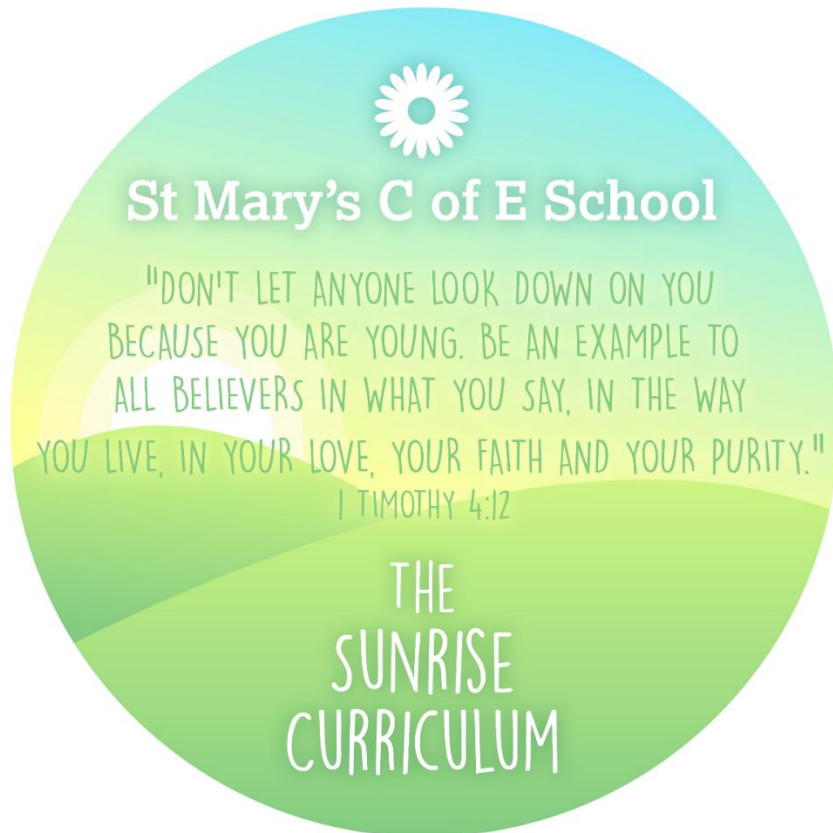


HEALTH AND SAFETY POLICY



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‘ Give me a safe, caring environment in which to live’

1. Aims

Our school aims to:

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

2. Legislation

This policy is based on advice from the Department for Education on [health and safety in schools](#), guidance from the Health and Safety Executive (HSE) on [incident reporting in schools](#), and the following legislation:

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

The school follows [national guidance published by UK Health Security Agency \(formerly Public Health England\)](#) and government guidance on [living with COVID-19](#) when responding to infection control issues.

Sections of this policy are also based on the [statutory framework for the Early Years Foundation Stage](#).³

3. Roles and responsibilities

3.1 The local authority and governing board

Cornwall Council has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters to the school's governing board.

The governing board delegates operational matters and day-to-day tasks to the headteacher and staff members while retaining ultimate responsibility.

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

The governing board, as the employer, also has a duty to:

- Assess the risks to staff and others affected by school activities in order to identify and introduce the health and safety measures necessary to manage those risks
- Inform employees about risks and the measures in place to manage them
- Ensure that adequate health and safety training is provided

The governor who oversees health and safety is Mr William Robinson.

St Mary's Church of England School is committed to its Public Sector Equality duties and will endeavour to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between all people, regardless of Disability, Sex (gender), Race (ethnicity), Pregnancy and Maternity, Religion and Belief, Sexual Orientation, Transgender, Age or Marriage and Civil Partnership.
- Foster good relations between all people, as above.

3.2 Headteacher

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

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

In the headteacher's absence, the assistant headteachers assume the above day-to-day health and safety responsibilities.

3.3 Health and safety lead

The nominated health and safety lead is Mrs Louise Stevenson, Headteacher.

3.4 Staff

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

Staff will:

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

3.5 Pupils and parents/carers

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

3.6 Contractors

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

4. Site security

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

Mitie are key holders and will respond to an emergency.

The Headteacher and Assistant Headteacher are key holders but do not respond to call-outs.

Mitie is the first call out. Staff members will only be called in exceptional circumstances.

Security Guards will respond to alarm activations without recourse to a school key holder and will check the site and then report back to Mitie.

4.1 Arrangements for the Supervision of Students

Opening Times: St Mary's Church of England School will be open to students from:

7.45am (7.45-8.35am supervision for Breakfast Club only or other authorised activity)

and will close to students at:

6.00pm (3.20-6.00pm supervision for After-School Club or other organised activities) on weekdays during term time.

Between these times supervision will be provided. Students will not be allowed on site outside of these times unless as part of a pre-arranged and organised activity.

4.2 Supervision arrangements

Teachers are in classrooms from 8.35am, from when children can enter their classroom. Children may be booked into Breakfast Club from 7.45am where they will be supervised by allocated staff.

At least three members of teaching staff are on duty in the playground for morning break, plus any 1-1 teaching assistants.

