symptoms start until about four days after the rash has developed.

Prevention

The only effective way to prevent measles is to vaccinate all children against it with the MMR vaccine which is given as part of the routine schedule of childhood vaccinations.

Exclusion Periods

Pupils with measles should be excluded from school for four days after the onset of the rash. Contacts of cases of measles do not need to be excluded from school.

Measles - Advice for Parents

What is measles?

Measles is a highly infectious viral disease in those not vaccinated against it.

How is measles spread?

Measles is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Occasionally, it may be spread by direct contact with the saliva or the runny nose of someone with measles. Those with the illness can pass it on to others from shortly before the symptoms start until about four days after the rash has developed.

What are the symptoms of measles?

Measles feels just like ‘flu’ at first. The ‘flu’ like feeling lasts for about 4-7 days before a red blotchy rash develops. The rash usually starts on the face and then spreads to the rest of the body and can last 4-7 days. Measles is usually a mild illness, although sometimes it can be severe and can cause ear and chest infections.

How can it be prevented?

The only effective way to prevent measles is to vaccinate all children against it as part of the normal childhood vaccination programme.

If your child has not been vaccinated against measles it is strongly recommended that they should be. This will not only protect your children from measles but will also prevent the spread of measles to others.

To help prevent the spread of measles to others within school children with measles should stay away from school until four days after the beginning of the rash. All other children should go to school as normal.

Mumps - Advice for Schools

What is it?

Mumps is a highly infectious viral disease. It is a mild disease in most people causing very little upset and may even go completely unnoticed.

Symptoms

The mumps virus causes swelling and tenderness of the salivary glands resulting in swelling of the face around the cheeks and the angle of the jaw. In adult males the testicles may also become painful and swollen (this is called orchitis). Only on very rare occasions does orchitis lead to sterility.

Spread

Mumps is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Occasionally, it may be spread by direct contact with the saliva of someone with mumps. Those with the illness can pass it on to others from shortly before the symptoms start until just after the swelling has subsided.

Prevention

The only effective way to prevent mumps is to vaccinate all children with the MMR vaccine which is given as part of the routine schedule of childhood vaccination.

Exclusion periods

To help prevent the spread of mumps to others within school children with mumps should be excluded from school for seven days after the start of the swelling, or until the swelling has gone if it lasts for longer than 7 days. All other children should go to school as normal.

Mumps - Advice for Parents

What is it?

Mumps is a highly infectious viral disease. It is a mild illness in most people and causes very little upset.

How is mumps spread?

Mumps is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Less often, it may be spread by direct contact with the saliva of someone with mumps. People with mumps can pass it on to others from shortly before the symptoms start until just after the symptoms have gone.

What are the symptoms of mumps?

Mumps causes swelling and tenderness of the salivary glands. The face of someone with mumps becomes swollen around the cheeks and the angle of the jaw. In adult men the testicles may also become painful and swollen (this is called orchitis). Orchitis only very rarely affects a man's ability to father children.

How can mumps be prevented?

The only effective way to prevent mumps is to vaccinate all children against it with the MMR vaccine which is given as part of the normal childhood vaccination programme.

If your child has not been vaccinated against mumps it is strongly recommended that they should be. This will not only protect your child from mumps and its complications but will also prevent the spread of mumps to others.

To help prevent the spread of mumps to others within school, children with mumps should be kept away from school for seven days after the start of the swelling, or until the swelling has gone if it lasts for longer than 7 days. All other children should go to school as normal.

Rubella (German Measles) - Advice for Schools

What is it?

Rubella is a mild viral illness. The importance of rubella is not as a result of its effect on children or adults, but as a result of its effect on the developing baby. If a pregnant mother catches rubella in the first 16 weeks of pregnancy her child is at an increased risk of being born with a congenital abnormality.

Symptoms

A mild fever along with a widespread rash are the symptoms of rubella. The illness is usually mild and most people remain perfectly well. It may even go completely unnoticed as up to half of all those with rubella infection do not develop a rash. Rubella can be difficult to diagnose without laboratory tests as its rash can look like the rash caused by scarlet fever or other viral diseases.

Spread

Rubella is a highly infectious disease and is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Occasionally, it may be spread by direct contact with the saliva or nasal secretions of someone with rubella. Those with the illness can pass it to others from at least one week before any symptoms develop up until about four days after the rash has developed.

Prevention

The only effective way to prevent rubella is to vaccinate all children against it with the MMR vaccine which is given as part of the routine schedule of childhood vaccination. All pupils will have their vaccination status checked at health assessments and offered vaccination if the childhood vaccination schedule is incomplete. It is also important to ensure that all female teaching staff of childbearing age have been vaccinated against rubella.

Exclusion periods

To help prevent the spread of rubella to others within school those with rubella should be excluded from school for seven days after the start of the rash. As the disease can be passed to others before any symptoms develop, the exclusion of pupils cannot be expected to effectively stop it spreading within schools. All other children should go to school as normal.

Rubella (German Measles) – Advice for Parents

What is it?

Rubella is a mild illness caused by a virus. Rubella is important not because it can effect children or adults but as a result of its effect on the developing baby. If a pregnant mother catches rubella in the first 16 weeks of pregnancy her child is at an increased risk of being born with a congenital abnormality.

How is it spread?

Rubella is a highly infectious disease and is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Occasionally, it may be spread by direct contact with the saliva or runny nose of someone with rubella. Those with the illness can pass it on to others from at least one week before any symptoms develop up until about four days after the rash has developed.

What are the symptoms?

The symptoms or rubella are a widespread rash and a slightly raised temperature. The illness may go completely unnoticed as most infected people remain perfectly well and up to half of those with rubella do not develop a rash.

What can you do to prevent the harmful effects of Rubella?

The only effective way to prevent rubella is to ensure that all children are vaccinated against it as part of the normal childhood vaccination programme. All pupils will have their vaccination status checked at health assessments and immunisation offered to those who have an incomplete vaccination schedule. If you child has not been vaccinated against rubella it is strongly recommended that they are.

To help prevent the spread of rubella to others within school children with rubella should be kept away from school for seven days from the start of the rash. All other children should go to school as normal.

If any member of your household are in the first half of pregnancy they should visit their GP/family doctor and explain that they may have been in contact with rubella so he/she can make sure that there is no risk to the baby.

Whooping Cough (Pertussis) – Advice for Schools

What is it?

