




Health and Safety Policy

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Section	Title
1	Introduction
2	Policy Statement
3	Scope
4	Legal Framework
5	Responsibilities
5.1	The Organisation (Sun Drama)
5.2	Designated Health and Safety Lead
5.3	Staff, Contractors, and Volunteers
6	Risk Assessment
7	Lone Working and Home Visits
7.1	Definition of Lone Working
7.2	Risk Management for Lone Working
7.3	Home Visits
7.4	Staff Responsibilities
7.5	Support and Supervision
8	First Aid and Emergency Procedures
8.1	First Aid Provision
8.2	Emergency Response Procedures
8.3	Accident and Incident Reporting
8.4	Emergency Contacts
9	Fire Safety and Evacuation Procedures
9.1	Venue-Based Fire Safety
9.2	Fire Safety in Home Settings
9.3	Outdoor and Public Spaces
9.4	Responsibilities in the Event of Fire
9.5	Fire Prevention and Training
10	Infection Control and Hygiene Procedures
10.1	General Principles
10.2	Cleaning and Equipment Management
10.3	Personal Hygiene and Conduct
10.4	Illness and Exclusion
10.5	Waste Disposal
11	Incident and Accident Reporting
11.1	What Must Be Reported
11.2	Staff Responsibilities
11.3	Organisational Responsibilities
11.4	RIDDOR Reporting
11.5	Review and Learning
12	Policy Review and Monitoring
12.1	Ongoing Monitoring
12.2	Formal Review
12.3	Staff Involvement
12.4	Record of Review
13	Communication and Training
13.1	Policy Distribution
13.2	Induction and Ongoing Training
13.3	Refresher Training and Continuous Improvement
13.4	Promoting a Culture of Safety
14	Appendices
Appendix 1	Health & Safety Session Checklist
Appendix 2	Lone Working Risk Assessment Form
Appendix 3	Infection Control Exclusion Table



1. Introduction

Sun Play Therapy is committed to providing a safe and healthy environment for all staff, freelance contractors, volunteers, children, young people, parents, carers, and visitors involved in our services and activities. This policy outlines the principles, responsibilities, and procedures that underpin our commitment to health and safety in accordance with UK legislation and Local Authority expectations.

Our approach to health and safety is proactive and preventative. We recognise that a safe environment supports the wellbeing, development, and confidence of the children and young people we serve. In line with our trauma-informed and inclusive practice, we also understand that a safe environment goes beyond physical safety to include emotional and psychological safety.

This policy applies to all locations and delivery formats used by Sun Play Therapy, including but not limited to: school premises, community venues, outreach hubs, public parks, libraries, family homes, and online sessions. It covers all aspects of service delivery including one-to-one tuition, group sessions, arts-based learning, sensory activities, and off-site visits.

Sun Play Therapy is aware of its duty of care and legal responsibilities under current health and safety legislation. We are committed to identifying and managing risks, preventing accidents and incidents, and responding appropriately when concerns arise. This policy sets out the framework through which we meet these responsibilities and continuously review our practice.

2. Policy Statement

We will take all reasonable steps to ensure the health, safety, and welfare of all individuals affected by our work. This includes ensuring that all premises, equipment, working practices, and activities are safe and pose minimal risk.

We aim to promote a culture of safety and shared responsibility, where every member of the organisation is empowered and encouraged to report hazards, raise concerns, and contribute to safer working environments. We recognise that effective health and safety management is not only a legal obligation, but a core part of delivering high-quality educational and therapeutic services.

We commit to providing appropriate training, clear procedures, up-to-date risk assessments, and ongoing supervision to all those involved in service delivery. Regular audits and reviews will be conducted to identify potential improvements and to ensure that any necessary adjustments are made in response to emerging risks or incidents.

Through this policy, Sun Play Therapy seeks to ensure that health and safety considerations are embedded into all aspects of planning, delivery, and evaluation of our work.