Six lunchtime supervisors are on duty at lunchtime and supervise the canteen and outside areas.

Children are escorted by a member of staff at the end of lessons to the playground and collected for the next session.

Lower Key Stage 2 children and Key Stage 1 children are collected by parents/guardians from the outside classroom doors. Older children can walk home if travel plans have been submitted by parents/guardians.

Children not collected will be taken to the school office and parents will be contacted.

Where pupils may be taken out of school this is done in accordance with Local Authority and government guidelines (HEALTH AND SAFETY OF PUPILS ON EDUCATIONAL VISITS: a good practice guide):

1 adult for every 3 pupils in Early Years Foundation Stage.

1 Adult for every 6 pupils in Years 1 - 3

1 Adult for every 10/15 pupils in Years 4 - 6

Children with Special Needs should have 1:1 supervision where required.

Group leaders should assess the risks and consider an appropriate safe supervision level for their particular group. There should be a minimum of one teacher in charge. In addition to the teacher in charge there should be enough supervisors to cope effectively with an emergency. When visits are to remote areas or involve hazardous activities, the risks may be greater and supervision levels should be set accordingly. The same consideration should be given to visits abroad or residential visits. Some non-residential visits with mixed groups will need a teacher from each sex.

5. Fire

5.1 Fire Officer

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

The person responsible for organising the school's fire precautions is the Headteacher. The Assistant Headteachers will deputise when the Headteacher is not present.

The Fire Officer is responsible for:-

- Arranging a fire evacuation drill at the beginning of the academic year and at least once every term (once per half-term where practical) in conjunction with the caretaker from Mitie.
- Recording the significant results of the fire evacuation drills (Mitie do this. File in school office)
- Ensuring that the Fire Log is kept up-to-date (arranging for alarm tests every week, emergency lighting every month, fire extinguisher checks etc), Mitie do this. Log in the school office.
- Ensuring that a fire risk assessment is carried out and kept up-to-date
- Reporting to the Health and Safety Governor on issues of significance.

5.2 In the event of a fire:

- The alarm will be raised immediately by whoever discovers the fire and emergency services contacted. Evacuation procedures will also begin immediately
- Fire extinguishers may be used by staff only, and only then if staff are trained in how to operate them and are confident they can use them without putting themselves or others at risk
- Staff and pupils will congregate at the assembly points. These are on the school playground.
- Class teachers will take a register of pupils, which will then be checked against the attendance register of that day

- The fire warden will take a register of all staff
- Staff and pupils will remain outside the building until the emergency services say it is safe to re-enter

The school will have special arrangements in place for the evacuation of people with mobility needs and fire risk assessments will also pay particular attention to those with disabilities. Personal emergency evacuation plans (PEEPs) are put in place as necessary and key staff members will assist.

All staff are responsible for ensuring that students and visitors evacuate in an orderly and timely fashion in the event of the alarm sounding.

Staff are also responsible for ensuring that they:-

- Do not store combustible materials in escape routes or against sources of combustion
- Do not leave fire doors wedged open
- Do not misuse any equipment provided for fire safety
- Report any defect in equipment provided for fire safety
- Report any fire hazard

5.3 Fire Wardens

The school has identified the following people as Fire Wardens for areas of the school:-

Caretaker All areas of the school

Rebecca Jenkin All areas of the school

Fire Wardens have received training in fire prevention, the principles of fire safety, safe use of firefighting equipment and effective evacuation procedures. This training is updated every two years.

Periodically Fire Wardens will carry out inspections of their area of the school to identify fire hazards and any other fire safety related issues. These inspections will be reported to the Fire Officer or senior member of staff for action.

In the event of a fire, Fire Wardens will assist in the evacuation of the premises by:-

- Checking that their assigned areas have been evacuated (if it is safe to do so)
- Supervising and directing pupils and staff to areas of safety

5.4 Fire Fighting Equipment

Fire fighting equipment has been positioned at appropriate positions around the site.

In accordance with the Regulatory Reform (Fire Safety) Order a number of staff have been given training in the use of fire fighting equipment:-

Caretaker

Rebecca Jenkin

Headteacher

Assistant Headteacher

5.5 Evacuation and Registration Procedures

See Appendix 1 for school evacuation plan.

A fire safety checklist can be found in Appendix 2.

6. COSHH

Schools are required to control hazardous substances, which can take many forms, including but not limited to:

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

Control of substances hazardous to health (COSHH) risk assessments are completed by the school office and circulated to all employees who work with hazardous substances. Staff will also be provided with protective equipment, where necessary.

Our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information. All hazardous products are stored safely where they cannot be accessed by pupils.

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

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

6.1 Staff Responsibilities

Staff shall not use any hazardous substance without first having read the COSHH Assessment (or Hazcard in Science).

Staff shall inform the Headteacher of any new hazardous substance purchased in order that an assessment can be made prior to use.

6.2 COSHH Coordinator

The Headteacher is responsible for ensuring that, before any new substance/chemical is used, a COSHH assessment has been obtained from Cornwall Council.

The Headteacher is responsible for ensuring that COSHH assessments are seen and understood by those staff who are exposed to the substance/preparation.