Whooping cough is a highly infectious bacterial disease which involves the respiratory tract. If can effect people of any age but is mainly a childhood, particularly of those under 5 year of age.

Symptoms

Whooping cough begins as a simple irritating cough which gets steadily worse over a period of one to two weeks. Once the disease is fully established there are severe episodes of coughing which may be followed by a characteristic 'whooping' sound. The whole illness can last for two to three months. In addition to being a very distressing condition in all those who develop it, whooping cough can have serious complications, especially in those less than one year old. Over the age of five years complications are rare and there is usually a full recovery.

Spread

Whooping cough is usually spread through the air from person to person by droplets which are produced by the coughs and sneezes of those with the illness. It may also spread by direct contact with the discharges from the respiratory system of someone with whooping cough. Those with the illness can pass it to others during the 'simple cough' stage up until about 3 weeks after the severe bouts of coughing have started. Antibiotic treatment does reduce this period of communicability.

Prevention

The only effective way to prevent the harmful effects of whopping cough is to vaccinate all children against the infection (unless there are genuine contraindications to the use of the vaccine) which is done as part of the routine schedule of childhood vaccination. The worries about the harmful effects of vaccination have not been proven by scientific study and the current thinking is that the risks of harm from whooping cough are far greater than any potential harm from the vaccine.

Since a course of three injections is required to give protection against whooping cough, vaccine cannot be used to control an outbreak.

In the event of an outbreak of whooping cough antibiotic treatment of close contacts may be recommended. In such situations the need for this treatment will be assessed by the CCDC of the Department of Public Health.

Exclusion Periods

Proven cases of whooping cough should be excluded from school for 21 days after the onset of the episodic coughing or after a minimum of 5 days if appropriate antibiotics are taken. Contacts of cases do not need to be excluded.

Whooping Cough (Pertussis) – Advice for Parents

What is it?

Whooping cough is a highly infectious disease which involves the lungs and air passages. It is mainly a disease of childhood, particularly of those under 5 years of age, but it can affect people of any age.

What are the symptoms?

The main symptoms of whooping cough is a simple irritating cough which gets steadily worse over a period of one to two weeks. Once the disease is fully developed there are bouts of severe coughing which may be followed by a 'whopping' sound. The whole illness can last for two to three months and is an unpleasant condition. Although most people with whooping cough make a full recovery, it can have serious long term effects in those under the age of five years.

How is it spread?

Whooping cough is usually spread through air from person to person by droplets which are produced by the coughs and sneezes of those with the illness. It may also be spread by contact with the nasal discharges and phlegm from someone with whooping cough. Those with the illness can pass it on to others during the 'simple cough' stage up until about 3 weeks after the severe bouts of coughing have started.

How is it prevented?

The only effective way to prevent the harmful effects of whooping cough is to vaccinate all children against it. This is done as part of the normal childhood vaccination programme. There have been worries about the possibility of harmful effects following vaccination against whooping cough. These have not been proven by scientific study and it is thought that the risks of harm from whooping cough itself are far greater than any potential harm from the vaccination. If your child has not been vaccinated against whooping cough it is strongly recommended that you arrange to have this carried out by your GP/family doctor.

In order to prevent the spread of whooping cough at school, all those with whooping cough should be kept off school for 21 days after the start of the severe bouts of coughing or 5 days if receiving appropriate antibiotics. The contacts of those with whooping cough do not need to stay away from school or work.

Polio – Advice for Parents

What is it?

Polio is a rare illness caused by a virus. Nearly all cases that occur in the country are brought in from other countries.

What are the symptoms?

The symptoms of polio var in severity from case to case. In some cases it amounts to little more than a flu like illness, in others the illness may resemble meningitis whilst in severe cases it may cause paralysis and even death.

How is it spread?

Polio is a highly infectious disease and can spread rapidly amongst those susceptible to it. It is spread from person to person from hand to mouth. Those with Polio and those who have been recently vaccinated against it shed the virus in t heir faeces (motions) and can spread it to other places (taps, other people, food and so on) on their hands. Other people can pass these germs, usually on their hands, into their mouths and hence catch the illness. Polio can also be passed on from those with the illness by contact with the phlegm from their throats.

How can it be prevented?

The only effective way to prevent polio is to vaccinate everyone against it. If you or your child have not been vaccinated against Polio it is strongly recommended that you arrange to have this carried out by your GP/family doctor.

When a baby is vaccinated against Polio those looking after it need to pay close attention to their personal hygiene, and in particular the need to wash their hands after changing the baby's nappy.

Anyone travelling overseas should seek the advice of their GP/family doctor as to whether they need further protection against Polio before travelling.

After a case of paralytic Polio has occurred those living nearby may require further vaccination even though they may have already been vaccinated against Polio in the past. All those who need further vaccination will be contacted. This will be co-ordinated by the Consultant in Communicable Disease Control.

Diseases causing Diarrhoea (Gastroenteric Diseases) – Advice for Schools

Diarrhoea can be caused by many agents of which some are infective (i.e. bacteria, viruses) and some are not (i.e. chemicals). As it is often not possible to tell what the cause of diarrhoea is without carrying out special laboratory tests, **it is necessary to treat all cases of diarrhoea as it the are infectious until laboratory tests have shown otherwise.**

Symptoms

Diarrhoea is actually a symptom and not a disease. A useful working definition of diarrhoea is the passage of more than one abnormality loose stool. Abnormality loose means that the stool has no shape or form and would take on the shape of any container into which it was put. Diarrhoea can vary in severity and can also be associated with other symptoms such as fever, vomiting and abnormal pain, depending upon its underlying cause.

Spread

Diseases causing diarrhoea pass from the intestinal tract (gut) of one person to another. The germs causing diarrhoea are excreted in the faeces of those with the illness and, if their standard of hygiene is poor, they can be spread to other places (taps, other people, etc) on their hands. The germs can then enter the mouths of those not infected, usually on their hands, thereby spreading the illness. This type of spread from 'hand to mouth' is sometimes called faecal/oral spread. These diseases can also be spread by eating or drinking contaminated food or water.

Prevention

- **Good personal hygiene is the mainstay of the prevention of these diseases.** It is necessary to carry out good hygienic practices at all times as diarrhoeal diseases can spread rapidly and it is not always easy to identify cases early enough to stop them spreading their illness to others. If cases of diarrhoea occur in school it is important that meticulous attention is paid to hygiene.

