

## **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 has a designated member of staff responsible for 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.

The location of the First Aid box, and the names of any other qualified first-aiders, will be clearly displayed around the Club's premises.

A First Aid box 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 Out of School Club Leader.

All parents/carers must complete and sign the Emergency Medical Treatment Form, enabling the Out of School Club Leader or any member of staff so empowered, to give permission for emergency medical treatment for their child in the event of a major accident or illness.

### **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 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 in the relevant section of the book to acknowledge the incident or accident and any action taken by the Club and its staff
- The Out of School Club Leader 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

### **In the Event of a Minor Accident, Incident or Illness**

The designated First Aider / senior member of staff 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, the 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 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 on an Incident Record sheet or the Accident Record sheet. Parents/carers should sign to acknowledge the incident and any action taken.

The Manager and any other relevant staff should consider whether the accident or incident highlighted any actual or potential weaknesses in the Club's policies or procedures, and make suitable adjustments if necessary.

In circumstances where the designated First-Aider is absent, the Governors representative will assume all responsibilities, or nominate an appropriately trained replacement.

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. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at the Club.

When the child concerned is collected, their parent/carer will be informed in a sensitive manner.

Parents/carers will be informed as quickly as possible of the head lice but the child concerned will not be mentioned. Parents will be given advice and guidance on treating head lice.

Staff should check themselves regularly for lice and treat whenever necessary.

## Minimum Exclusion Periods for Illness and Disease

<u>Disease/Condition</u>	<u>Exclusion period</u>
Antibiotics prescribed	First 24 hours
Chicken Pox	7 days from when the rash first appeared
Conjunctivitis	24 hours or until the eyes have stopped 'weeping'
Diarrhoea	48 Hours
Diphtheria	2-5 days
Gastro-enteritis, food poisoning, Salmonella and Dysentery	24 hours or until advised by the doctor (48 Hours for food Handlers)
Glandular Fever	Until certified well
Hand, Foot and Mouth disease	During acute phase and while rash and Ulcers are present
Hepatitis A	7 days from onset of jaundice & when recovered
Hepatitis B	Until clinically well
High temperature	24 hours
Impetigo	Until the skin has healed
Infective hepatitis	7 days from the onset
Measles	7 days from when the rash first appeared
Meningitis	Until certified well
Mumps	7 days minimum or until the swelling has subsided
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 of scalp	Until cured
Ringworm of the body	Until treatment has been given
Rubella (German Measles)	4 days from onset of rash
Scabies	Until treatment has been given
Scarlet fever and streptococcal	3 days from the start of the treatment
Infection of the throat	Until declared free from infection by a doctor
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

**This list is not necessarily exhaustive, and staff are encouraged to contact local health services if they are in any doubt.**

This policy was adopted at a meeting of Burrowmoor Out of School Club

Held on (date) \_\_\_\_\_

Signed on behalf of the Management Committee/Proprietor \_\_\_\_\_

Role of signatory (e.g. chairperson etc.) \_\_\_\_\_

This policy was reviewed on \_\_\_\_\_ (date)

*continue as necessary* \_\_\_\_\_ (date)