The Headteacher is also responsible for ensuring that any updated COSHH assessments received are seen and understood by those who are exposed to the substance/preparation and that the COSHH file is kept up-to-date.

Mitie is responsible for ensuring that COSHH assessments are also obtained from contractors on site (both regular contracts such as cleaners and caterers and from builders, decorators, flooring specialists etc) where persons may be affected by their use of, or the storage of such substances/preparations may need to be controlled.

In addition, any hazardous substances or preparations being used by visiting artists, crafters, etc must have appropriate COSHH assessments before being used in the school.

6.3 Gas safety

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

6.4 Legionella

- A water risk assessment has been completed by the caretaker on behalf of Mitie who are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- This risk assessment will be reviewed as required and when significant changes have occurred to the water system and/or building footprint
- The risks from legionella are mitigated by the following: temperature checks, heating of water, disinfection and cleaning of shower area.

6.5 Asbestos

- Staff are briefed on the hazards of asbestos, the location of any asbestos in the school and the action to take if they suspect they have disturbed it
- Arrangements are in place to ensure that contractors are made aware of any asbestos on the premises and that it is not disturbed by their work
- Contractors will be advised that if they discover material that they suspect could be asbestos, they will stop work immediately until the area is declared safe
- A record is kept of the location of asbestos that has been found on the school site

7. Equipment

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

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

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

7.1 Electrical equipment

- All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- Any potential hazards will be reported to the school office immediately
- Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- Only trained staff members can check plugs
- Portable appliance tests (PAT) and fixed wire tests are carried out by a competent Mitie contractor annually
- All isolator switches are clearly marked to identify their machine

- Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person
- Personal items of electrical equipment should not be brought into the school.

7.2 PE equipment

- Pupils are taught how to carry out and set up PE equipment safely and efficiently. Staff check that equipment is set up safely
- Any concerns about the condition of the gym floor or other apparatus will be reported to the school office for reporting
- PE equipment is annually audited and inspected by an external company.

7.3 Display screen equipment

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

7.4 Specialist equipment

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

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

8. Lone working

Lone working may include:

- Late working
- Home or site visits
- Weekend working
- Site manager duties
- Site cleaning duties
- Working in a single occupancy office
- Remote working, self-isolation and/or remote learning

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

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

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

It is recognised that, from time to time, it may be necessary for school staff to work in situations or locations which are remote from other members of staff.

In such circumstances the school will assess the risk to these individuals and will introduce suitable controls to ensure that all risks are minimised.

Any staff wishing to work outside normal school hours must have prior agreement/permission from the Headteacher.

9. Working at height

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

In addition:

- The caretaker retains ladders for working at height
- The ladders for working at height are locked away safely at all times
- Pupils are prohibited from using ladders
- Contractors are expected to provide their own ladders for working at height
- Staff are discouraged from working at height. A step stool is available to support with putting up displays and reaching books from shelves.
- Access to high levels, such as roofs, is only permitted by trained persons
- If staff need access to anything or put up displays in areas that cannot be reached, assistance will be sought from Mitie caretakers.

10. Manual handling

The procedures related to manual handling apply to activities where there is a foreseeable risk of injury.

It is up to individuals to determine whether they are fit to lift or move equipment and furniture. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.

The school will ensure that a risk assessment is undertaken to identify the nature of manual handling in the school, and will make sure that proper mechanical aids and lifting equipment are available in the school, and that staff are trained in how to use them safely.

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

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

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

11. Off-site visits

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

- Risk assessments will be completed where off-site visits and activities require them
- All off-site visits are appropriately staffed
- Staff will take a school mobile phone, an appropriate portable first aid kit, information about the specific medical needs of pupils, along with the parents/carers' contact details
- For trips and visits with pupils in the Early Years Foundation Stage, there will always be at least one first aider with a current paediatric first aid certificate
- For other trips, there will always be at least one first aider on school trips and visits

12. Lettings

This policy applies to lettings. Those who hire any aspect of the school site or any facilities will be made aware of the content of the school's health and safety policy and will have responsibility for complying with it.

Unless specifically agreed in the Letting Agreement, St Mary's Church of England School does not provide supervision for any groups using its facilities as part of a letting/hiring arrangement.

13. Violence at work

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

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

13.1 Price Training

Price Training is a training package for staff utilising de-escalation and positive handling strategies to support a child when they are in a crisis situation. Within this school the list of staff trained in de-escalation and positive handling strategies is located in the school office.

14. Smoking

Smoking is not permitted anywhere on the school premises. Vaping is not permitted anywhere on the school premises.