- **Children and staff should be informed about the importance of both personal hygiene and of hygienic practices when serving, preparing and eating food.** Parent should also be informed about the need for good hygiene at home as these diseases also spread rapidly within the community.

- **The hands of both pupils and staff should be washed thoroughly with soap and warm running water after every visit to the toilet and before handling or eating food the hands should be dried on single use paper towels or by air driers.** Young children will need supervision to ensure that adequate hand washing takes place.

- **Toilet bowls, seats and flush handles along with any other surfaces that may have been touched by contaminated hands (i.e. door handles, tap handles, etc.) should be cleaned** after each use with a household detergent solution and disinfected daily.

- The wash hand basins in toilet blocks should not be used as a source of drinking water and use of communal drinking should be discontinued.

The School Nurse should be made aware of the occurrence of more than one case of diarrhoea in any particular class.

Exclusion periods

To help prevent the spread of diarrhoea within school **all those with diarrhoea should be excluded until 48 hours after the diarrhoea has stopped.** The contacts of those with diarrhoea do not usually need to be excluded provided they are well and have normal stools, as they present a very small risk of spreading diarrhoea.

Certain groups of people pose an increased risk of spreading diarrhoeal diseases and may require more strict control. These 'high risk' groups are:

- **Those whose work involves handing food.**

- **Nursery school and health care staff.**

- **Children attending nursery schools.**

- **Older children and adults who are unable to maintain a good standard of personal hygiene.**

Further advice in relation to these groups can be obtained from the CCDC of the Department of Public Health.

If a child is sent home or is absent from school with diarrhoea it is important that the school is made aware of the precise diagnosis once it is known as it will help in deciding upon the necessary control measures.

Specific Diseases Causing Diarrhoea Advice for Schools

The previous section on diseases causing diarrhoea dealt with diarrhoea in general terms. This section will briefly describe the features of the more important causes of diarrhoea and will indicate any additional control measures and exclusion periods that are thought to be necessary.

Food poisoning organisms *(Salmonella, Campylobacter, Bacillus cereus, Clostridium botulimlim, Clostridium perfringens, Vibrio Parahnemalyticus, Staphylococcus aureus).*

These organisms cause illness when inadequately prepared or contaminated food is eaten. They can cause sudden large outbreaks of diarrhoea if a large number of people eat the same contaminated food. Person to person spread of these infections is unusual. All outbreaks of food poisoning need to be investigated in order to identify their cause.

All cases should be excluded until 48 hours after the symptoms have stopped. Following cases of Staphylococcal food poisoning food handlers should be excluded until any specific lesions they may have are healed or treated. Contacts of those with food poisoning who do not themselves have symptoms do not require exclusion.

Salmonella

Salmonella is a cause of food poisoning and can be caught by eating contaminated food particularly poultry or eggs. It can also be spread directly from person to person by a faecal/oral route. The symptoms of Salmonella are diarrhoea, vomiting and fever.

All cases should be excluded until 48 hours after the symptoms have stopped. No further exclusion is necessary unless they belong to one of the ‘high risk' groups and cannot be relied upon to carry out good personal hygiene. It may then be necessary to have laboratory clearance before the exclusion is lifted. Symptomless contacts of cases should not be excluded unless they are food handlers and cannot be relied upon to carry out good personal hygiene.

Typhoid and Paratyphiod Fever

These are rate but are serious illnesses. They are spread by the ingestion of food or water contaminated by the faeces or urine of someone with the acute illness or by someone without symptoms who is excreting the organisms. Infections with these organisms are usually acquired abroad and rarely spread from person to person. Typhoid fever usually consists of fever, malaise and constipation, whereas Paratyphoid fever usually consists of fever, diarrhoea and vomiting.

Those cases who handle food and waterworks employees should be excluded until they are clinically recovered and they have been given laboratory clearance. They can take six months or even longer.

In cases of typhoid and paratyphoid the need for exclusion will be assessed on an individual basis by the CCDC when cases arise.

Bacillary Dysentery (Shigella)

This disease is passed directly from person to person by the faecal/oral route. It is usually spread from those with diarrhoea but can be spread from those recovering from the illness even if they do not have symptoms, particularly if they belong to one of the 'high risk' groups. The symptoms of Shigella include bloody diarrhoea, abdominal pain and fever.

All cases should be excluded until 48 hours after the symptoms have stopped. In certain cases the CCDC may excluded individuals for longer periods.

Viral causes of Diarrhoea (Rotavirus, Adenovirus, Norwalk Virus)

These are common causes of diarrhoea in schools and are spread by indirect contact with the faeces or vomit of those with the illness or from the ingestion of food contaminated with either. They can also be spread through the air from the throats of cases by small droplets produced by the coughs and sneezes of those with the illness. The symptoms of these illnesses are vomiting and diarrhoea.

All cases should be excluded until 48 hours after the symptoms have stopped. When there is an outbreak of viral diarrhoea in children the exclusion period may need to be increased to 72 hours as a control measure. This will be decided upon by the CCDC in consultation with the Outbreak Team. The contacts of those with viral diarrhoea who are symptom free do not need to be excluded.

Giardia

This parasitic infection is spread from those with the infection to others by the faecal/oral route. It may also be spread by drinking water contaminated with the faeces of infected people and animals. Infection with Giardia may not cause any symptoms. When symptoms do occur they may include abdominal pain and chronic diarrhoea.

Cases should be treated with antibiotics and excluded until 48 hours after the diarrhoea has stopped. Further exclusion is unnecessary. The household contacts of those with Giardia may need to be examined by the GP and will require treatment if they are found to have the illness. Other contacts do not require exclusion if they are symptom free.

Cryptosporodiosis

This infection is spread from those with the infection to others by the faecal/oral route. It can also be spread by direct contact with farm animals, particularly cattle and sheep. Spread via contaminated or untreated water and milk has also been reported. The symptoms are abdominal pain, diarrhoea and occasionally vomiting.

All cases should be excluded until 48 hours after the diarrhoea has stopped. Further exclusion is unnecessary. Symptomless contacts do not need to be excluded.

Diarrhoea – Advice for Parents

What is it?

Diarrhoea is the repeated passage of unusually loose motions. Unusually loose means that the motions are soft, unformed and watery.

What causes it?

Most diarrhoea is infectious and is caused by germs (bacteria and viruses). As well as causing diarrhoea these germs can cause other symptoms such as vomiting, stomach pains and fever. There are some non-infectious causes of diarrhoea but these are less important as they do not spread from person to person.