3. Scope

This policy applies to all employees, freelance contractors, volunteers, and any other individuals engaged in activities or services delivered by Sun Play Therapy, regardless of their role, duration of involvement, or employment status.

It covers all areas where Sun Play Therapy operates, including but not limited to:

Educational and therapeutic sessions conducted in schools, libraries, outreach centres, or rented community spaces

Home-based sessions delivered in the private homes of children and young people

Outdoor or public space sessions, such as sensory walks, nature-based learning, and movement activities in parks or gardens

Online or digital sessions via video conferencing platforms

Off-site visits and excursions involving staff and/or children

Administrative tasks and meetings where staff or volunteers are present

The policy applies equally to planned activities and spontaneous interactions occurring during the course of our work. It includes safeguarding the health and safety of not only staff and learners, but also visitors, families, and members of the public who may be affected by our operations.

All individuals representing Sun Play Therapy are expected to adhere to the health and safety procedures outlined in this policy and to act in accordance with their training, guidance, and the values of the organisation.

4. Legal Framework

This policy is based on and complies with the following legislation:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Children Act 1989 & 2004
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Control of Substances Hazardous to Health (COSHH) Regulations 2002

5. Responsibilities

Effective health and safety management relies on clear roles and shared responsibility across all levels of the organisation. Everyone working with or on behalf of Sun Play Therapy has a role to play in creating and maintaining safe environments for children, staff, and the wider community.

5.1 The Organisation (Sun Play Therapy)

Sun Play Therapy holds overall accountability for ensuring the health, safety, and welfare of all individuals affected by its operations. The organisation will:



- Maintain safe environments for all service users, staff, contractors, and visitors across all delivery locations
- Ensure that all venues and working environments are **risk-assessed** prior to use and that control measures are implemented as needed
- Ensure that **first aid arrangements** are in place, including trained personnel and access to first aid supplies
- Where necessary, Sun Play Therapy may consult with competent external Health and Safety professionals for advice and compliance support
- Provide **relevant training**, guidance, and supervision to all staff and freelance contractors appropriate to their role
- Ensure compliance with all relevant **health and safety legislation**, including COSHH (Control of Substances Hazardous to Health), manual handling, lone working, and fire safety where applicable
- Maintain **adequate insurance coverage**, including public liability and employer's liability insurance
- Monitor health and safety practice through **audits, spot checks, and policy reviews**, and take action in response to concerns or incidents
- Ensure that safeguarding and health and safety considerations are integrated into all areas of service planning

5.2 Designated Health and Safety Lead

The Designated Health and Safety Lead is responsible for overseeing the practical implementation of this policy. They will:

- Maintain a current understanding of relevant health and safety legislation and guidance
- Conduct or coordinate site-specific risk assessments and ensure findings are shared and acted upon
- Keep accurate records of accidents, incidents, near misses, and hazards
- Ensure that appropriate action is taken following any reported incident
- Liaise with external agencies (e.g. Local Authority, HSE) when serious incidents occur or statutory reporting is required
- Provide guidance and support to staff and contractors regarding health and safety expectations
- Ensure safety equipment and PPE (where required) is available and fit for purpose
- Review this policy annually and recommend updates where necessary

5.3 Staff, Contractors, and Volunteers

All individuals working with or on behalf of Sun Play Therapy have a legal and moral responsibility to ensure the safety of themselves and others. They must:

- Take reasonable care for their own health and safety, and that of those they support
- Follow all health and safety procedures, codes of conduct, and training provided by the organisation



- Complete required induction and ongoing training
- Use any equipment or materials provided safely and as instructed
- Report any hazards, unsafe conditions, or incidents immediately to the Health and Safety Lead
- Participate in risk assessments where relevant and contribute to developing safe working methods
- Inform the organisation of any medical or personal factors that may affect their ability to work safely (confidentially)
- Where necessary, Sun Play Therapy may consult with competent external Health and Safety professionals for advice and compliance support

6. Risk Assessment

Sun Play Therapy is committed to identifying and managing potential hazards to ensure the safety and wellbeing of all individuals involved in our services. Risk assessments are a vital part of our health and safety management system and are conducted for all activities, locations, and types of delivery, including off-site visits, community-based work, and home sessions.

