



Health and Safety Policy

O you who believe, uphold justice and bear witness to Allah, even if it is against yourselves, your parents, or your close relatives. Whether the person is rich or poor, Allah can best take care of both. Refrain from following your own desire, so that you can act justly- if you distort or neglect justice, Allah is fully aware of what you do.

Quran 4:135

Approved by:	Governing Board	Date: Jan 2025
Last reviewed on:	Spring 2025-26	
Next review due by:	Spring 2026-27	

Aims

The governors and leadership team at Noor Ul Islam Primary School aim 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
- Provide adequate and appropriate safety training for staff

Legislation

This policy is based on advice from the Department for Education on health and safety in schools and guidance from the Health and Safety Executive (HSE).

1 Roles and responsibilities

1.1 The governing body

- 1.1.1 The governing body has ultimate responsibility for health and safety matters in the school, but will delegate day-to-day responsibility to headteacher.
- 1.1.2 The governing body 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.
- 1.1.3 The governing body has the duty to:
- Ensure that proper documentation is in place, will monitor it's implementation and will review the effectiveness of the policy
 - 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
 - Provide a working environment that is safe and healthy
- 1.1.4 The governor who oversees health and safety is Nazneen Chowdhury.

1.2 Headteacher

- 1.2.1 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
 - Providing adequate training for school staff

- Ensuring that a safety audit of the school building and premises is carried out each year
 - Reporting the outcome and actions to the governors on health and safety matters
 - Monitoring the progress of hazards or defects reported
 - 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
- 1.2.2 In the headteacher's absence, the administration officer assumes the above day-to-day health and safety responsibilities.

1.3 Health and safety lead

The nominated health and safety lead is the administration officer, Zahida Ashraf.

1.4 Caretaker

1.4.1 The caretaker is:

- responsible for the security of the school site in and out of school hours
- ensure that any work that has health and safety implications is prioritised
- report any concerns regarding unresolved hazards in school to the headteacher immediately
- ensure that all work under their control is undertaken in a safe manner
- carry out a daily visual inspections of the grounds and building to spot any disrepair or other hazards such as broken glass etc. in the play areas.
- ensure that all cleaning staff are aware of safe working practices, especially regarding reporting of hazards, the use of hazardous substances and manual handling
- carry out a weekly test of the intruder and fire alarm systems and record this in the log book

1.4.2 The headteacher and caretaker are key holders and will respond to an emergency.

1.5 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 the health and safety policy

- 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
- Ensure pupils in their care behave in a safe and proper manner adhering to proper safety precautions, particularly in the handling of equipment or materials

1.6 Pupils and parents/carers

- 1.6.1 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.
- 1.6.2 During the school day, all visitors will be expected to report to the school office, where they will be asked to sign the visitors' book. All visitors are given a visitor badge which must be worn whilst on school premises. During the breaks administration staff will attend to visitors at the gate and not allow them inside the school property until all children have returned indoors. The intercom system will also be used to communicate with visitors during the breaks and when necessary.
- 1.6.3 The school accepts no responsibility for children who arrive on the premises before 8.30am. Parents are asked to make arrangements to collect their children promptly at the end of the afternoon session at 3.40pm. Teachers must ensure that each child is collected by a known and authorized adult. Children are not allowed to go with another parent unless the child's parent has been informed. If any child is not collected straightaway, the class teacher will inform the office. The headteacher assumes responsibility until the child's parents/carers take the child.

1.7 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.

2 Fire

- 2.1 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.
- 2.2 Emergency evacuations are practised at least once a term.
- 2.3 The fire alarm is a loud continuous bell, the outcome of which will be recorded in the Fire Drill log book. The times of the practices will be varied to cover all times of the school day.
- 2.4 Fire alarm testing will take place once a week and fire fighting equipment will be serviced annually.
- 2.5 New staff will be trained in fire safety and all staff and pupils will be made aware of any new fire risks.
- 2.6 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 point. This is at the bottom of Dawlish Road near Newport Opossum Nursery.
 - Class teachers will take a register of pupils, which will then be checked against the attendance register of that day
 - The Administration Officer 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
 - At large school gatherings, for example school plays, all relevant emergency exits will be made known and accessible.
- 2.7 A fire safety checklist can be found in appendix 1.