How is it spread?

Diarrhoea is spread from person to person from hand to mouth. The germs are shed in the faeces (motions) of those infected and can be spread to other places (taps, other people, food and so on) on their hands. Those not already infected can then pass these germs, usually on their hand, into their mouths and catch the illness. Sometimes eating or drinking food or water that has been spoilt by these germs can cause diarrhoea.

How can it be prevented?

Infective diarrhoea can spread easily from person to person. In order to stop this spread it is important to pay very close attention to personal hygiene both within the home and at school. Measures have been taken at school to reduce the spread of diarrhoea and in order to stop it spreading at home close attention should be paid to personal hygiene. All household members should wash their hands with soap and warm running water and dried after every visit to the toilet and before eating or preparing food. Each person should have a towel set aside for their own personal use. Extra cleaning of toilet bowl, seat handles after each use will help prevent the spread of infection.

What should you do?

If your child develops diarrhoea he/she should be kept away from school until 48 hours after the diarrhoea has stopped. If your child has diarrhoea and has been to see his/her GP/family doctor and you know what the cause of the diarrhoea is, please let the school know what it is as soon as possible as it may help prevent further cases. Anyone who has been in contact with someone with diarrhoea and does not have diarrhoea themselves should carry on life as normal.

, **Hepatitis A – Advice for Schools**

What is it?

This disease mainly affects the liver and is caused by the Hepatitis A virus.

Symptoms

The most common symptoms are fever, a feeling of sickness, loss of appetite, stomach pains, diarrhoea and jaundice (yellow colour). Not everyone will have all of these symptoms and some people may even be completely well whilst having the disease. The illness usually lasts for 1-2 weeks with complete recovery in virtually all cases. Those with the illness are infectious for two weeks before any symptoms develop and for a further week after the symptoms have developed.

Spread

Hepatitis A is spread from person to person from hand to mouth (faecal/oral route). The virus is shed in the faeces (motions) of those infected and can be spread from there to other places (taps, other people, food, etc), on their hands, particularly if their standard of hygiene is poor. Those not already infected can then pass the virus, usually on their hands, into their mouths and catch the illness. On rare occasions Hepatitis A can cause an outbreak if food or drinking water is contaminated with the virus.

Prevention

This can be difficult as Hepatitis A is highly infectious. The mainstay of prevention is good hygiene.

- **Children and staff should be informed about the importance of both personal hygiene and of hygienic practices when serving, preparing and eating food.** Parents should also be informed about the need for good hygiene at home as Hepatitis A can also spread rapidly within the community.

- The hands of both pupils and staff should be washed thoroughly with soap and warm running water after every visit to the toilet and before handling or eating food and should be dried on single use paper towels or air driers. Young children will need supervision to ensure that adequate hand washing takes place.

- Toilet bowls, seats and flush handles along with any other surfaces that may have been touched by contaminated hands (i.e. door handles, tap handles, etc.) should be washed after use with a solution of household detergent and disinfected daily and rinsed. A simple diluted solution of a disinfectant like Domestos is all that is required.

- ❖ The wash hand basins in toilet blocks should not be used as a source of drinking water and the use of communal drinking fountains should be discontinued.

There is a vaccine to protect against Hepatitis A but it is only used for those people who regularly travel abroad to countries where the risk of acquiring Hepatitis A is increased and for people working in particular occupations (e.g. sewerage worker). Immunoglobulin given by injection can help to prevent Hepatitis A in close contacts of cases and is at present given routinely to household contacts of cases by the patient's GP/family doctor. The need for the use of immunoglobulin in outbreaks presenting in a school setting will be assessed by the CCDC of the Department of Public Health as cases arise.

Exclusion periods

Any child suspected of having Hepatitis A should be sent home from school and his/her parents advised to take him/her to see the GP/family doctor. All cases of Hepatitis A should be excluded from school for at least seven days from the start of Jaundice. Exclusion is not required for any of the contacts of cases if they are well and have no symptoms.

Hepatitis A – Advice for Parents

What is it?

Hepatitis A is a disease which mainly affects the liver and is caused by Hepatitis A virus.

Spread

Hepatitis A is easily spread between people living closely together. The virus is shed in the faeces (motions) of those infected and can be spread to other places (taps, other people, food and so on) on their hands. Those not already infected can then pass the germ, usually in their hands, into their mouths and hence catch the illness.

What are the symptoms?

The most common symptoms are a raised temperature, a feeling of sickness, loss of appetite, stomach pains, diarrhoea and jaundice (yellow colour of the skin and eyes). Not everyone will have all of these symptoms and some people may even be entirely well whilst having the disease. The illness usually lasts between one and two weeks and most people recover complete from it. Those with the illness can pass it on to others for two weeks before any symptoms develop and for a further week after the symptoms have developed.

How can it be prevented?

In order to prevent the spread of Hepatitis A very close attention has to be paid to personal hygiene both within the home and at school. Measures have already been taken at school to reduce the spread of Hepatitis A and in order to stop it spreading at home the following measures should be carried out. All household members should wash their hands with soap and warm running water and dried after every visit to the toilet and before eating or preparing food. Each person should have a towel set aside for their own personal use.

The toilet seat, flush handles, wash hand basin taps and toilet door handles should be cleaned after use with a solution of household detergent, disinfected and rinsed daily. A simple diluted solution of domestos is all that is required.

There is an injection which can help prevent the spread of Hepatitis A in those coming into close contact with people who have the illness. This is usually given only to people living in the same house as someone with Hepatitis A and is not routinely offered at school.

What should you do?

If you think your child or any member of your household may have Hepatitis A you should contact your GP as soon as possible. Your GP will then advice you on any further action. All children with Hepatitis A should stay away from school for at least seven days after the start of the Jaundice (yellow colour). There are no restrictions on the activities of those coming into contact with people who have Hepatitis A and they should carry on with their lives as normal.

There is a vaccine to protect against Hepatitis A but it is only used for those people who regularly travel abroad to countries where the risk of acquiring Hepatitis A is increased and for people working in particular occupations (e.g. sewerage worker). Immunoglobulin given by injection can help to prevent Hepatitis A in close contacts of cases and is at present given routinely to household contacts of cases by the patient's GP/family doctor. The need for the use of immunoglobulin in outbreaks presenting in a school setting will be assessed by the CCDC of the Department of Public Health as cases arise.