15. Infection prevention and control

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

15.1 Handwashing

- Wash hands with liquid soap and warm water, and dry with paper towels
- Always wash hands after using the toilet, before eating or handling food, and after handling animals
- Cover all cuts and abrasions with waterproof dressings

15.2 Coughing and sneezing

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

15.3 Personal protective equipment

- Wear disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons where there is a risk of splashing or contamination with blood/body fluids (e.g. nappy or pad changing)
- Wear goggles if there is a risk of splashing to the face
- Use the correct personal protective equipment when handling cleaning chemicals
- Use personal protective equipment (PPE) to control the spread of infectious diseases where required or recommended by government guidance and/or a risk assessment

15.4 Cleaning of the environment

- Clean the environment, including toys and equipment, frequently and thoroughly

15.5 Cleaning of blood and body fluid spillages

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

15.6 Laundry

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

15.7 Clinical waste

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

15.8 Animals

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

15.9 Infectious disease management

We will ensure adequate risk reduction measures are in place to manage the spread of acute respiratory diseases, including COVID-19, and carry out appropriate risk assessments, reviewing them regularly and monitoring whether any measures in place are working effectively.

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

Following good hygiene practices

- We will encourage all staff and pupils to regularly wash their hands with soap and water or hand sanitiser, and follow recommended practices for respiratory hygiene. Where required, we will provide appropriate personal protective equipment (PPE)

Implementing an appropriate cleaning regime

- We will regularly clean equipment and rooms, and ensure surfaces that are frequently touched are cleaned once a day.

Keeping rooms well ventilated

- We will use risk assessments to identify rooms or areas with poor ventilation and put measures in place to improve airflow, including opening external windows, opening internal doors and mechanical ventilation

15.10 Pupils vulnerable to infection

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

15.11 Exclusion periods for infectious diseases

The school will follow recommended exclusion periods outlined by the UK Health Security Agency and other government guidance, summarised in appendix 2.

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

15.12 Preventing and controlling infections in EYFS

In addition to general cleaning guidance, we will:

- Ensure all toys carry a BS, BSI or CE mark and where possible buy toys and equipment that can be easily cleaned

- Store toys in a clean container
- Not let children take toys into toilet areas
- Store reusable equipment that has been cleaned but is not in use separately from used equipment and away from where equipment cleaning takes place

Where nappies are used:

- Have a designated changing area away from the play facilities, and any area where food or drink is prepared or consumed
- Staff take the appropriate measures to wash and dry their hands after every nappy change
- Wrap soiled nappies in a plastic bag before disposing in the general waste
- Clean the children with a disposable wipe, and do not share nappy creams and lotions amongst the children

16. New and expectant mothers

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

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Expectant mothers should report exposure to an antenatal carer and GP at any stage of exposure. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- If a pregnant woman comes into contact with measles or German measles (rubella), she should inform her antenatal carer and GP immediately to ensure investigation
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), the pregnant woman should inform her antenatal care and GP as this must be investigated promptly
- Some pregnant women will be at greater risk of severe illness from COVID-19

17. Occupational stress

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

Systems are in place within the school for responding to individual concerns and monitoring staff workloads.

Our Mental Health and Wellbeing Lead is Miss Kim Rundle.

18. Accident reporting

18.1 Accident record book

- An accident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it.
- As much detail as possible will be supplied when reporting an accident
- Information about injuries will also be kept in the pupil's educational record

- Records held in the first aid and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

18.2 Reporting to the Health and Safety Executive

St Mary's Church of England School records all significant accidents and incidents which result in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).

Using the Cornwall Council Online Accident Reporting System:

- All incident reports will be reviewed by Headteacher who will decide if an internal investigation is necessary. Investigation reports will be entered onto the Online Reporting System. Significant incidents will be reported to Health and Safety Governor.
- All reports submitted via Online Accident Reporting System are reviewed by the Health Safety and Wellbeing Services Team of Cornwall Council.
- If deemed necessary, the Health Safety and Wellbeing Services Team of Cornwall Council will carry out an independent investigation of the accident/incident.

The school will report these to the HSE as soon as is reasonably practicable and in any event within 10 days of the incident – except where indicated below. Fatal and major injuries and dangerous occurrences will be reported without delay (i.e. by telephone) and followed up in writing within 10 days.

School staff: reportable injuries, diseases or dangerous occurrences

These include:

- Death
- Specified injuries, which are:
 - Fractures, other than to fingers, thumbs and toes
 - Amputations
 - Any injury likely to lead to permanent loss of sight or reduction in sight
 - Any crush injury to the head or torso causing damage to the brain or internal organs
 - Serious burns (including scalding) which:
 - Covers more than 10% of the whole body's total surface area; or
 - Causes significant damage to the eyes, respiratory system or other vital organs
 - Any scalping requiring hospital treatment
 - Any loss of consciousness caused by head injury or asphyxia
 - Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours
- Work-related injuries that lead to an employee being away from work or unable to perform their normal work duties for more than 7 consecutive days (not including the day of the incident). In this case, the school will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident
- Occupational diseases where a doctor has made a written diagnosis that the disease is linked to occupational exposure. These include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis, e.g. from exposure to strong acids or alkalis, including domestic bleach
- Hand-arm vibration syndrome
- Occupational asthma, e.g. from wood dust
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent

➤ Near-miss events that do not result in an injury, but could have done. Examples of near-miss events relevant to schools include, but are not limited to:

- The collapse or failure of load-bearing parts of lifts and lifting equipment
- The accidental release of a biological agent likely to cause severe human illness
- The accidental release or escape of any substance that may cause a serious injury or damage to health
- An electrical short circuit or overload causing a fire or explosion

