Illness and injury policy

Approved: 12 March 2019
Reviewed: 1 September 2024
Review due: 1 September 2025

Purpose

To promote the good health of the children and young people in our care, and this policy describes the processes YMCA East Surrey and staff will take to prevent the spread of infection and to prevent injury, along with the appropriate action required when children and young people become ill or are injured in our care.

Responsibilities and monitoring

Monitor:	Head of Children & Young People
Approve:	Board of Management
Endorse:	Children & Young People Advisory Group
Propose:	CEO
Draft and review:	CYP Quality and Insights Manager

Policy and procedure

Infectious diseases or illnesses

We encourage and promote good health and hygiene within all YMCAES CYP settings, with staff being vigilant for the signs and symptoms of infectious diseases such as chickenpox, measles, mumps, covid, rubella, meningitis, influenza, hepatitis, diarrhoea, vomiting and fevers of over 101°F/38°C.

If a child or young person becomes ill whilst in the care of YMCA East Surrey, their parent/carer will contacted by phone immediately.

If we have reason to believe that any child or young person is suffering from a notifiable disease, as identified under the Health Protection (notification) Regulation 2010, the Head of CYP will inform Ofsted and the local authority. We will act on any advice given by the Health Protection Agency and inform Ofsted of any action taken.

YMCA CYP staff will let other parents/carers and staff know about any infectious diseases or illnesses (including head lice) that a child or young person at our settings may have through appropriate communication, with consideration always regarding confidentiality.

We are aware of the effects of infectious diseases and illnesses and within YMCA settings, staff must wear protective clothing (disposable aprons and gloves) when undertaking any personal or intimate care (see Personal and intimate care policy) and follow good hygiene practice concerning the clearing of any spilled bodily fluids at all times.

Parents/carers must wait for the recommended exclusion periods for infectious diseases and illnesses - please see the Exclusion table - GOV.UK (www.gov.uk) for further information, along with the guidance on infection control in schools and other childcare settings from the Public Health Agency, which can be found in Appendix 1 of this policy.

First aid
Under duties set out in the Health and Safety (First Aid) Regulations 1981, YMCA CYP Services recognises its responsibilities in providing adequate and appropriate equipment, facilities and personnel to enable suitable first aid to be given.

At YMCA CYP Services settings, all members of senior staff are responsible for first aid. All senior staff must have an up-to-date Paediatric First Aid certificate, along with First Aid at Work certificate, both of which are renewed every three years and enable them to administer first aid when necessary.

The settings Managers are responsible for maintaining the correct contents of all first aid boxes, ensuring that its contents are up to date, in good condition and fulfil the criteria set out in the Health and Safety Regulations 1981.
The first aid box should contain:

- A card or leaflet giving general guidance
- Sterile triangular bandages
- Adhesive plasters
- A sterile eye pad with attachment
- Crepe bandages
- A sterile gauze
- Micropore tape
- Sterile cornering for serious wounds
- Individually wrapped assorted dressings
- Waterproof disposable gloves
- Disposable bags for soiled material

The location of the first aid box will be clearly displayed around the CYP setting.

A first aid bag will be taken on all offsite visits or outings (see Operational procedure for outings).

Major accident/illness
Staff must wear protective clothing (disposable aprons and gloves) at all times.

The Co-ordinator/leader of the setting will assess the situation and decide whether the child needs to go to hospital by ambulance or whether the child can wait for the parent/carer to come.

If the staff member in charge is uncertain whether an ambulance should be called, then they should immediately seek medical advice by phoning 111 and contacting the parent/carer to ascertain their wishes regarding medical treatment. If there is any further doubt or parent/carer cannot be immediately reached, 999 should be called and an ambulance requested.

If the child / young person needs to go straight to hospital

- A member of the CYP team will call an ambulance
- The Coordinator/leader of the setting will call the parent/carer to make arrangements to meet at the hospital
- The Coordinator/leader in charge of the setting will allocate a senior member of the CYP team to accompany the child to the hospital. Copies of any relevant

paperwork: permission forms, care plans, known allergies, medication forms will be also taken

If the child / young person can wait for the parent/carer to come

- The Coordinator/leader of the setting will contact the parent/carers
- The Coordinator/leader of the setting will allocate a member of the CYP team who will stay with the child / young person to make them comfortable and monitor them.
- The Coordinator/leader of the setting will explain to the parent/carer when they arrive what has happened and/or the symptoms being shown. It will then be for the parent/carer to seek medical advice.