3 Control of substances hazardous to health (COSHH)

The use of hazardous substances in school will be kept to a minimum.

- the Caretaker with appropriate support from the headteacher will complete a COSHH risk assessment for all hazardous substances used on site and circulated to all employees who work with hazardous substances
- the associated procedures and control measures will be funded and enforced
- staff will also be provided with protective equipment, where necessary.
- our staff use and store hazardous products in accordance with instructions on the product label. All hazardous products are kept in their original containers, with clear labelling and product information.

- hazardous products will be stored in a locked room so pupils cannot access them
- any hazardous products are disposed of in accordance with specific disposal procedures.

3.1 Gas safety

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

3.2 Legionella

- 3.2.1 A water risk assessment has been completed on 30th May 2024 by Safewater Solutions Limited. The caretaker and administration officer are responsible for ensuring that the identified operational controls are conducted and recorded in the school's water log book
- 3.2.2 This risk assessment will be reviewed every year and when significant changes have occurred to the water system and/or building footprint
- 3.2.3 A water sample is taken and sent to be checked

3.3 Asbestos

- 3.3.1 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
- 3.3.2 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
- 3.3.3 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
- 3.3.4 A record is kept of the location of asbestos that has been found on the school site

4 Equipment

All equipment and machinery is maintained in accordance with the manufacturer's instructions. All electrical equipment is checked for faults on an annual basis. All faults must be reported immediately. When new equipment is purchased, it is checked to ensure it meets appropriate educational standards.

4.1 Electrical equipment

- 4.1.1 All staff are responsible for ensuring they use and handle electrical equipment sensibly and safely
- 4.1.2 Any pupil or volunteer who handles electrical appliances does so under the supervision of the member of staff who so directs them
- 4.1.3 Any potential hazards will be reported to the office manager immediately
- 4.1.4 Permanently installed electrical equipment is connected through a dedicated isolator switch and adequately earthed
- 4.1.5 Only trained staff members can check plugs
- 4.1.6 Where necessary, a portable appliance test (PAT) will be carried out by a competent person
- 4.1.7 All isolator switches are clearly marked to identify their machine
- 4.1.8 Electrical apparatus and connections will not be touched by wet hands and will only be used in dry conditions
- 4.1.9 Maintenance, repair, installation and disconnection work associated with permanently installed or portable electrical equipment is only carried out by a competent person

4.2 Display screen equipment

- 4.2.1 All staff who use computers daily as a significant part of their normal work have a display screen equipment (DSE) assessment carried out. 'Significant' is taken to be continuous/near continuous spells of an hour or more at a time
- 4.2.2 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)

4.3 Food technology

- 4.3.1 Cooking equipment including ovens and hobs will only be used if fire precautions and appropriate risk assessments are in place.
- 4.3.2 Staff must be satisfied that the tasks undertaken are appropriate for the pupils concerned.
- 4.3.3 Close supervision will be appropriate for riskier parts of the cooking process, i.e. taking food in or out of hot ovens

5 Lone working

- 5.1 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.
- 5.2 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.
- 5.3 The lone worker will ensure they are medically fit to work alone.

6 Working at height

- 6.1 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.
- 6.2 In addition:
 - The caretaker retains ladders for working at height
 - Pupils are prohibited from using ladders
 - Staff will wear appropriate footwear and clothing when using ladders
 - Contractors are expected to provide their own ladders for working at height
 - Before using a ladder, staff are expected to conduct a visual inspection to ensure its safety
 - Access to high levels, such as roofs, is only permitted by trained persons

7 Manual handling

- 7.1 It is up to individuals to determine whether they are fit to lift or move equipment and furniture with their own individual capabilities. If an individual feels that to lift an item could result in injury or exacerbate an existing condition, they will ask for assistance.
- 7.2 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

8 Off-site visits

- 8.1 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

9 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.