Pupils and other people who are not at work (e.g. visitors): reportable injuries, diseases or dangerous occurrences

These include:

- Death of a person that arose from, or was in connection with, a work activity*
- An injury that arose from, or was in connection with, a work activity* and the person is taken directly from the scene of the accident to hospital for treatment

*An accident “arises out of” or is “connected with a work activity” if it was caused by:

- A failure in the way a work activity was organised (e.g. inadequate supervision of a field trip)
- The way equipment or substances were used (e.g. lifts, machinery, experiments etc); and/or
- The condition of the premises (e.g. poorly maintained or slippery floors)

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

[How to make a RIDDOR report, HSE](#)

18.3 Notifying parents/carers

The school will inform parents/carers of any accident or injury sustained by a pupil in the Early Years Foundation Stage, and any first aid treatment given, on the same day, or as soon as reasonably practicable.

18.4 Reporting to child protection agencies

The school will notify Cornwall Council of any serious accident or injury to, or the death of, a pupil in the Early Years Foundation Stage while in the school’s care.

18.5 Reporting to Ofsted

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

19. First Aid

19.1 Assessment of Needs

An assessment of first aid needs has been carried out. St Mary's has one member of staff trained in First Aid at Work, several Paediatric First Aid qualified staff as well as a number of staff who have Emergency First Aid training.

19.2 First Aid Co-ordination

All First Aid qualified staff are responsible for overseeing the arrangements for first St Mary's Church of England School.

First Aid equipment is available at strategic points in the school.

- First Aid Kit in Learning Support Room.
- First Aid Kit in Year 2 cupboard
- First Aid Kit in School Office
- Cool packs available in the KS1 Library and the Staff Room.
- First Aid Kit and cool packs available outside during lunch breaks.

It is the responsibility of all First Aid trained staff to ensure that the First aid equipment is kept well stocked.

A sufficient number of personnel are trained in schools first aid course (including epi-pen administration).

Mrs Calcraft, Miss Shelton, Miss Teague and Miss Thornton are additionally trained in paediatric first aid (including epi-pen administration).

Mrs Jenkin is qualified in First Aid at Work.

First Aid qualifications are and remain current.

Senior Management will regularly check First Aid logs for indications of recurrent or frequently reported types of injury.

19.3 First Aiders

The First Aiders listed above will provide First Aid treatment for anyone injured on site during the school day. They will also provide, as appropriate, First Aid cover for:-

- Trips and visits
- Extra-curricular activities organised by the school (e.g. sports events, after-school clubs, parents' evenings, school-organised fundraising events etc)

First Aid cover is not specifically provided for:-

- Contractors
- Events organised by third parties (fetes, evening clubs, etc)

First Aiders are responsible for ensuring that First Aid logs are completed for all treatment given and that necessary details are supplied for the reporting of all accidents (see Reporting of Accidents section).

19.4 Treatment of Injuries

St Mary's Church of England School will rely on the knowledge and experience of its trained first aiders in order to administer appropriate treatment to injured persons.

In emergency situations the first aider will call (or instruct for another member of staff to call) 999 and request that an ambulance and paramedics attend.

Where there is any doubt about the appropriate course of action the first aider will be expected to consult with the Health Service Helpline 111, and in the case of student injuries, with the parents or legal guardian.

St Mary's Church of England School has a defibrillator and it is installed in the school office.

19.5 Suspected Head, Neck and Spinal Injuries to Pupils

In the event of a suspected head, neck or spinal injury to a pupil it is the policy of St Mary's Church of England School, in addition to the normal first aid procedures, that the student's parent/guardian is contacted and informed of the injury.

The attending first aider, in consultation with the parent/guardian, will decide the appropriate course of action in each case. The first aider will ensure that treatment is not delayed by difficulties in contacting the parent/guardian.

In any case where there is any doubt about the pupil's wellbeing, the first aider is expected to contact the Health Service Helpline for advice or phone for an ambulance as appropriate.

19.6 Other Significant Injuries

Any other serious injury will be notified to the parents/guardians by the quickest means possible (normally by phone).

In addition to the procedures above the school will notify the parents/guardians of any other significant injury by way of:

- A telephone call and an Accident Advice Form

Records of notification by telephone to parent/guardians will be kept by first aider completing forms. Copies of written notifications are held in the GDPR compliant first aid file.

19.7 Escorting Pupils to Hospital

When it is necessary for a student to be taken to hospital they will be accompanied by a member of staff unless the pupil's parent/guardian is in attendance.

The member of staff will stay with the pupil until a parent/guardian arrives and responsibility is transferred.

20. Pupils with Medical Needs

St Mary's Church of England School recognises that some students will, at some point, require medication or other medical support during the school day or on organised activities.

This need will be met by a range of standard procedures together with individual procedures informed and supported by:

- The compiling and maintaining of a Medical Needs Register for students which will be reviewed annually.
- Consultation with Health and Social Care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported.
- Ensuring that sufficient staff are suitably trained with adequate cover for absences to cover both routine and emergency support.

