

Accidents and Illness Policy

At PH Camps 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 or carers must complete the **Medical Information** 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 or illnesses, together with any treatment given, on **MyConcern** or an **Accident Report Form** as appropriate.

PH Camps cannot accept children who are ill. If any children are ill when they first arrive at the club, we will immediately notify their parents or carers to come and collect them. Any children who have been ill 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

The Club's designated First Aider is (all staff). The designated First Aider has a current first aid certificate and has attended a 12-hour paediatric first aid course. To ensure that there is always a qualified first aider present and available when the Club is running, other members of staff will also receive first aid training. We will consider the number of children and the layout of the premises to ensure that first aiders are able to respond quickly to any incident.

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

Procedure for a minor injury or illness

The first aider 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 or carer 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 an illness which does not impair their overall wellbeing, the child will be monitored for the rest of the session and the parent or carer will be 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. If necessary, the child's parent will be asked to collect the child as soon as possible.
- For any accident/injury, an accident report form is completed. If requested, the school can have a copy of the form (or their own version). The form is then photographed or scanned and sent to firstaid@phactiveed.co.uk and this will be kept on the secure central record system. The club lead/first aider will communicate with the child's parent/carers and offer to provide them with a copy of the accident form.

Procedure for a major injury or serious illness

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

- If the child needs to go straight to the hospital, we will call an ambulance, and a member of staff will go to the hospital with the child. The staff member will have access to the child's **Medical Form** and will consent to any necessary treatment (as approved by the parents on the **Medical 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 death or major injury on the premises (e.g. 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 or 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.

Useful contacts

Health Protection Unit: 0300 3038162 (option 1, then option 2)

Ofsted: 0300 123 1231

RIDDOR Incident Contact Unit: 0845 300 99 23

This policy was adopted by: PH Camps	Date: 18/02/2025
To be reviewed: February 2026	Signed: Abi Champion

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]*.

Minimum exclusion periods for infectious conditions and diseases

Infection	Exclusion period	Comments
Athletes foot	None	Children should not be barefoot
Chicken Pox	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	None	Avoid contact with sores
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT)
Respiratory infections including coronavirus (COVID-19)	Children and young people should not attend if they have a high temperature and are unwell	Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting.
Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Diarrhoea and Vomiting	Staff and students 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
Glandular Fever	None	
Hand, Foot and Mouth disease	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
Influenza	Until recovered	Report outbreaks to your local HPT
Measles	4 days from onset of rash and well enough	Preventable by vaccination with 2 doses of MMR Promote MMR for all pupils and 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
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff
Pertussis* (Whooping cough)	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
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 pupils and 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	A person is infectious for 2 to 3 weeks if antibiotics are not administered. 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</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

* *denotes a notifiable disease. Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or UKHSA health protection team of suspected cases of certain infectious diseases.

All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.

(*Minimum exclusion periods for infectious conditions and diseases table*: UK Health Security Agency 2022, Guidance Exclusion table, Retrieved: 4th August 2022 from <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/exclusion-table>)

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