10 Violence at work

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

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

11 Smoking

Smoking is not permitted anywhere on the school premises.

12 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.

12.1 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
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12.2 Coughing and sneezing

- Cover mouth and nose with a tissue

- Wash hands after using or disposing of tissues
- Spitting is discouraged

12.3 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

12.4 Cleaning of blood and body fluid spillages

- 12.4.1 Clean up all spillages of blood, faeces, saliva, vomit, nasal and eye discharges immediately and wear personal protective equipment.
- 12.4.2 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
- 12.4.3 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

12.5 Laundry

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

12.6 Clinical waste

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

12.7 Infectious disease management

- 12.7.1 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.
- 12.7.2 We will follow local and national guidance on the use of control measures including:
 - 12.7.2.1 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
 - 12.7.2.2 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

12.8 12.8 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 4.

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

13 New and expectant mothers

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

13.2 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

14 Occupational stress

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

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

15 First aid provision

15.1 The school has carried out a first aid risk assessment to ascertain the required number of first aiders and the location / number of first aid kits. T

15.2 The school currently has 2 members of staff who are trained as nominated workplace first aiders and 16 members of staff who are paediatric first aid trained.

15.3 Portable first aid kits are taken on educational visits.

15.4 A qualified first aider will be present on the trip

16 Administration of medicine

- 16.1 Medication is only administered to pupils when the parental consent form has been completed.
- 16.2 The medicine will be administered by a member of staff who has completed the administration of medicine training.
- 16.3 Medicines are only administered during school time when they have been prescribed by a child's GP or other relevant medical professional.
- 16.4 The school will avoid administering non-prescription medicine. However, we may administer non-prescription Paracetamol/antihistamine if requested by the parent and if it will facilitate the child attending school and continuing their learning. This will usually be for a short period only and no more than 3 consecutive days without seeking medical advice. However, such medicines will only be administered in school where it would be detrimental to a child's health if it were not administered during the day.
- 16.5 Medicines are kept either in the medical fridge in the staff kitchen or a locked drawer in the school office.
- 16.6 The only exceptions to this are asthma medication and 'epipens' (following discussion with parents) which may be kept in appropriate locations, out of the reach of other pupils, as appropriate.
- 16.7 The doses administered during the school day are to be kept to the minimum, e. g. a course of antibiotics requiring four doses a day - only one dose (lunchtime) will normally need to be administered at school

17 Accident reporting

17.1 Accident record book

- 17.1.1 The school accident/incident form will be completed as soon as possible after the accident occurs by the member of staff or first aider who deals with it. An accident form template can be found in appendix 2
- 17.1.2 As much detail as possible will be supplied when reporting an accident
- 17.1.3 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 [You should check whether your insurer requires accident records to be retained for a longer period of time]

17.2 Reporting to the Health and Safety Executive

- 17.2.1 The administration officer will keep a record of any accident which results in a reportable injury, disease, or dangerous occurrence as defined in the RIDDOR 2013 legislation (regulations 4, 5, 6 and 7).
- 17.2.2 The headteacher 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.
- 17.2.3 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 headteacher will report these to the HSE as soon as reasonably practicable and in any event within 15 days of the accident

17.3 Notifying parents/carers

The administration officer/class teacher will inform parents/carers of any accident or injury sustained by a pupil and any first aid treatment given, on the same day, or as soon as reasonably practicable.

17.4 Reporting to child protection agencies

The headteacher will notify the Multi Agency Safeguarding Hub 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.

17.5 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.

18 Training

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

19 Monitoring

This policy will be reviewed by the office manager every three years.

At every review, the policy will be approved by the headteacher and the governing body.