- Ensuring all relevant staff are made aware of the condition and symptom recognition of any student requiring support that will include briefings for supply teachers and volunteers.
- Prompt access to medication in an emergency situation (e.g. EpiPen Auto-injectors for treatment of anaphylactic shock).
- Risk assessments for school visits and other school activities outside of the normal timetable.
- Monitoring of individual healthcare plans.

20.1 Standard Procedures

St Mary's Church of England School will dispense asthma medication to students as long as it is clearly labelled prescription medication which has been prescribed by a medical practitioner with written instructions for use. Parental consent must be obtained for use of the inhaler. First aid trained staff will have been given instruction in the recognition of the symptoms of an asthma attack and the appropriate procedures to follow.

St Mary's Church of England School has an emergency asthma kit. The school's procedures for managing the use of the emergency asthma kit is based on the Department of Health guidance issued in September 2014. Staff authorised to dispense this medication will be made aware of the above guidance and have been given instruction in the recognition of the symptoms of an asthma attack and the appropriate procedures to follow. The emergency inhaler contains Salbutamol and will only be available to:

- Pupils diagnosed with asthma and prescribed an inhaler
- Pupils prescribed an inhaler as reliever medication

In addition, parental consent must be obtained for the use of the emergency inhaler which will be achieved as part of compiling and maintaining a register of pupils who have been diagnosed with asthma or prescribed a reliever inhaler. This register will be combined with the medical needs register.

The emergency asthma kit will be stored in the school office in and managed in the same way as any other prescription medication.

St Mary's Church of England School has purchased two emergency Adrenaline Auto-Injectors (AAI) for use in an emergency situation. The school has one EpiPen Adrenaline Auto-Injector 0.3mg for children aged 6-12 years old; and one EpiPen Adrenaline Auto-Injector 0.15mg for children aged under 6 years old. The AAI's will be kept in the school office which is accessible at all times during school opening hours. There is a sign on the door to notify that there are AAI's in the room. The Emergency Anaphylaxis Kit will be stored visibly in the school office next to the Emergency Inhaler Kit as it is well documented that many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

The members of staff responsible for maintaining the Emergency Anaphylaxis Kit are Mrs Rebecca Jenkin and Mrs Laura Calcraft. They have responsibility for ensuring that:

- on a monthly basis the AAI's are present and in date
- that replacement AAI's are obtained when expiry dates approach

The AAI devices are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Once it has been used it will be disposed of according to manufacturer's guidelines.

The school's AAI will only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for the use of the spare AAI has been provided. This authorisation will be updated annually. The school's AAI can be administered to a pupil whose own

prescribed AAI cannot be administered correctly without delay. It should be considered a spare/back-up device and not a replacement for a pupil's own AAI.

All staff who are first aid trained have also received training in administration of AAI's.

Records will be kept of the use of any AAI's and parents/carers will be informed if their child has been administered an AAI and whether it was a school spare AAI or the pupil's own device.

AAI's are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI's should only be used on pupils known to be at risk of anaphylaxis, where written consent has been obtained.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

20.2 Dispensing Medication

St Mary's Church of England School will dispense medication to students as long as it is clearly labelled prescription medication which has been prescribed by a medical practitioner with written instructions for use. This school does not keep or dispense any other medication other than Salbutamol for use with the emergency asthma kit.

All requests for the dispensing of medication must be accompanied by a consent form including detailed information and instructions completed, signed and dated by the pupil's parent or guardian.

The school office will be responsible for receiving medicines, checking consent and dose information, checking 'use-by' dates and dispensing medication. All medication will be kept in a secure location and in the conditions required by the medical supplier in the school office. Medication will only be dispensed by suitably trained staff. A record will be kept of all medication dispensed. The medication log will be checked before dispensing medication (to prevent accidental 'double-dosing') and will be completed and signed by the member of staff after dispensing medication to a pupil.

Medication for personal use by members of staff must also be kept in a secure location where pupils cannot gain access to them. Staff must not share their medication with any student.

In certain circumstances, this school will allow students to manage their own medication. In each case this will be discussed with the parent/guardian. Please contact the School Office for discussion.

21. Training

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

Staff who work with pupils with special educational needs (SEN), are given additional health and safety training.

The Headteacher will carry out the evaluation of health and safety training needs and the creation of a training plan/programme. All staff will participate in any training provided to meet their health and safety requirements.

22. Monitoring

This policy will be reviewed by the full governing board annually.

23. Links with other policies

This health and safety policy links to the following policies:

- Supporting pupils with medical conditions
- Accessibility plan
- Emergency Plan
- Safeguarding and Child protection
- Allergy Action Plan

APPENDIX 1 - FIRE ACTION PLAN

EVERYDAY FIRE PRECAUTIONS

- 1 Exit doors are kept unobstructed and free from combustible materials, and all exit doors are capable of being easily opened from the inside, without the use of a key, whilst the building is occupied.
- 2 Escape routes are normally enclosed by fire doors to prevent these routes being blocked by dangerous gases or smoke. Occupants are aware of the necessity for these doors and their importance in ensuring their safety during evacuation in the event of a fire. All such doors are maintained self-closing and are not obstructed in such a way that they are prevented from closing effectively against the door stop.
- 3 Fire action signs and extinguisher information signs are located throughout the building.