Key Principles:

- Risk assessments are completed in advance of any planned activity or session.
- All risk assessments follow a standardised template and include:
 - Identification of potential hazards (physical, environmental, emotional, behavioural)
 - Evaluation of the likelihood and severity of each hazard
 - Identification of who might be harmed
 - Control measures to eliminate or reduce risk to an acceptable level
 - Assignment of responsibility for implementing control measures

Types of Risk Assessments Conducted:

- Venue-specific: for schools, libraries, homes, community spaces
- Activity-specific: for arts sessions, outdoor walks, sensory activities, use of materials
- Individual learner risk profiles: especially for children with SEND or behaviour-related risks
- Off-site visits and transport arrangements: including lone working, supervision, and emergency procedures

Responsibilities:

- The Designated Health and Safety Lead is responsible for overseeing risk assessment processes and ensuring consistency and compliance.
- Staff and freelance contractors are responsible for:
 - Reviewing relevant risk assessments prior to delivery
 - Adhering to all control measures outlined
 - Reporting any changes or emerging risks promptly



Review and Updates:

- Risk assessments will be reviewed:
 - At least termly
 - After any significant incident or near miss
 - When there is a change in the environment, activity, staffing, or learner profile
- Updated risk assessments are distributed to all relevant staff and stored securely for reference and inspection.

7. Lone Working and Home Visits

Sun Play Therapy recognises that some staff and freelance practitioners may be required to work alone or deliver sessions in family homes. We are committed to ensuring that such working arrangements are safe and that appropriate risk management procedures are in place.

7.1 Definition of Lone Working

Lone working refers to any situation in which a staff member or contractor works without direct supervision or alone with a service user, including:

- One-to-one sessions delivered in a child's home
- Community-based sessions in public spaces (e.g. parks, libraries)
- Travel to and from session locations without accompaniment
- Administrative or planning work conducted in isolation

7.2 Risk Management for Lone Working

Before any lone working arrangement is agreed:

- A **Lone Working Risk Assessment** will be completed
- The staff member must have completed **safeguarding and health & safety induction training**
- A **clear communication plan** must be in place, including:
 - Agreed check-in/check-out system (e.g., via phone, message or app)
 - Emergency contact procedures if communication is not established

7.3 Home Visits

Where sessions are delivered in the home:

- Written **consent must be obtained** from the parent/carer
- A **responsible adult** must be present in the home at all times unless agreed otherwise and assessed as safe
- Practitioners are not permitted to enter the home if a child is alone
- Home visits must be logged in advance and follow set times; unscheduled visits are not permitted



7.4 Staff Responsibilities

All lone workers and home visit practitioners must:

- Carry a **charged mobile phone**
- Share session location and expected times with their line manager or designated contact
- Immediately report any safeguarding concern or threatening behaviour
- Leave any location where they feel unsafe and report the incident as soon as possible

7.5 Support and Supervision

- All lone working staff will receive **regular supervision**
- Any emerging risks will be reviewed and appropriate changes made to working practices
- Debriefing will be offered following any incident or concern arising from a lone working situation

8. First Aid and Emergency Procedures

Sun Play Therapy recognises the importance of timely and appropriate response to accidents, injuries, and emergencies. Whether sessions take place in a school, public venue, home setting, or outdoors, we are committed to ensuring that staff are prepared to respond effectively and that appropriate first aid measures are in place.