Exclusion periods

Any child suspected of having Hepatitis A should be sent home from school and his/her parents advised to take him/her to see the GP/family doctor. All cases of Hepatitis A should be excluded from school for at least seven days from the start of Jaundice. Exclusion is not required for any of the contacts of cases if they are well and have no symptoms.

Impetigo – Advice for Schools

What is it?

Impetigo is a skin infection caused by bacteria.

Symptoms

Impetigo appears as a flat, yellow, crusty or weeping patch on the skin. Those with Impetigo do not usually feel unwell.

Spread

Impetigo spreads from person to person by direct contact with the infected skin or the hands of those with the infection. It can be caught from contaminated objects (e.g. towels), although it is unlikely that this plays a major role in the spread of Impetigo.

Prevention

In order to prevent Impetigo it is necessary to maintain a good standard or personal hygiene within schools at all times. Hand washing appears to be the most important factor. Hands should be washed regularly with soap and warm running water, and dried on single use paper towels or air driers. This is especially important for those who are in close contact with those with Impetigo. No one should use the same towel as someone with Impetigo. Those with active lesions should not use drinking fountains or share crockery or cutlery as the bacteria can spread on these shared items.

The prompt treatment of the infection with antibiotics also helps prevent the spread of Impetigo.

Exclusion periods

Pupils with Impetigo should be excluded from school until the skin is healed or until 24 hours after any treatment has begun. Contacts do not require treatment or exclusion from school.

Impetigo - Advice for Parents

What is it?

Impetigo is a skin infection caused by bacteria.

How is it spread?

Impetigo spreads from person to person mainly by direct contact with the infected skin or the hands of those with the infection. On rare occasions it may also be caught from objects that have been used by those with Impetigo such as clothes and towels.

What are the symptoms?

Impetigo appears as a flat, yellow, crusty or weeping patch on the skin. Those with Impetigo do not usually feel unwell.

How is it prevented?

Regular hand washing using soap and warm running water is the most important way Impetigo can be prevented. This is very important in those who are in close contact with someone with Impetigo.

Once Impetigo has occurred it needs to be treated promptly with antibiotics which will help the skin to heal and will help prevent other people from catching it. Children with Impetigo also need to be kept especially clean. The infected skin area should be washed with mild soap and water, their hands should be washed frequently and their clothes and towels should be changed daily. Those with Impetigo should use a towel which should be kept aside for their use only.

All pupils with Impetigo should be kept away from school until their skin has healed or until 24 hours after antibiotic treatment has begun. Those coming into contact with someone with Impetigo do not require any treatment and do not need to stay away from school or work.

Chickenpox - Advice for Schools

What is it?

Chickenpox is caused by a virus called Varicella Zoster.

Symptoms

The symptoms of Chickenpox begin fairly suddenly and consist of a 'flu' like illness, a rash and a slightly raised temperature. The most characteristic feature of Chickenpox is the rash which starts as crops of raised spots which then develop into small blisters which scan over in 3-4 days. The rash can be widespread but is usually concentrated towards the centre of the body. Chickenpox is mainly a disease of children and is usually a mild illness. However, children with leukaemia and other problems of the immune system have an increased risk of developing a severe form of the illness. The virus causing Chickenpox appears to remain dormant within the body after recovery and can occasionally be 'reactivated' in later life. This 'deactivation' is the cause of shingles (Herpes Zoster) in adults and older children.

Spread

Chickenpox is highly infectious and most people have had the illness before they reach adulthood. It is usually spread through the air from person to person by droplets which are produced by the coughs and sneezes of those with the illness. It may also be spread by direct contact with discharges from the respiratory system of someone with Chickenpox.

Prevention

Teachers should be aware of the children in their class who are particularly susceptible to severe infection from Chickenpox as it is particularly important that these children are protected from exposure. The School Nurse or School Doctor will be able to give advice on these children. In order to try to reduce the spread of Chickenpox at school, all pupils with Chickenpox should be excluded from school until 5 days after the onset of the rash. The contacts of those with Chickenpox should have no restrictions placed upon their activities and should attend school and work as normal.

Chickenpox - Advice for Parents

What is it?

Chickenpox is a mild illness caused by a virus.

How is it spread?

Chickenpox is a highly infectious disease and is usually spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with the illness. Occasionally, it may be spread by the direct contact with the saliva or runny nose of someone with Chickenpox.

What are the symptoms?

Chickenpox is like a mild case of 'flu' with a rash. The rash starts out as groups of raised red spots which then develop into small blisters which eventually scab over in 3-4 days. Chickenpox is mainly a disease of children and is usually, but not always, a mild illness. The virus causing Chickenpox can also cause shingles in adults and older children.

How can it be prevented?

Chickenpox is a highly infectious illness and it is very difficult to prevent it spreading from person to person. If you think that your child has Chickenpox keep him/her away from school and contact your GP/family doctor. All children who are confirmed cases of Chickenpox should remain off school for at least 5 days after the onset of the rash to help prevent it spreading amongst other children at school.

Head Lice - Advice for Schools

What is it?

Lice are small parasites that live on the surface of the body. In children they mainly infect the hair and scalp.

Symptoms?

A person with head louse infection may not be aware that they have infection with head lice may cause intense itching of the scalp. It may be possible to see the empty egg shells of the lice (nits) attached to the hair and occasionally a louse itself may be seen crawling through the air.

Spread

Head lice can easily spread from person to person by direct contact with the head of an infected person. A person with head lice will continue to spread them to others until they have been successfully treated.

Prevention

The mainstay of prevention is the promotion of good grooming practice and regular self or parental head inspection. If a case of head lice is discovered at school the parents of all those in the same class as the case should be informed by letter of the problem and advised to examine their child's head for signs of lice. School Nurses no longer perform routine head inspections but are available to give further advice to teachers or parents on how to examine for lice and on what treatment is recommended (this and the location and telephone number of the School Nurse need to be added to the letter for parents).

When a case of head lice is confirmed, the case requires treatment. The close contacts and family members need to conduct self or parental head inspections more regularly to detect signs of infection. If other persons have head infections they will need treatment.

Head Lice - Advice for Parents

Dear Parent/Guardian

We have a case of head lice amongst the children attending this school. This discovery of one case in the school indicates that there may be others, because head lice do not live on just one head.