FIRE DOORS MUST NOT BE WEDGED OPEN

- 4 Rubbish and combustible waste including paper, cardboard, plastics and similar materials, are not allowed to accumulate or be stored in escape routes. All such materials are kept in metal or similar non-combustible containers and removed from the buildings to a safe place at least once a day.
- 5 As many fires in schools are caused by opportunist vandals, the windows and external doors are properly secured when the building is unoccupied.
- 6 Smoking is not allowed on school premises.
- 7 Checks are made at the end of the letting sessions to ensure that there are no smoldering fires and the opportunity is taken at that time to secure all doors and windows.
7. All heaters must be kept free of paper.
8. All staff must note where the fire alarms are sited in the school.
9. All staff must note the fire exits.
10. All staff must note where the fire signs are displayed.
11. All staff must note where the fire extinguishers are and know how they work.

ACTION IN THE EVENT OF FIRE

In the event of fire being discovered, the following sequence is followed:

Raise the alarm

Call the Fire Brigade

Evacuate the premises

Assemble on the bottom playground

Proceed with roll-call

RAISING THE ALARM

The alarm will be raised as soon as a fire is discovered, no matter how small. Even if a fire is only suspected and it is not obvious, all occupants of the building will be warned at the earliest opportunity, in order that they can make good their escape before the fire has time to develop. The alarm can be raised by pressing the nearest red break glass call point and these are located by all exits throughout the site. See Appendix 2 for reference map.

CALLING THE FIRE BRIGADE

- 1 All outbreaks of fire, or suspected fire, irrespective of size, will be immediately reported to the Fire Brigade. Any person who is adjacent to the telephone, will immediately dialing 999 on hearing the fire alarm sounding.
- 2 The call to the Fire Brigade will not be delayed whilst searches are made to check whether or not it is a false alarm.
- 3 The person in charge should be familiar with the correct procedure for calling the Fire Brigade (dialing 999) and giving the correct address of the school.
- 4 Notify Mitie in all circumstances on 08006344190.

EVACUATING THE PREMISES

- 1 On hearing the alarm, all pupils in class will stand quietly and when instructed by the teacher or person in charge, will proceed in single file and in an orderly manner, by the nearest safe route direct to the assembly point. All staff are aware of emergency exits and quickest routes. St Mary's School holds half-termly fire alarm tests to ensure children are aware of the safest and quickest route.
- 2 Teachers should have their class registers with them at the assembly point.
- 3 As the classes leave the building, all doors which will not be used again during the evacuation are to be closed behind them. Talking and laughing will not be allowed, to ensure that any instructions given can be heard. Overtaking by classes or individuals will not be permitted.
- 4 At lunchtime, the lunchtime supervisors are responsible for evacuation of children and all the procedures apply as above. Lunchtime staff should check toilets, classrooms and libraries. Teachers are responsible for providing class lists.

- 5 Fire wardens must check cloakrooms, toilets and libraries.
- 6 Everyone (including visitors and people with disabilities) in the building must evacuate by the nearest exit.
- 7 Do not wait to pick up belongings.
- 8 Shut doors behind the last person.
- 9 The teacher must call the register (making sure that each child answers) and count the children.
- 10 The secretary checks the sign-in system and the kitchen staff.
- 11 The person in charge of the school at the time will go to the assembly point and await reports from all classes that all children have been accounted for. He or she will have in their possession a pre-arranged check list which will enable them to make a complete report to the first Fire Officer to arrive.
- 12 No-one must re-enter the building for any reason until the person in charge of the drill agrees.
- 13 If a quick return to the building is prohibited, evacuation to our safe haven will commence. For further details on evacuation to this location, please refer to our Emergency Procedures Policy.
- 14 In the event of a different reason for evacuation such as flood or bomb threat, everyone will be evacuated to our safe haven as per the Emergency Procedures Policy.

EVACUATION OF DISABLED PERSONS

Evacuation of the premises by able-bodied persons will normally be completed within a matter of minutes, usually 2-5 minutes.

Persons in wheelchairs/using walking aides, will be evacuated last, in the sense that they will be the last persons (with their helpers) in the queue of people moving along the corridors.

(Should a disabled person fall or their wheelchair overturn, an obstruction could be caused which would endanger many lives. For this reason, disabled people should proceed last along corridors etc. They can receive as much assistance as necessary and reach safety at the same time as the last able-bodied person. The time difference between the first able-bodied person reaching the outside and the last person reaching the same point, will be minimal, and in practice does not put the disabled person at any material disadvantage.)

Personal Emergency Evacuation Plans are in place for those pupils who require it.

ASSEMBLY

- 1 A place of assembly in case of fire will be the playground and all pupils and staff are fully aware of its location. Assembly will take place in classes. The assembly point will be as far away from the school as is practicable and in a position where the pupils will not obstruct or be in danger from responding fire appliances.
- 2 Clearly account will be taken of the actual size of a fire and assembly arrangements modified accordingly.

