



Sick Children and Accidents

Our Club is committed to dealing efficiently and effectively with illnesses and emergencies that may arise while children are in our care, and helping to keep all staff and children safe from infectious and communicable diseases

First Aid

The Club recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given at the Club.

The Club always has a member of staff working who is trained in First Aid and resuscitation. This person has an up to date First Aid certificate that meets the criteria set out by DFES (primarily that it includes first aid for infants and young children and is a minimum of 12 hours). The certificate must be updated every 3 years.

Other members of staff will have First Aid training so that there is always a qualified First Aider on site.

The First Aid box will be regularly checked to ensure its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety (First Aid) Regulations 1981.

A First Aid box/bag will be taken on all off site visits or outings. This is the responsibility of the designated First Aider, or where this is not possible, the Co-ordinator or Preschool Manager

In the Event of a Major Accident or illness

- The First Aider will be notified and take responsibility for deciding upon the appropriate action. The First Aider will assess the situation and decide whether the child needs to go straight to hospital or whether they can safely wait for their parent/carer to arrive.
- If the child needs to go straight to hospital, an ambulance will be called. The parent/carer will also be contacted. A member of staff will accompany the child to the hospital and will consent to medical treatment being given, so long as the Emergency Medical Treatment section on the registration form has been completed and signed.
- The Child's medical form should be taken to hospital.
- All such accidents or incidents will be recorded in detail and logged in the Incident Record Book or the Accident Record Book. Parents/carers will be asked to sign the relevant section of the book to acknowledge the incident or accident and any action taken by the Club and its staff.
- The Manager/Co ordinator and other relevant members of staff should consider whether the accident or incident highlights any actual or potential weaknesses in the Club's policies or procedures, and act accordingly, making suitable adjustments where necessary.



- Parents/carers will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by the Club and its staff.
- All serious accidents, illnesses and injuries must be reported to Ofsted.

In the Event of a Minor Accident, Incident or Illness

A First Aider will be notified and take responsibility for deciding upon any appropriate action.

- If the child is judged to be able to safely remain at the Club, a First Aider will remove the child from the activities and, if appropriate, treat the illness /injury themselves.
- If the child is feeling sufficiently better, they will be resettled back into the activities, but will be kept under close supervision for the remainder of the session. At the end of the session, the First Aider/manager/co-ordinator will fully inform the parent/carer of the illness accident and any treatment given.
- If the injury cannot be treated by the First Aider, but does not warrant hospitalisation (or the child continues to feel unwell or requests to go home) the parent/carer will be contacted immediately and asked to collect their child. Until the parent/carer arrives, the child will be kept under close supervision and as comfortable as possible.
- All such accidents and incidents will be recorded in detail and logged in the Incident Record book or the Accident Record book. Parents/carers should sign to
- If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the infectious and communicable diseases policy. If a member of staff becomes ill at work, similar restrictions on their return will apply.



Infectious and Communicable Diseases

If any infectious or communicable disease is detected on the Club's premises, the Club will inform parents/carers in writing as soon as possible. RIDDOR (where relevant) and Ofsted will also be informed of any infectious or communicable diseases discovered on the Club's premises.

Head lice

When a case of head lice is discovered at the Club, the situation will be handled sensitively. When the child concerned is collected, their parent/carer will be informed in a sensitive manner. Other parents/carers will be informed that a case of head lice has been reported but the child's name will not be mentioned.

Minimum Exclusion Periods for Illness and Disease (according to HPA guidelines)

| <u>Disease/Condition</u> | <u>Exclusion period</u> |
|---|---|
| Athlete's foot | None |
| Antibiotics prescribed | First 24 hours |
| Chicken Pox | 5 days from onset of rash |
| Cold Sores (Herpes simplex) | None. Avoid Kissing and contact with the sores |
| Conjunctivitis | None |
| Diarrhoea and/or vomiting | 48 hours from the last episode |
| Diphtheria * | Exclusion is essential. Always consult with local HPU |
| E. Coli 0157 VTEC Typhoid * (and paratyphoid *) (enteric fever) Shigella (dysentery) | 48 hours from the last episode of diarrhoea |
| Glandular Fever | None |
| Hand, Foot and Mouth disease | None |
| Head Lice | Treatment is only recommended in cases where live lice has been seen |
| Hepatitis A * | 7 days from onset of jaundice (or 7 days after symptoms onset if no jaundice) |
| Hepatitis B *, C *, HIV/AIDS | None. Hep B, C and HIV are blood borne viruses that are not infectious through contact |
| High temperature | 24 hours |
| Impetigo | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment |



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| Infective hepatitis | 7 days from the onset |
| Measles | 4 days from onset of rash |
| Meningitis Viral * | None – milder illness |
| Meningitis * | Until recovered |
| Meningococcal Meningitis */septicaemia * | Until recovered |
| Mollusum contagiosum | None |
| MRSA | None |
| Mumps * | 5 days after onset of swelling |
| Pediculosis (lice) | Until treatment has been given |
| Pertussis (Whooping cough) | 21 days from the onset |
| Plantar warts | Should be treated and covered |
| Poliomyelitis | Until certified well |
| Ringworm | Exclusion not usually required |
| Roseola (infantum) | None |
| Rubella (German Measles) | 6 days from onset of rash |
| Scabies | Child can return after first treatment. Household and close contacts require treatment |
| Scarlet fever * | 24 hours from the start of the treatment |
| Shingles | Exclusion only required if rash is weeping and cannot be covered |
| Slapped Cheek/fifth disease | None |
| Threadworms | None |
| Tonsillitis | None |
| Tuberculosis | Until declared free from infection by a doctor |
| Typhoid fever | Exclusion not necessary |
| Warts (including Verruca) | Exclusion not necessary. Sufferer should keep feet covered |

*denoted a notifiable disease