There is no need to panic. This is an extremely common problem unrelated to poor hygiene. Fortunately treatment is simple and effective.

The way you can help:

1. Comb your child's hair thoroughly twice a day, particularly before bedtime. This injuries any lice that may have transferred to his or her head during the day, and once injured, a louse always dies.

2. Inspect your child's head regularly, at least once a week. Look for the white eggs (often called nits) because they are easier to find that the lice.

If you find your child has head lice, please check the rest of the family, and treat all infected members with a lotion which is available from your chemist, or from your General Practitioner.

Most important of all, tell people about your child having head lice, so that they can also be on the look out. The only way to eradicate these lice from our community is for everyone to be aware.

If you need help or further advice please contact your School Nurse.

Yours sincerely

(Head Teacher)

Scabies - Advice for Schools

What is it?

Scabies is caused by a parasite (the scabies mite) which burrows in to the skin, particularly in the skin crease areas.

Symptoms

The most common symptom of scabies is severe itching of the skin, which may be particularly bad at night time. The itching may be bad enough to cause repeated scratching which may lead to visible scratch marks on the skin which may become infected. The mites are not easily seen with the naked eye and the diagnosis usually has to be made by looking for the mite in skin scrapings under the microscope.

Spread

Scabies is spread from person to person by direct skin to skin contact of sufficient time for a mite to transfer from the infected person to the contact person. This includes holding hands. A person with scabies can spread the infection to others until he/she has been successfully treated.

Prevention

In order to prevent Scabies from spreading within school, all those with Scabies should be excluded from school until the treatment time period has elapsed. This time period is between 12-24 hours. It is also necessary to treat all those people who may have had direct contact with the skin of those with Scabies. This usually only requires the treatment of all those living in the same household as the case. The School Nurse will be available to give further advice or to obtain advice from the School Doctor or the CCDC as necessary. Bedding, clothing and towels pose minimal risk and can be handled and laundered normally.

Exclusion periods

All those with Scabies should be excluded from school until the time specified on the instructions of the preparation used has elapsed. This is usually 12-24 hours.

Scabies - Advice for Parents

What is it?

Scabies is caused by a small parasite which burrow into the skin.

How is it spread?

Scabies is spread from person to person by direct skin to skin contact. This includes holding hands. A person with Scabies can spread the infection to others until he/she has been successfully treated.

What are the symptoms?

Scabies causes severe itching of the skin which is often worse at night time. The itching may cause repeated scratching which may lead to visible scratch marks on the skin which may become infected.

How can Scabies be prevented?

In order to prevent Scabies from spreading it is necessary to treat all those with Scabies and all those who may have had a lot of direct skin to skin contact. All children with Scabies should stay away from school until the skin contact time as specified by written information accompanying the preparation used for treatment has elapsed. Bedding, clothing and towels pose minimal risk and can be handled and laundered normally.

What should you do?

If you think that your child or any other member of your family has scabies you should contact your GP/family doctor. If the doctor confirms that you have Scabies you should follow his/her advice. All persons requiring treatment should have this carried out in the same 24 hour time period. All children infected with Scabies should be kept away from school until the time period as specified in the information which accompanies the preparation used is over. This is between 12-24 hours.

Further advice may also be obtained from your School Nurse.

Tetanus - Advice for Schools

What is it?

Tetanus is a rare but serious disease caused by bacteria. There are about ten cases per year in England and Wales.

Symptoms

Tetanus causes painful muscular spasms and paralysis. The muscles involved are usually those of the jaw, neck, face and trunk.

Spread

Tetanus is not passed on from person to person. In order for someone to develop Tetanus the spores of the bacteria have to enter the body through broken skin. This can occur when skin wounds are contaminated with soil, street dust, animal or human faeces.

Prevention

The only effective way to prevent Tetanus is to vaccinate everyone against it. This is usually carried out as part of the routine schedule or childhood vaccination and offered again in year 10 but it can be carried out any age. A full course of vaccination against Tetanus gives prolonged immunity.

All cuts, scratches and puncture wounds should be cleaned with soap and water. Those with minor wounds which are clean and who are up to date with their Tetanus vaccinations will not usually require any further treatment. All larger wounds, all wounds heavily contaminated with dirt and all wounds in those not protected against Tetanus may require further treatment and medical advice should be sought from the child's GP/family doctor or the local hospital casualty department.

Tetanus - Advice for Parents

What is it?

Tetanus is a rare but serious disease caused by bacteria. There are about ten cases per year in England and Wales.

How is it spread?

In order for someone to develop Tetanus the germs causing Tetanus have to enter the body through broken or damaged skin. This can occur when skin wounds are contaminated with soil, street dust, animal or human faeces (motions). Tetanus is not passed between people.

What are the symptoms?

Tetanus causes painful spasms and paralysis of muscles. The muscles involved are usually those of the jaw, neck, face and body.

How is it prevented?

The only effective way to prevent Tetanus is to vaccinate everyone against it. This is usually carried out as part of normal childhood vaccination programme and offered again in year 10 but can be carried out at any age. A full course of vaccination against Tetanus gives prolonged immunity. If you or members of your family are not fully protected against Tetanus it is strongly recommended that you contact your GP/family doctor to arrange to have this carried out.

Tuberculosis (TB) - Advice for Schools

What is it?

TB is a disease caused by a type of bacteria. It can affect any part of the body but usually affects the lungs. TB used to be a common cause of illness and death. Nowadays, far fewer cases occur but despite effective treatment death may still occur.

Symptoms

Early symptoms are non-specific and include tiredness, loss of weight and fever. When the illness is established the symptoms localise to the chest and include a productive cough (the phlegm may be bloodstained) and chest pain. On the rare occasions when the disease is widespread within the body other symptoms may occur.

Spread

The germs causing TB are spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with TB. These germs settle in the lungs and so not usually cause any ill effects at first, remaining dormant in the lungs. Most people who develop TB do so when these germs are 'reactivated', usually within two years of becoming infected but sometimes much later in life.

Prevention

The BCG vaccine protects against TB and should be given to all children between the ages of 11 and 12 years and following health screening of 'at risk' groups who have been shown to be susceptible to TB by 'skin testing'.

All heath care staff and those working with children should have pre-employment medicals to ensure that they are free from TB and that they are protected against it.