ROLL CALL

- 1 Immediately classes have mustered at the place of assembly, a roll call or count will take place if possible from the registers, and each responsible person should report immediately to the person in overall charge – “all present” or otherwise.
- 2 The Officer-in-Charge of the Fire Brigade will be met on arrival and immediately informed if all persons are accounted for or otherwise.

TACKLING THE FIRE

- 1 All staff members will be conversant with the location of the various types of extinguishers and for which type of fire they are intended. Any person in the vicinity of the outbreak of fire, who is capable of using an extinguisher, should tackle the fire, providing he does not expose himself to any undue risk or danger.
- 2 The safe evacuation of all pupils is of paramount importance and it is essential that this is satisfactorily instigated before any staff are released to attempt to fight the fire.

NOTICES

- 1 Conspicuous fire notices will be displayed in prominent places throughout the school.

Appendix 2. Fire safety checklist

ISSUE TO CHECK	YES/NO
Are fire regulations prominently displayed?	
Is fire-fighting equipment, including fire blankets, in place?	
Does fire-fighting equipment give details for the type of fire it should be used for?	
Are fire exits clearly labelled?	
Are fire doors fitted with self-closing mechanisms?	
Are flammable materials stored away from open flames?	
Do all staff and pupils understand what to do in the event of a fire?	
Can you easily hear the fire alarm from all areas?	

Appendix 3. Recommended absence period for preventing the spread of infection

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

In confirmed cases of infectious disease, including COVID-19, we will follow the recommended self-isolation period based on government guidance.

Infection or complaint	Recommended period to be kept away from school or nursery
Athlete's foot	None.
Campylobacter	Until 48 hours after symptoms have stopped.
Chicken pox (shingles)	Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of rash. Although the usual exclusion period is 5 days, all lesions should be crusted over before children return to nursery or school. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell. Anyone with a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.
Rubella (German measles)	5 days from appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they are feeling better, there is no need to stay off until the blisters have all healed.
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.
Measles	Cases are infectious from 4 days before onset of rash to 4 days after, so it is important to ensure cases are excluded from school during this period.
Ringworm	Exclusion not needed once treatment has started.
Scabies	The infected child or staff member should be excluded until after the first treatment has been carried out.

Scarlet fever	Children can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the person will be infectious for 2 to 3 weeks. If there is an outbreak of scarlet fever at the school or nursery, the health protection team will assist with letters and a factsheet to send to parents or carers and staff.
Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species prior to the child or food handler returning to school.
Diarrhoea and/or vomiting (Gastroenteritis)	Children and adults with diarrhoea or vomiting should be excluded until 48 hours after symptoms have stopped and they are well enough to return. If medication is prescribed, ensure that the full course is completed and there is no further diarrhoea or vomiting for 48 hours after the course is completed. For some gastrointestinal infections, longer periods of exclusion from school are required and there may be a need to obtain microbiological clearance. For these groups, your local health protection team, school health adviser or environmental health officer will advise. If a child has been diagnosed with cryptosporidium, they should NOT go swimming for 2 weeks following the last episode of diarrhoea.
Cryptosporidiosis	Until 48 hours after symptoms have stopped.
E. coli (verocytotoxigenic or VTEC)	The standard exclusion period is until 48 hours after symptoms have resolved. However, some people pose a greater risk to others and may be excluded until they have a negative stool sample (for example, pre-school infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	Until 48 hours from the last episode of vomiting and diarrhoea and they are well enough to return. Some infections may require longer periods (local health protection team will advise).
Salmonella	Until 48 hours after symptoms have stopped.
Typhoid and Paratyphoid fever	Seek advice from environmental health officers or the local health protection team.
Flu (influenza)	Until recovered.

Tuberculosis (TB)	Pupils and staff with infectious TB can return to school after 2 weeks of treatment if well enough to do so and as long as they have responded to anti-TB therapy. Pupils and staff with non-pulmonary TB do not require exclusion and can return to school as soon as they are well enough.
Whooping cough (pertussis)	A child or staff member should not return to school until they have had 48 hours of appropriate treatment with antibiotics and they feel well enough to do so, or 21 days from onset of illness if no antibiotic treatment.
Conjunctivitis	None.
Giardia	Until 48 hours after symptoms have stopped.
Glandular fever	None (can return once they feel well).
Head lice	None.
Hepatitis A	Exclude cases from school while unwell or until 7 days after the onset of jaundice (or onset of symptoms if no jaundice, or if under 5, or where hygiene is poor. There is no need to exclude well, older children with good hygiene who will have been much more infectious prior to diagnosis.
Hepatitis B	Acute cases of hepatitis B will be too ill to attend school and their doctors will advise when they can return. Do not exclude chronic cases of hepatitis B or restrict their activities. Similarly, do not exclude staff with chronic hepatitis B infection. Contact your local health protection team for more advice if required.
Hepatitis C	None.
Meningococcal meningitis/septicaemia	If the child has been treated and has recovered, they can return to school.
Meningitis	Once the child has been treated (if necessary) and has recovered, they can return to school. No exclusion is needed.
Meningitis viral	None.
MRSA (meticillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.