8.1 First Aid Provision

- All staff and freelance practitioners are required to be familiar with **basic first aid procedures** as part of their induction.
- At least one staff member present during group activities or public-facing events will have a valid **Emergency First Aid at Work** or **Paediatric First Aid** certificate.
- First aid kits must be:
 - Present at all mobile sessions (carried by staff or available at venue)
 - Regularly checked and replenished
 - Easily accessible and clearly labelled

8.2 Emergency Response Procedures

In the event of a medical emergency or serious accident:

1. **Ensure the safety** of all individuals in the area.
2. Administer **basic first aid** where trained and safe to do so.
3. Contact **emergency services (999)** immediately if needed.
4. Inform the parent/carer or responsible adult without delay.



5. Notify the **Designated Health & Safety Lead** and record the incident using the appropriate form.
6. If the incident occurs in a school or venue, inform the site's designated first aider or duty manager.

7. 8.3 Accident and Incident Reporting

- All accidents, injuries, near misses, and health-related incidents must be recorded on an **Incident/Accident Report Form** within 24 hours.
- The Designated Health and Safety Lead will:
 - Review the report
 - Determine whether further action is required
 - Notify external authorities if necessary (e.g., RIDDOR reporting)
- Serious incidents will be investigated, and appropriate adjustments made to practice or risk assessments.

8.4 Emergency Contacts

- Staff must ensure they have access to **emergency contact details** for each child or young person in their care.
- Practitioners must know the **location of the nearest hospital A&E** to their session site.
- A list of key emergency numbers (ambulance, safeguarding team, DSL, local authority duty team) must be carried or accessible on mobile device.

9. Fire Safety and Evacuation Procedures

Sun Play Therapy recognises the potential fire risks associated with delivering services in a variety of venues including schools, libraries, community centres, and private homes. Although we do not currently operate from a fixed premises, we are committed to ensuring that all staff, contractors, and service users are prepared for and protected from the risk of fire.

9.1 Venue-Based Fire Safety

When delivering sessions at third-party or community venues (e.g., libraries, youth centres, schools), staff and freelance practitioners must:

- Familiarise themselves with the venue's **fire safety procedures** and **evacuation routes** before beginning any session
- Identify the **location of fire exits, extinguishers, and alarm points**
- Ensure that **exits are not obstructed** and that participants can evacuate safely and swiftly if needed



- Cooperate fully with venue staff and **follow the site-specific fire plan** in case of emergency

9.2 Fire Safety in Home Settings

When delivering sessions in a learner's home, staff must:

- Identify at least one **clear and safe exit route**
- Ensure that no flammable materials used in sessions (e.g. candles, certain sensory tools) present a fire risk
- If a significant fire hazard is identified (e.g. blocked exits, faulty appliances), the session must not proceed until the environment is safe

9.3 Outdoor and Public Spaces

When working in public spaces (e.g. parks), while fire risk is minimal, staff should:

- Avoid use of **any equipment or materials that carry a fire risk**
- Know the **location of nearby public buildings** for shelter in case of evacuation due to environmental hazard

9.4 Responsibilities and Procedure in the Event of Fire

In the event of a fire or emergency evacuation:

1. Remain calm and instruct all participants to stop activities immediately
2. Lead the group calmly and quickly to the nearest safe exit or designated assembly point
3. Call **999** if emergency services have not already been alerted
4. Perform a **headcount** to ensure all children and staff are accounted for
5. Do not re-enter the building or area until cleared by emergency services or site management
6. Notify the **Designated Health and Safety Lead** and complete an incident report within 24 hours

9.5 Fire Prevention and Training

- Sun Play Therapy staff will receive **basic fire safety awareness** as part of their induction



- Any staff handling materials with minor fire risk (e.g., heat-based art tools, extension cables) will receive appropriate **risk-specific guidance**
- Fire drills are not directly conducted by Sun Play Therapy in third-party venues but **staff are expected to participate in venue-led fire drills** where applicable

10. Infection Control and Hygiene Procedures

Sun Play Therapy is committed to maintaining high standards of hygiene and infection control to protect the health and wellbeing of all children, staff, families, and wider community members involved in our services. We recognise that infection control is particularly important in environments involving close physical contact, shared resources, and vulnerable learners.

