

ST MARY'S

calling Islington home

St Mary Islington

Sick Children and Accidents Policy

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Sick Children and Accidents Policy

St Mary's 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.

This policy applies to children attending St Mary's Pre-school or St Mary's holiday playscheme.

See also Sections 3.1 – 3.3 in St Mary's Health and Safety Policy.

1. First Aid

St Mary's recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given within the childcare and Youth departments.

St Mary's has a number of designated staff responsible for First Aid and resuscitation. These staff have an up to date First Aid certificate that meets the criteria set out by DfE (primarily that it includes paediatric first aid for infants and young children and is a minimum of 12 hours). The certificate is updated every 3 years.

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 qualified first-aiders, will be clearly displayed around St Mary's premises.

A First Aid kit will be taken on all off-site visits or outings. This is the responsibility of the designated First Aider designated for the trip.

All parents must complete and sign the 'St Mary's Registration' document, consenting and empowering St Mary's to give permission for emergency medical treatment for their child in the event of a major accident or illness. It is also important to note, in the event of a child having a high-temperature parents will be called to take their children home as St Mary's staff cannot administer medications to control fever e.g. Calpol, Ibuprofen or paracetamol unless prescribed by a doctor as part of an emergency health care plan.

2. In the event of a major accident or illness:

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

- A First Aider will assess the situation and decide whether the child needs to go straight to the hospital or whether they can safely wait for their parent to arrive.
- If the child needs to go straight to the hospital, an ambulance will be called. The parent will also be contacted. St Mary's staff will accompany the child to the hospital and will consent to medical treatment being given (as authorised in St Mary's Registration Form). The Child's medical form should be taken to the hospital; this includes a child's emergency action plan where relevant.
- All such accidents or incidents will be recorded in detail and logged on a St Mary's Accident Form
https://docs.google.com/forms/d/e/1FAIpQLSfMCKM5Za_mgV3z4pwvw0GwsQFp7AcuSs2MMx6j5YN0-NkIBg/viewform .

Parents will be asked to sign in the relevant section to acknowledge the incident or accident and any action taken by St Mary's and its staff team.

- The lead person and other relevant staff should consider whether the accident or incident highlights any actual or potential weaknesses in St Mary's policies or procedures, and act accordingly, making suitable adjustments where necessary.
- Parents will be made fully aware of the details of any incidents involving their child's health and safety, and any actions taken by St Mary's staff team.

3. In the event of a minor accident, incident or illness

- A designated 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 St Mary's, 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 lead person will fully inform the parent or carer of the illness/accident and any treatment given unless it is a serious head bump, in this instance the parent will be informed immediately as a precaution.
- If the injury cannot be treated by a First Aider but does not warrant hospitalisation (or the child continues to feel unwell or requests to go home) the parent will be

contacted immediately and asked to collect their child. Until the parent 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 St Mary's Accident/incident Form. Parents should sign to acknowledge the incident and any action taken.
- The lead person and any other relevant staff should consider whether the accident or incident highlighted any actual or potential weaknesses in St Mary's policies or procedures, and make suitable adjustments if necessary.

In circumstances where no designated First-Aider is present, the manager or designated lead 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 section below. If a staff member becomes ill at work, similar restrictions on their return may apply.

4. Existing injuries

Parents will be asked to complete an Existing Injuries Form when a child attends Pre-school or Play Scheme with an injury sustained at home. If an injury cannot be explained or the explanation is deemed unacceptable, the designated safeguarding person will take further action to clarify how the child got the injury. If a safeguarding concern arises the designated safeguarding lead will follow the process set out in St Mary's safeguarding policy including any referral to the local authority as appropriate.

5. Infectious and Communicable Diseases

If any infectious or communicable disease is detected on St Mary's premises, St Mary's will inform parents in writing as soon as possible. RIDDOR, where relevant (that is the Health and Safety Executive system for the reporting of injuries, diseases and dangerous occurrences <http://www.hse.gov.uk/riddor>) and Ofsted will also be informed of any infectious or communicable diseases discovered on the St Mary's premises.