The early treatment of cases of TB not only cures the infection but prevents those with the illness from spreading it to others. After a case of TB has been confirmed all close contacts are 'screened' in order to identify any further cases and to offer treatment if this is necessary. Screening is organised by the Chest Clinic. A Chest Physician decides who needs to be 'screened' and ensures that the appropriate individuals are contacted.

Exclusion periods

The exclusion of those with TB is decided upon on a case by case basis by the Chest Physician in consultation with the CCDC of the Department of Public Health. The contacts of those with TB do not usually need to be excluded from school.

Tuberculosis (TB) - Advice for Parents

What is it?

TB is a disease caused by bacteria. It can affect any part of the body but usually affects the lungs.

How is it spread?

The germs causing TB are spread through the air from person to person by small droplets which are produced by the coughs and sneezes of those with TB.

What are the symptoms?

The early symptoms of TB are tiredness, loss of weight and fever. A cough with phlegm (the phlegm may be bloodstained) and chest pain develop later in the illness. On rare occasions there may be other symptoms if the disease is widespread in the body.

How is it prevented?

The BCG vaccine gives protection against TB and should be given to all children between the ages of 11 and 12 years and health screening of 'at risk' groups who have been shown to be at risk from TB as a result of 'skin testing'. This should be done as a routine part of the normal childhood vaccination programme. If you think that your child may have missed out on the 'skin testing' programme it is strongly recommended that you ask your child's School Nurse who should be able to check for you and make the appropriate arrangements.

The early treatment of cases of TB not only cures the infection but prevents those who are infected with TB from spreading it to others. After a case of TB is discovered all close contacts are 'screened' in order to pick up any further cases who may require treatment. All the close contacts of the case occurring at your child's school have been identified and contacted. If you have not been contacted you and your child are not at risk and you should carry on with life as normal and your child should continue to go to school.

Worm Infections

There are four main types of worm infestation in the United Kingdom.

a) Threadworm
b) Whipworm
c) Roundworm
d) Pork Tapeworm

Further details will only be given on thread worm infections as the other infections are rare and are usually acquired abroad. Further advice on worms can be obtained from the CCDC of the Department of Public Health.

Prevention

The mainstay of prevention is the practice of good personal hygiene and in particular the adequate washing and drying of hands and feet. Floors in common use should be disinfected regularly (changing rooms, showers). Cases should receive specific anti-fungal treatment.

Exclusion

No exclusion is necessary.

Ringworm of the body - Tinea Corporis and Ringworm of the groin/anus - Tinea Cruris

This is a fungal disease affecting skin other than that of the scalp, bearded area or feet.

Symptoms

A skin rash consisting of slowly spreading ring shaped lesions.

Spread

Spread is either by direct contact with the skin lesions of infected people or animals or by indirect contact with contaminated floors, shower stalls, benches and similar articles.

Prevention

The mainstay of prevention is the practice of good personal hygiene and the regular disinfection of showers and changing rooms etc. All cases should be treated. If there are a number of cases in a school, contacts (at school and at home), household pets and farm animals (where relevant) should be examined by the parent or appropriate professional in order to determine the source of the infection.

Exclusion

No exclusion from school is necessary for either those with the infection or their contacts. If there are a number of cases in a school, consideration should be given to excluding the affected children from gymnasiums, swimming pools or activities likely to lead to the exposure of others until they are successfully treated. They can however still attend school.

Ringworm of the feet - Tinea Pedis (Athletes Foot)

Symptoms

Scaling or cracking of the skin on the feet especially between the toes. There may also be small blisters which contain a watery fluid. Adults are affected more than children.

Spread

Spread is either by the direct contact with the skin lesions of infected people or by indirect contact with contaminated floors, shower stalls and other articles used by those with the infection.

Prevention

The mainstay of prevention is the practice of good personal hygiene and the regular disinfection of showers and changing rooms etc. Special care should be taken to dry the area between the toes after washing. Occlusive shoes such as training shoes may predispose to infection. Specific treatment for this condition is available.

Exclusion

The exclusion of cases and their contacts is unnecessary.

Ringworm (Tinea) - Advice for Schools

These are infections caused by fungi and are not, as the name suggests, caused by worms. The infections are given different names according to the part of the body affected.

Ringworm of the scalp and beard - Tinea Capitis

Symptoms

This starts as a small red spot which spreads leaving scaly patches and temporary hair loss from the affected areas.

Spread

Spread is either by direct skin to skin contact with those infected or by indirect contact with objects contaminated with the hair of infected people or animals (seat backs, barbers clippers, combs and brushes).

Prevention

The mainstay of prevention is the practice of good hygiene and education about the risk of infection from infected people or animals. All cases should require treatment and should wash their scalp daily. Household contacts, pets and farm animals with which the case has had contact should be examined by parent or appropriate professional in an attempt to discover the source of the infection.

Exclusion

Exclusion is unnecessary once treatment has started.

Ringworm of the nails - Tinea Endgame

This is a chronic fungal infection of the nails of the hands and feet.

Symptoms

The affected nail thickens and becomes discoloured and brittle eventually becoming chalky and breaking up.

Spread

Spread is either by direct contact with the nail lesions of those infected or by indirect contact with contaminated floors and shower stalls. It is not a very infectious condition even amongst members of the same family.

Threadworms - Advice for Schools

This is the most common intestinal worm infection in the United Kingdom. It is mainly an infection of young children but can involve adults, usually as a result of spread from younger children.

Symptoms

Threadworm infection usually causes itching of the skin around the anus. The skin can become broken and infected as a result of repeated scratching. Occasionally people can have infection without any symptoms.

Spread

Thread worms pass directly from person to person from hand to mouth. The eggs are transferred from the anal region of the infected person to their hands to other people who transfer the eggs to their mouths and catch the infection. Underwear, nightwear and other articles may become contaminated with worm eggs and can act as a source of infection to others.

Prevention

The mainstay of prevention is good hygiene and the prompt treatment of cases. Hands should be washed before eating and preparing food, nails should be kept short and clean, scratching the bare anal area and nail biting should be discouraged. Underclothes, nighwear and bedding should be changed regularly.

All cases require treatment and whole families may require treatment if more than one family member is affected.

Exclusion

All children aged less than five years and older children or adults who are unable to maintain a good standard of hygiene should be kept away from school until they are treated. All others should carry on with life as normal.

Threadworms - Advice for Parents

What is it?

This is the most common worm infection in the United Kingdom. It is mainly an infection of children but can affect adults who usually catch it from young children.