10.1 General Principles

- All staff, contractors, and volunteers must follow **good hygiene practices** at all times, including regular handwashing and sanitising, especially before and after working with children, using shared equipment, or handling food.
- Sun Play Therapy will follow **Public Health England (UKHSA)** and **local authority guidance** on infection control in educational and community settings.
- Anyone showing symptoms of contagious illness (e.g., COVID-19, flu, stomach viruses, skin infections) must not attend in-person sessions.

10.2 Cleaning and Equipment Management

- All **shared resources** (e.g. sensory tools, art materials, toys) must be cleaned and disinfected regularly, especially between use by different learners.
- Materials that are difficult to clean (e.g. soft sensory items) will either be single-use or assigned to individual learners.
- For home visits, staff must bring:
 - Hand sanitiser and tissues
 - Disposable gloves if necessary
 - Wipes for cleaning any session tools before/after use

10.3 Personal Hygiene and Conduct

- Children and young people will be encouraged to wash or sanitise hands before and after sessions, with appropriate support as needed.
- Staff must ensure personal hygiene is maintained, including clean clothing, trimmed nails, and avoidance of strong scents or allergens (e.g. perfumes).



- Any incidents involving **bodily fluids** (e.g. nosebleeds, sickness, toileting accidents) must be handled with PPE and reported using an incident form.

10.4 Illness and Exclusion

- Staff, volunteers or children who have been ill must only return to face-to-face sessions **after 48 hours symptom-free**, or in line with specific medical guidance.
- Families and schools will be informed immediately if a child becomes unwell during a session.
- In case of a **communicable disease outbreak** (e.g. COVID-19), Sun Play Therapy will follow current national and local public health guidance, including potential suspension of in-person delivery.

10.5 Waste Disposal

- Any tissues, gloves, or disposable cleaning materials must be disposed of **safely and hygienically**, preferably in a sealed bag taken off-site by the staff member.
- Where working in schools or community venues, venue-specific waste disposal guidance must be followed.

12. Incident and Accident Reporting

Sun Play Therapy recognises that transparent and consistent recording of all incidents, accidents, and near-misses is essential for maintaining safety, accountability, and continuous improvement. All staff, freelance contractors, and volunteers have a duty to report any health and safety concern—no matter how minor—promptly and accurately.

12.1 What Must Be Reported?

- **Accidents** causing injury to a child, staff member, or member of the public (no matter how minor)
- **Near misses** that could have led to injury or danger but did not
- **Incidents involving property damage**, fire risk, behavioural outbursts, or threats to safety
- **Safeguarding-related concerns** that involve physical harm or risk to emotional wellbeing
- **Exposure to hazardous substances** or unsafe environmental conditions

12.2 Staff Responsibilities

All staff, freelance workers, and volunteers must:



- Report incidents **as soon as safely possible**, ideally the same day
- Complete an **Incident/Accident Reporting Form**, including:
 - Date and time
 - Names of individuals involved
 - Description of what happened
 - Any injury sustained and first aid given
 - Immediate actions taken
 - Any witnesses (if applicable)
- Submit the completed form to the **Designated Health and Safety Lead**

12.3 Organisational Responsibilities

The Health and Safety Lead will:

- Log all reports in the organisation's **Accident & Incident Register**
- Review all incidents and identify patterns, recurring issues, or areas requiring further control measures
- Initiate an investigation where needed
- Take remedial actions and **update risk assessments** if necessary
- Inform relevant safeguarding leads if the incident has emotional or behavioural implications

12.4 RIDDOR Reporting (Reportable Injuries, Diseases and Dangerous Occurrences Regulations 2013)

Sun Play Therapy will comply with its legal obligations under **RIDDOR** to report serious incidents to the **Health and Safety Executive (HSE)**, including:

- Injuries requiring more than 7 days' absence from work
- Major injuries (fractures, loss of consciousness, etc.)
- Dangerous occurrences (e.g. fire, structural failure)
- Any incident involving a member of the public that requires hospital treatment

Only the **Designated Health and Safety Lead** or a senior responsible officer may submit RIDDOR reports.

