



The Cabin Crew Out of School Club

Illness and Accidents Policy

At The Cabin Crew Out of School Club we will deal promptly and effectively with any illnesses or injuries that occur while children are in our care. We take all practical steps to keep staff and children safe from communicable diseases.

All parents/carers must complete the **Registration Form** when their child joins the Club, requesting permission for emergency medical treatment for their child in the event of a serious accident or illness.

We will record any accidents, together with any treatment given, on an **Accident Report Form** which the parent or carer will be asked to sign when they collect the child.

The Cabin Crew Out of School Club cannot accept children who are unwell. If any children are ill when they first arrive at the Club, we will immediately notify the parent/carers and they will be asked to collect the child. Any children who have been unwell should not return to the Club until they have fully recovered, or until after the minimum exclusion period has expired (see table at the end of this policy).

First Aid

Cabin Crew staff have current first aid certificates and have attended a 12-hour paediatric first aid course, which complies with the requirements of Annex A of the EYFS. First Aid training will be renewed every 3 years. The Club will ensure that there is a qualified first aider present and available at all times when the Club is in session. First aiders are able to respond quickly to any incident.

The locations of the first aid boxes and a list of qualified first aiders are clearly displayed at the Club. The contents of the First Aid boxes are regularly checked to ensure that they are up to date, appropriate for children and comply with the Health and Safety (First Aid) Regulations 1981.

The Manager will ensure that a first aid kit is taken on all outings and that at least one member of staff on the outing holds a current paediatric first aid certificate.

Procedure for a minor injury or illness

First Aiders at the session will decide upon the appropriate action to take if a child becomes ill or suffers a minor injury.

- If a child becomes ill during a session, the parent/carers will be asked to collect the child as soon as possible. The child will be kept comfortable and will be closely supervised while awaiting collection.
- If a child complains of illness which does not impair their overall wellbeing, the child will be monitored for the rest of the session and the parent/carers notified when the child is collected.
- If a child suffers a minor injury, first aid will be administered, and the child will be monitored for the remainder of the session. An **Accident Form** is completed, and the parent asked to read and sign the form on collection of the child. If necessary, the child's parent will be asked to collect the child as soon as possible.
- If a child suffers a head injury:
 - First aid will be administered, and the parent/carers will be given a courtesy call to inform them of the injury and an accident form is completed.
 - If the injury is minor, the child may remain at the club for the remainder of the session.

- The child will be closely monitored to ensure against a change in wellbeing (sickness, headache, drowsiness etc) and if evident, the parent/carer contacted to collect the child as soon as possible.
- On collection the parent/carer is given a **Head Injury Notification Form** (attached), and advised to seek medical advice if concerned.

Procedure for a major injury or serious illness

In the event of a child becoming seriously ill or suffering a major injury, the first aiders will decide whether the child needs to go straight to hospital or whether it is safe to wait for their parent or carer to arrive.

- If the child needs to go straight to hospital, an ambulance will be called, and a member of staff will go to the hospital with the child. The staff member will take the child's **Registration Form** with them and will consent to any necessary treatment (as approved by the parents on the **Registration Form**).
- We will contact the child's parents or carers with all urgency, and if they are unavailable, we will call the other emergency contacts that we have on file for the child.
- After a major incident the Manager and staff will review the events and consider whether any changes need to be made to the Club's policies or procedures.
- We will notify Ofsted and child protection agencies in the event of any serious accident or injury to a child in our care as soon as reasonably possible and within 14 days at the latest.
- We will notify HSE under RIDDOR in the case of a death or major injury on the premises (eg broken limb, amputation, dislocation, etc. – see the HSE website for a full list of reportable injuries).

Communicable diseases and conditions

If a case of head lice is found at the Club, the child's parents/carers will be discreetly informed when they collect the child. Other parents will be warned to check their own children for head lice, but care will be taken not to identify the child affected.

If an infectious or communicable disease is detected on the Club's premises, we will inform parents and carers as soon as possible.

If there is an incident of food poisoning affecting two or more children looked after at the Club the Manager will inform Ofsted as soon as possible and within 14 days at the latest.