If an outbreak of an infectious disease is suspected, St Mary's will contact the local Health Protection Team for advice. For Islington this is

PHE North East and North Central London Health Protection Team,
Ground Floor South Wing,
Fleetbank House
2-6 Salisbury Square,
London,
EC4Y 8JX

Phone: [020 3837 7084](tel:02038377084)

See Appendix A for a description of infectious and communicable diseases likely to be encountered in the setting.

6. Good hygiene practices

St Mary's staff and volunteers will adhere to the following guidelines for good hygiene practices.

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and 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.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using and disposing of tissues in bins. Spitting should be discouraged.

Personal protective equipment (PPE) Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles/visors should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. Material items are to be washed via the washing machine provided. For example, use colour-coded equipment, COSHH (<https://www.hse.gov.uk/coshh/>) and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE. Sanitising fluid is provided for all childcare toys.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When

spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages—use disposable paper towels and discard clinical waste as described below. A spillage kit is available for blood spills on-site in the preschool area.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand. All spare clothes used by families should be returned clean.

Clinical waste will always be segregated from domestic waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two thirds full and stored in a dedicated, secure area while awaiting collection. These bags are yellow in colour to support identification.

Sharps should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children. St Mary's do not keep sharps on-site, therefore if a child needs to have an injection of any form, a health care plan will be in place to support the disposal of their medication. E.g. an epi-pen or diabetic needle.

Sharp injuries and bites. If the skin is broken, encourage the wound to bleed wash thoroughly using water. Contact GP or occupational health or go to A&E immediately, depending on severity. Ensure the local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed. All grounds linked to the church which children using St Mary's services may use will be checked by staff running activities beforehand as part of the activities risk assessment.

Animals in school (permanent or visiting) Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella. Family pets are not allowed inside the preschool unless a guide dog.

Visits to farms. Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see [‘Avoiding ill health at open farms: Advice to farmers’](#)

Vulnerable children. Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example, pneumococcal and influenza.

7. Female staff and pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

Chickenpox can affect the pregnancy if a woman has not already had the infection. It is important to report the exposure to your midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. 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 **German measles** (rubella) she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.

Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.

All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

Appendix A – Descriptions of Infectious Diseases

Head lice

When a case of head lice is discovered at St Mary’s, 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 unless the lice are alive and jumping.

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

Parents of children attending the pre-school or playscheme 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.

Rashes and skin infections

Condition	Recommended period to be kept away from St Mary’s childcare	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: Vulnerable Children and Female Staff — Pregnancy
Cold sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles* (Rubella)	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: Female Staff — Pregnancy
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). SEE - Vulnerable Children and Female Staff — Pregnancy

Condition	Recommended period to be kept away from St Mary's childcare	Comments
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (Infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease (Parvovirus B19)	None	SEE: Vulnerable Children and Female Staff — Pregnancy
Shingles	Exclude only if the rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: Vulnerable Children and Female Staff — Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness

Condition	Recommended period to be kept away from St Mary's childcare	Comments
Diarrhoea and/or vomiting	Minimum 48 hours from the last episode of diarrhoea or vomiting	This includes Norovirus conditions which also presents as cold-like symptoms

Condition	Recommended period to be kept away from St Mary's childcare	Comments
E. coli O157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices. This guidance may also apply to some contacts who may require microbiological clearance. Please consult your local HPU for further advice
Typhoid* [and paratyphoid*] (Enteric fever)		
Shigella (Dysentery)		
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infection

Condition	Recommended period to be kept away from Marys' childcare	Comments
Flu (Influenza)	Until recovered	SEE: Vulnerable Children
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (Pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary
COVID-19	In line with up to date guidance	Risk can be reduced by vaccines

Other infections

Condition	Recommended period to be kept away from Marys' childcare	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures

Condition	Recommended period to be kept away from Marys' childcare	Comments
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood-borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular, handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed—please refer to local policy.