20 Links with other policies

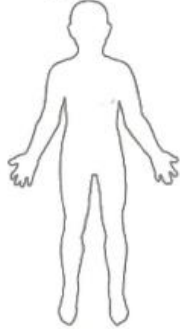
This health and safety policy links to the following policies:

- First aid
- Risk assessment
- Supporting pupils with medical conditions
- Accessibility plan
- Remote learning
- Emergency or critical incident plan

Appendix 1. 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 2. Accident report

DATE: <input style="width: 90%;" type="text"/>	ACCIDENT / INCIDENT
	NO:
<i>I have had an accident / incident today</i>	
Dear Parent / Carer	
Childs Name: <input style="width: 60%;" type="text"/>	Year Group: <input style="width: 35%;" type="text"/>
Location of accident/incident: <input style="width: 95%;" type="text"/>	
Today your child has had an accident/incident at <input style="width: 60%;" type="text"/> a.m. / p.m.	
We have kept an eye on him/her and he/she appears to be ok.	
He/she has had a: Bump <input type="checkbox"/> Cut <input type="checkbox"/> Bruise <input type="checkbox"/> Graze <input type="checkbox"/> Other: (please specify) <input style="width: 80%;" type="text"/>	Location of Injury 
First aid administered: Antiseptic Wipe <input type="checkbox"/> Plaster <input type="checkbox"/> Ice Pack <input type="checkbox"/> Observation <input type="checkbox"/> Other: (please specify) <input style="width: 80%;" type="text"/>	
Any additional information: (if relevant) <input style="width: 95%; height: 40px;" type="text"/>	
Parent / Carer informed at: <input style="width: 40%;" type="text"/> (time). By telephone / in person	
First aid administered by: <input style="width: 60%;" type="text"/> teaching staff / dinner staff	
Accident book completed by: <input style="width: 60%;" type="text"/> teaching staff /dinner staff	
Receiving teacher: <input style="width: 95%;" type="text"/>	
Signature of Lead First Aider: <input style="width: 80%;" type="text"/>	Time: <input style="width: 15%;" type="text"/>

GDPR COMPLIANCE: Remove ALL copies on completion and file according to your GDPR policy.

Supplied by Cherry Poppins Tel: 01462 370020 / cherry.poppins.co.uk

Appendix 3. Asbestos record

Location	Item	Approx quantity	Surface coating	Extent of damage	Accessibility	Asbestos type	Comment
Boiler room	Pipes	58 m	Unsealed	Good/high damage	Difficult	Amosite	
Store room	Pipes	11 m	Unsealed	High damage	Medium	Amosite	

Appendix 4. 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 (methicillin resistant Staphylococcus aureus)	None.
Mumps	5 days after onset of swelling (if well).
Threadworm	None.
Rotavirus	Until 48 hours after symptoms have subsided.

Appendix 5: Instructions for use or testing of panic alarms

Instructions for Use

In a panic situation an alarm can be raised by using the green button on the handheld alarm. These are located in the Pre-school office, main administration office, masjid and security hut. Once activated by pushing, the alarm can be reset by disarming at the main security alarm panel, located on the ground floor in the portakabin, in the preschool (under the air conditioning unit) and in the masjid.

Activating a panic alarm will not initiate a Police response. This will be done by a member of Noor Ul Islam Staff if the situation requires it.

IN THE EVENT OF ACCIDENTAL OPERATION OF A PANIC ALARM CONTACT:

Contact a member of Staff from the Head Office

Testing Procedure

1. Activate the panic button by pushing the Green button on the Unit. It is advisable to test each handheld unit once a month at least.
2. Verify that the alarm was received.
3. Reset the alarm on the main panel once it has been verified that the alarm was received.
4. Advise the Health and Safety Officer that the test is completed and verify the alarm has been reset.