If there is an outbreak of a notifiable disease at the Club, we will inform the local health protection unit, HSE under RIDDOR (if appropriate), and Ofsted.

Respiratory infection including COVID-19

Respiratory infections are common in children and young people, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, COVID-19 and RSV.

Symptoms of COVID-19, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea, feeling sick or being sick

Children and young people with mild symptoms such as a runny nose, sore throat, or slight cough, who are otherwise well, can continue to attend Cabin Crew.

Children who are unwell and have a high temperature should stay at home and not attend Cabin Crew. Children can return to Cabin Crew and when they no longer have a high temperature and they are well enough to attend.

Staff must encourage any child with respiratory symptoms to cover their mouth and nose with a disposable tissue when coughing and/or sneezing and to wash their hands after using it.

Guidance for people with symptoms of a respiratory infection including COVID-19, or a positive test result for COVID-19<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>

CPR

Because of the possibility that the victim may have COVID-19, the Resuscitation Council UK offers this advice:

Paediatric advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child's chances of survival.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

Preserve life: CPR

- Call 999, tell the call handler if COVID 19 is suspected,
- To minimise transmission risk, place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance arrives.
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
- If available, use PPE -
 - A fluid repellent surgical mask.
 - Disposable gloves
 - Eye protection
 - Apron
- After performing compression-only CPR, first aiders should wash their hands thoroughly with soap and water.

Useful contacts

Health Protection Unit: Thetford Community Healthy Living Centre, Croxton Road,
Thetford IP24 1JD ☎ 0344 225 3546

Ofsted: ☎ 0300 123 1231

RIDDOR Incident Contact Unit: ☎ 0845 300 99 23

This policy was adopted by The Cabin Crew Out of School Club.	Date: 14th April 2023
To be reviewed: 14/04/2024	Signed: <i>Justine Reilly</i>
Name of signatory: Justine Reilly	Role of signatory: Manager

Written in accordance with the *Statutory Framework for the Early Years Foundation Stage (2021)*:
Safeguarding and Welfare Requirements: Accident or injury [3.51 & 3.52] and Food and drink 3.48-[3.50]. Annex A.

Minimum exclusion periods for infectious conditions and diseases

Infection	Exclusion period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chickenpox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT) .
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting have stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see Managing outbreaks and incidents .
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT .	Preventable by vaccination. For toxigenic Diphtheria, only family contacts must be excluded until cleared to return by your local HPT .
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT . For more information, see Managing outbreaks and incidents .
Glandular fever	None	

Infection	Exclusion period	Comments
Hand foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice).	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.

Infection	Exclusion period	Comments
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT .
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child and household.
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.
Tuberculosis* (TB)	<p>Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB).</p> <p>Exclusion not required for non-pulmonary or latent TB infection.</p> <p>Always consult your local HPT before disseminating information to staff, parents and carers, and students.</p>	<p>Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread.</p> <p>Your local HPT will organise any contact tracing.</p>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.

Infection	Exclusion period	Comments
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.

*denotes a notifiable disease.

If in any doubt contact local health services for further information.



The Cabin Crew Out of School Club

Head Injury Notification

Dear Parent or Carer,

..... bumped his/her head at the club today.

Although your child seems well at the moment, in any case of head injury the condition of the child may become more serious at any time, particularly in the first 48 hours. You should therefore keep watch for any of the following signs which may be important:

- Increasing drowsiness or actual unconsciousness which can be detected by you being unable to rouse the child
- A headache which becomes more severe
- Repeated vomiting or nausea
- Dizziness
- Any weakness of arm or leg
- Disturbed vision (loss of focus/double vision)
- Sensitivity to bright light
- Any change in the child's condition which you are not satisfied with, such as restlessness, irritability, loss of concentration, increasing loss of memory.

If you notice any of these signs there is no need for alarm but you must seek medical advice AT ONCE. Contact your GP or seek help from your local Accident and Emergency Department.

Accident form completed by:.....

Date of form:.....

Staff witness to accident (if any):
.....