12.5 Review and Learning

- All reported incidents will be **reviewed termly** (at minimum) by the Health and Safety Lead.
- Lessons learned will inform future **policy updates, staff training, and risk management planning**.
- Where relevant, anonymised case summaries may be shared during team meetings or training sessions to support reflective practice and learning.



13. Policy Review and Monitoring

Sun Play Therapy is committed to ensuring that its Health and Safety Policy remains up-to-date, effective, and reflective of current legislation, operational risks, and best practice. This policy is treated as a living document, reviewed regularly and updated in response to both internal evaluations and external developments.

13.1 Ongoing Monitoring

- The **Designated Health and Safety Lead** is responsible for the day-to-day monitoring of this policy's implementation across all service areas.
- Health and safety procedures and risk assessments will be regularly monitored through:
 - **Session observations**
 - **Staff feedback**
 - **Incident and accident data**
 - **Venue checks**
- Adjustments will be made as necessary to improve safety and address any weaknesses or emerging risks.

13.2 Formal Review

- This policy will be **formally reviewed at least once per year**, or sooner if:
 - There are significant changes in operations (e.g., new delivery models, new venues)
 - New legislation or government guidance is introduced
 - A serious incident or safeguarding issue highlights the need for improvement

13.3 Staff Involvement

- Staff, freelance contractors, and volunteers will be **consulted as part of the review process**, particularly when their feedback or experience highlights risks or improvements.
- All staff will be notified of any **amendments or updates**, and updated versions of the policy will be shared and stored centrally for reference.

13.4 Record of Review

- A **record of policy review dates, responsible persons, and changes made** will be maintained at the end of this document or in a central governance file.
- The latest version of this policy will always be available upon request by Local Authorities, schools, families, or regulatory bodies.



14. Communication and Training

Sun Play Therapy recognises that the effectiveness of its Health and Safety Policy depends not only on written procedures but on clear communication, training, and shared understanding among all staff and practitioners.

14.1 Policy Distribution

- All employees, freelance contractors, and volunteers will be provided with a **copy of this Health and Safety Policy** during induction.
- Updated versions of the policy will be **communicated promptly** and made accessible via shared drives or email.
- Individuals will be required to **confirm in writing** that they have read and understood the policy and agree to follow it.

14.2 Induction and Ongoing Training

- **Health and safety training** will be a core component of every staff member's induction, regardless of their role or working hours.
- Induction will cover:
 - Roles and responsibilities
 - Risk assessment awareness
 - Lone working and emergency procedures
 - Infection control and personal safety
 - Reporting procedures for accidents or concerns
- Staff will also be trained in any **activity-specific safety guidance** relevant to their duties (e.g., sensory work, mobile equipment, home visits).

14.3 Refresher Training and Continuous Improvement

- Staff and contractors will receive **annual refresher training**, either as part of team development days, individual reviews, or digital learning sessions.
- Additional briefings will be provided if there are:
 - Policy changes
 - Incident trends
 - Legal or regulatory updates
- Training effectiveness and staff confidence in safety procedures will be evaluated periodically through feedback and supervision sessions.