Appendix 6: Panic alarm activation log

Company: Waltham Forest Noor UI Islam DEPARTMENT:

BUILDING ADDRESS: 711-717 High Road, Leyton, London, E10 5AB

DATE	TIME	LOCATION	CAUSE OF ACTIVATION	NAME OF PERSON ACTIVATING ALARM
			i.e. Quarterly Testing, Accidental Activation, Angry Customer	

Appendix 7: Panic alarm procedures

The purpose of the Noor UI Islam Panic Alarm Procedures is to ensure that all handheld panic alarms in Noor UI Islam occupied buildings are functioning properly and personnel are trained to be aware of when to activate, how to activate, and what to do while waiting for Police response.

21 SCOPE

21.1 This procedure includes all buildings at the said mentioned addressed with panic alarms, including:

- Security Office
- Portakabin – Head Office
- Portakabin – Pre-school
- Main Rear Building Including annexes

22 INSTALLATION OF A NEW OR DISCONNECT OF A PANIC ALARM SYSTEM

22.1 Any installation or disconnection should be addressed by calling Mr Zafar Syed, Facilities Supervisor for the organisation.

23 PROCEDURE

23.1 Panic Alarm Systems and Procedures

23.1.1 In any threatening situation it is important to be confident that all security systems are in working order.

23.2 Maintenance and Testing of Panic Alarm

23.2.1 Details of all malfunctions or maintenance requirements should be reported to Br Zafar Syed at the Head Office on extension 21.

23.2.2 The Panic Alarm system is to be routinely tested on a monthly basis and results recorded on the Panic Alarm Log.

23.2.2.1 **The Log form may be obtained from Noor UI Islam Head Office.**

23.2.2.2 **Log activity should be retained for a period of two (2) calendar years.**

23.3 Response to a Security Incident

23.3.1 In the event of a security incident, or if feeling threatened, the alarm should be activated.

23.3.2 After the alarm has been activated, there will be a lockdown to make sure that everyone who is currently in our listed buildings are kept safe. If the situation is seen to be dangerous, the Police should be informed. The Pre-school should follow invacuation procedures. The main Noor UI Islam department should communicate to let each other know who activated the alarm, for what reason and what the course of action is (e.g. who is to phone the Police, if the alarm was activated in error how the lockdown should be cancelled).

23.3.3 Once the situation is under control and safe following the alarm activation the alarm must be reset. This can be reset using the Intruder alarm panel on the ground floor of the portakabin, by the main entrance. The Panic Alarm units are linked to the main Security Alarm Panel situated on the ground floor of the portakabin. The alarm is reset by typing the numeric code on the main alarm panel. If this is not carried out the system will keep calling a preprogrammed mobile number until it is reset.

23.3.4 All activation of the Panic Alarm should be recorded in the Panic Alarm Log, even if activated in error.

24 Responsibilities

24.1 **Zafar Syed, Facilities Officer for Noor Ul Islam.**

24.2 **Mr Ian Rittie, of Sounds Electric, Alarm System Installer, will be informed if there is a problem with the system.**

24.3 **Employees responsible for the Handheld Panic Alarm Unit are required to take the Panic Alarm training and they should:**

24.3.1 Ensure that those with Panic alarm button know how to activate it.

24.3.2 Ensure personnel who would need to activate the panic alarm are aware of any specific response required when the panic alarm has been activated and has completed the Panic Alarm User Training.

24.3.3 Review the Panic Alarm Procedures at a minimum of every twelve months, or when a change is made to the panic alarms.

24.3.4 Coordinate monthly testing of the panic alarm

24.3.5 Update the Panic Alarm Log.

24.3.6 Ensure the alarm is working properly.

24.4 Monitoring

24.4.1 The "Monitoring Unit" (Head Office) is responsible for monitoring and responding to panic alarm activations even if the alarm is inadvertently activated and then de-activated.

24.4.2 Participate in monthly testing of panic alarms.

24.5 Personnel with Panic Button Access

24.5.1 Know how to activate the alarm.

24.5.2 Required to take the Panic Alarm User training.

24.5.3 Know the response procedures once the alarm is activated.

24.5.4 Record testing, accidental activations, and actual situations on the Panic Alarm Log.