A report of any accident is recorded on MyConcern safeguarding software, and **parent/carers will always be asked to sign the parent communication form** as an acknowledgement that they have been informed of the accident and the actions taken (see Accident and incident reporting policy).

Minor accident/illness

The Coordinator/leader of the setting will assess the situation, and then contact the parent/carers if appropriate.

The setting first aider will carry out any first aid that is required. If appropriate the child / young person will be resettled back into an activity the person in charge of the setting will observes them or allocate a member of the CYP Services team to do so.

Accident or incidents are recorded on MyConcern. This is completed by the member of staff who witnessed the accident or incident (see Accident and incident reporting policy)

In the event of a child / young person being send home with an illness, a Sickness Information form will be filled in and given to the parent/carer. This form outlines the guidance for returning to the setting in due course.

Appendix 1
Guidance on infection control in schools and other childcare settings 2021 – Public Health Agency

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	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)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room 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
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. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if 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 the Duty Room. 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	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever) Shigella* (dysentery)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance Please consult the Duty Room for further advice
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 infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours 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. The Duty Room will organise any contact tracing necessary
COVID-19 (coronavirus)	Stay at home and avoid contact with other people until you no longer have a high temperature (if you had one) or until you feel better. www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19	See Vulnerable children

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
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)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room 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. The Duty Room 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 the Duty Room
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 Director of Public Health via the Duty Room.
Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

Routine childhood immunisations

When to immunise	Diseases protected against	Vaccine given	Immunisation site*
Two months old	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	DTaP/IPV/Hib/HepB (Infanrix hexa)	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth
	Meningococcal group B disease (MenB)	MenB (Bexsero)	Left thigh
Three months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1)	DTaP/IPV/Hib/HepB (Infanrix hexa)	Thigh
	Pneumococcal disease	PCV (Prevenar 13)	Thigh
	Rotavirus	Rotavirus (Rotarix)	By mouth
Four months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1)	DTaP/IPV/Hib/HepB (Infanrix hexa)	Thigh
	Meningococcal group B disease (MenB)	MenB (Bexsero)	Left thigh
Between 12 and 13 months old – within a month of the first birthday	Measles, mumps and rubella (German measles)	MMR (Priorix or MMR VaxPRO)[1,2]	Upper arm or thigh
	Pneumococcal disease	PCV (Prevenar 13)	Upper arm or thigh
	Hib/Meningococcal group C disease (MenC)	Hib/MenC (Menitorix)	Upper arm or thigh
	Meningococcal group B disease (MenB)	MenB (Bexsero)	Left thigh
Every year from 2 years old up to and including Y12	Influenza (from September)	Flu nasal spray (Fluenz Tetra) (annual)[2] (If Fluenz unsuitable, use inactivated flu vaccine)	Nostrils (Upper arm)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV (Boostrix IPV or Repevax)[1]	Upper arm
	Measles, mumps and rubella	MMR (Priorix or MMR VaxPRO)[1,2] (check first dose has been given)	Upper arm
Girls and boys aged 12 to 13 years	Conditions caused by human papillomavirus including cervical cancer (in girls) and cancers of the mouth, throat, anus and genitals (in boys and girls) and genital warts.	HPV (Gardasil 9) (one dose)	Upper arm
Around 14 years old	Tetanus, diphtheria and polio	Td/IPV (Revaxis), and check MMR status	Upper arm
	Meningococcal groups ACWY disease (MenACWY)	MenACWY (MenQuadfi or Nimenrix)[1]	Upper arm

Immunisations for at-risk children

At birth, 1 month old, and 12 months old	Hepatitis B	HepB (Engerix B or HBvaxPRO)[1]	Thigh
At birth	Tuberculosis	Bacillus Calmette-Guerin (BCG) vaccine	Upper arm (intradermal)
Six months up to two years	Influenza	Inactivated flu vaccine	Upper arm or thigh
Over two up to less than 18 years	Influenza	Flu nasal spray (Fluenz Tetra) [2] (If Fluenz unsuitable, use inactivated flu vaccine)	Nostrils (Upper arm)

* Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All vaccines are given intramuscularly unless otherwise stated.

[1] Where two or more products to protect against the same disease are available, it may, on occasion, be necessary to substitute an alternative brand.
[2] Contains porcine gelatine.

immunisation
the safest way to protect children

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