14.4 Promoting a Culture of Safety



- All team members are encouraged to **speak openly** about health and safety concerns and to raise issues early.
- A culture of **shared responsibility and prevention** is promoted across the organisation to ensure that health and safety is embedded in all aspects of practice.
- **Health & Safety Community Checklist for Practitioners**



Sun Play Therapy

Practitioner Name: _____

Date: _____

Session Location: _____

Learner(s): _____

Pre-Session Checks

	Checkpoint	Yes	No	Notes
Relevant risk assessment reviewed (session, learner, or venue-specific)				
Venue is safe (exits clear, no obvious hazards)				
Fire exits and assembly points identified				
All required materials are safe, clean, and complete				
First aid kit is accessible and stocked				
Hygiene supplies are available (sanitiser, tissues, gloves if needed)				
Learner-specific needs or risks reviewed (e.g. medical, behavioural, triggers)				

During Session Checks

	Checkpoint	Yes	No	Notes
Learner(s) were supervised at all times				
Parent/carer or venue contact introduced and engaged if applicable				
Clear and age-appropriate safety instructions given				
Materials used appropriately and shared safely				

Post-Session Checks

	Checkpoint	Yes	No	Notes
All equipment collected and checked				
Any injury or incident reported promptly				
Any safeguarding concerns reported to the DSL				
Learner safely handed over to authorised adult / departure confirmed				

Practitioner Signature: _____

Additional Notes / Observations:

.....
.....



Lone Working Risk Assessment Form

This document is to be reviewed regularly and updated when necessary. All incidents or concerns must be reported promptly.

Potential Hazard in the Work Environment	Staff Notes / Observations	Actions Taken to Minimise Risk
Will you be working in isolation with the student?		
List anyone else expected to be present during your visit. Are they a safety concern?		
Identify all accessible exits in case of an emergency or evacuation.		
Are there any pets in the home that could pose a danger?		
Are there any hazards like blocked exits or faulty electrical items?		
Note any other environmental concerns affecting your safety.		
Does the student exhibit any behaviours that could be aggressive or harmful?		

I confirm that I have conducted a lone working risk assessment and discussed any identified risks with SunDrama.

Name: _____

Signature: _____

Date: _____



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.
Chickenpox (shingles)	<p>Cases of chickenpox are generally infectious from 2 days before the rash appears to 5 days after the onset of the rash. Although the usual exclusion period is five days, all lesions should be crusted over before children return to nursery or school.</p> <p>A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered until the rash is dry and crusted over.</p>
Cold sores	None.
Respiratory infections including coronavirus (COVID-19)	<p>Children and young people should not attend if they have a high temperature and are unwell.</p> <p>Anyone with a positive test result for COVID-19 should not attend the setting for three days after the day of the test.</p>
Rubella (German measles)	Five days from the appearance of the rash.
Hand, foot and mouth	Children are safe to return to school or nursery as soon as they feel 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 antibiotic treatment.
Measles	Cases are infectious from 4 days before the onset of rash to 4 days after, so it is essential to ensure patients are excluded from school during this period.
Ringworm	Exclusion is 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, carers, and staff.



Slapped cheek syndrome, Parvovirus B19, Fifth's disease	None (not infectious by the time the rash has developed).
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Bacillary Dysentery (Shigella)	Microbiological clearance is required for some types of shigella species before the child or food handler returns to school.
Diarrhoea and vomiting (Gastroenteritis)	<p>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 entire course is completed and there is no further diarrhoea or vomiting for 48 hours after the procedure.</p> <p>For some gastrointestinal infections, more extended periods of exclusion from school are required, and microbiological clearance may be needed. Your local health protection team, school health adviser or environmental health officer will advise these groups.</p> <p>If a child has been diagnosed with cryptosporidium, they should NOT go swimming for two weeks following the last episode of diarrhoea.</p>
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, preschool infants, food handlers, and care staff working with vulnerable people). The health protection team will advise in these instances.
Food poisoning	They are well enough to return within 48 hours from the last episode of vomiting and diarrhoea. Some infections may require extended periods (the 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)	If well enough, patients and staff with infectious TB can return to school after two weeks of treatment 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 antibiotic treatment and feel well enough to do so, or 21 days from the onset of illness if there is 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 seven days after the onset of jaundice (or beginning of symptoms if no jaundice), if under 5, or where hygiene is poor. There is no need to exclude older children with good hygiene who will have been much more infectious before 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 instances of chronic 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	Five days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.