What are the symptoms?

Threadworms live in the gut of those who are infected. The only symptom usually present is itching around the back passage. The skin around the back passage can become broken and infected as a result of repeated scratching. People can be infected with threadworms without having any symptoms. It can cause restlessness, night waking, distress to young children.

How is it spread?

Threadworms are passed directly from those with the infection to others from hand to mouth. The worm lays its eggs on the skin around the back passage. When this bare skin is scratched the eggs end up on the hands and can be passed to other people who eventually pass the eggs to their mouths and catch the infection. Underwear, nightwear and other articles may become soiled with worm eggs and can infect those who come into contact with them.

Prevention

The best way to prevent infection with worms is to carry out good hygiene at all times. Hands should be washed before eating and preparing food and finger nails should be kept short and clean. Scratching of the bare skin around the back passage and the biting of nails should be discouraged. Underclothes, nightwear and bedding should be changed frequently.

All those with threadworms require treatment. If more than one member of the family is affected the whole family may require treatment. Should you think that any member of your household may have an infection with threadworms, you should go and see your GP/family doctor who will arrange the necessary treatment.

Exclusion

All children aged less than give years and other persons who are unable to maintain a good standard of hygiene should be kept away from school until they are treated. All others should carry on with life as normal.

Infective Conjunctivitis - Advice for Schools

What is it?

Infective conjunctivitis is an infection of the fine tissue covering the front of the eye. It can be caused by a variety of germs including viruses and bacteria.

Symptoms

The first symptoms are irritation and watering of one or both eyes which may become red and inflamed. There may also be swelling of the eyelids and a green/yellow discharge from the corner of the eye.

Spread

Infective conjunctivitis can spread from direct contact with the discharges from the eyes of those with the infection or from contact with fingers, clothing or articles (e.g. make-up applicators) which have been contaminated with such discharges. Certain types of infective conjunctivitis can be passed on as a result of sexual contact or from other to baby. Conjunctivitis due to the adenovirus has on occasions been caused by swimming in poorly chlorinated swimming pools.

Prevention

The mainstay of prevention is the practice of good personal hygiene. In particular, regular hand washing should be encouraged and towel sharing discouraged. This is particularly important if there are several cases of conjunctivitis in a school. Once a case develops it is important that he/she is treated promptly by the GP in order to sure the infection and prevent it spreading to others.

Isolated cases do not usually require any action other than the treatment of the infected individual. Outbreaks of infective conjunctivitis require the prompt treatment of all cases in order to bring them to a halt.

Exclusion

Those with infective conjunctivitis should not be at school during the acute stage of the infection (the period when the eyes are obviously red, sore and discharging). The contacts of those with the infection should not be excluded from school.

HIV Infection - Advice for Schools

What is it?

The Human Immunodeficiency Virus (HIV) destroys some of the cells that protect us from infections. People with HIV infection are more likely to get infections and are affected more severely by them than those who are not infected by HIV.

When a person with HIV infection gets any one of a list uncommon infections or conditions associated with the HIV they are said to have the Acquired Immune Deficiency Syndrome (AIDS). A person with HIV infection may look and feel perfectly well for many years but once the disease has progressed to AIDS the average survival is about 12 years and increasing.

At present HIV has no cure, no spontaneous recoveries have occurred in those with the infection and there is no vaccine to protect against infection with the virus.

Symptoms

Most people with HIV infection have no symptoms at all. In advanced HIV infection people often feel tired, run down, they lose their appetite and weight loss occurs. Not surprisingly, feelings or anxiety and depression are common.

Most symptoms in people with HIV infection are due to other infections and therefore almost any symptom may arise. All patients with known HIV infection are kept under close medical supervision.

Spread

HIV is difficult to catch. The virus cannot live outside the body. It is transmitted by sexual intercourse with an infected person, transfusion of infected blood or blood products, or by injecting drugs, body piercing or tattoos with a contaminated needle or equipment. Children born to women who are infected with HIV may themselves have HIV infection.

HIV is not transmitted by kissing, spitting, touching or by social contact. It cannot be spread by sharing cutlery, crockery or clothing.

If the above means of transmission are avoided, there is no risk of transmission of the virus within schools. There is no need to exclude HIV infected children from school as normal school activities do not put other children at risk.

Action

Children with HIV should not be treated differently to other children. Their confidentiality is paramount.

Should a child with HIV need first aid, it should be administered in the same way as with any child. The first aider should wash their hands then wear disposable gloves if any blood has been spilt or if a wound needs dressing. Wash hands after attending to the child. No other precautions are necessary for minor injuries. There have been no reports of transmission of the virus to people administering first aid or mouth-to-mouth resuscitation.

Any object or surface which may have been contaminated with blood should be cleaned with a solution of diluted household bleach such as Domestos. Cleaning cloths and used gloves should be placed in polythene bags for incineration. Wash your hands after correctly disposing of the waste.

Further advice may be obtained from the CCDC of the Department of Public Health.

HIV Infection - Advice for Parents

What is it?

The Human Immunodeficiency Virus (HIV) is a virus that attacks the body, destroying some of the cells that normally protect us from infections. People with HIV infection become progressively more likely to get infections and any infections they do get tend to be much more serious than they would be in those not infected with HIV.

When a person with HIV infection gets a serious or unusual infection they may be said to have the Acquired Immune Deficiency Syndrome (AIDS).

At present although there is no cure for HIV, effective treatment is available for the symptoms of the disease.

How is it spread?

HIV is difficult to catch. The virus cannot live outside the body. It is transmitted by sexual intercourse with an infected person, transfusion of infected blood, or by injecting drugs, body piercing or tattoos with a contaminated needle or using contaminated equipment. Children born to mothers with HIV may be born infected with the virus.

HIV is not transmitted by kissing, spitting, touching or by social contact. It cannot be spread by sharing cutlery, crockery or clothing.

There is no need to keep HIV infected children away from school as normal school activities do not put other children at risk.

What are the symptoms?

Most people with HIV infection look and feel entirely normal. Only in the late stages of the disease do people become unwell.

How can infection with HIV be prevented?

The best way to prevent the spread of HIV infection is for adults and children alike to understand how the virus can be spread, and to avoid behaviour which puts them at risk of catching it.

Everyone should be aware that causal sex without a condom, or the use of intravenous drugs using shared needles or equipment or body piercing, tattoos with equipment or needles which are contaminated can result in HIV infection.