



DEBS OUT OF SCHOOL CLUBS

HEALTH, HYGIENE AND MEDICATION POLICY

HEALTH & HYGIENE

All staff and volunteers will be made aware of good hygiene practice during their induction period and where possible training will be given. They will also be expected to encourage children to maintain their own personal hygiene, including washing of hands after using the toilet and before eating.

- The club promotes the good health of both the children and staff by ensuring the highest standards of the premises, equipment maintenance and staff awareness in safety matters
- Staff are informed and aware of the importance of good hygiene practice in order to prevent the spread of infection
- Toilets will always have running water, soap and clean towels available
- Tissues will be used and disposed of hygienically
- Disposable rubber gloves will be available for clearing up after spills of bodily fluids
- Spare laundered clothes will be available in case of emergency
- Any staff preparing food will have a current food hygiene certificate. Play workers will ensure that children receive food and drink which complies with dietetic/ religious requirements as specified by parents on the child's details and parental contract
- Premises, including toilets and equipment such as tables will be cleaned on a regular basis. Other equipment i.e. toys will be cleaned routinely according to need
- No smoking is allowed on the premises
- The temperature in the hall will be maintained at not less than 65f degrees (18c degrees)
- We endeavor to provide opportunities for safe, stimulating outdoor activities, weather permitting. Children will be encouraged to make use of the outdoor space/ activities available
- Simple physical activities will be incorporated into the activity program to help maintain children's health and fitness levels
- Activities will also be built into the program that increase children's awareness of health and hygiene issues i.e. cooking

FIRST AID

THE CLUB WILL HAVE A FIRST AID BOX, WHICH WILL BE KEPT OUT OF THE REACH OF THE CHILDREN

It will be the responsibility of a nominated, qualified first aider within the club to maintain the contents of the first aid box. This will include checking that items are not out of date, packaging of sterile items is in-tact and replacing any items that are used or found to be unusable. A smaller portable first aid box will also be available for use during outings. Items must be kept in an easily identifiable waterproof box and contain the following:

- Adhesive small, medium & large sterile dressings
- Eye pads
- Scissors- kept in a plastic wallet
- Non-porous disposable plastic gloves
- Unmedicated / alcohol free cleansing wipes
- Packs of sterile gauze
- Safety pins
- First aid manual - approved by recognised first aid agencies
- No creams or lotions are to be kept in the first aid box. Only creams or lotions supplied

- by a parent are to be used with clearly written directions and permission
- Parents will be required to give permission to club staff to administer first aid in an emergency. This permission is given as part of the parent's contract signed when a child first registers with club

At least one member of staff holding a current first aid certificate relevant to working with children will be on the premises or on an outing at any one time. However we also expect a large percentage of our staff to hold a current first aid certificate.

MEDICATION POLICY

Parents will be required to give written consent to the club staff to be able to authorise medical care being given by doctors in an emergency. This will only occur where waiting for parental consent is considered by the doctors to endanger the child's health and safety. This permission is given as part of the parent's contract signed when a child first registers with the club.

Information and written consent will be kept on file for those children who have long term medication. For those children who require occasional medication to be administered a written agreement along with clear directions, details of possible side effects and details of last dosage administered will need to be given by parents on each occasion. Parents will also be expected to discuss the child's illness and needs with the club staff prior to any medication being administered.

Where possible the club staff will liaise with school staff to monitor the administration of medicine and the child's needs daily. Written consent and directions will be field on the "medication consent and record sheet".

The administration of medicine will be charted on the club's medication consent and record sheet. This requires a second member of staff to witness the medicine being administered. It also requires parents to sign at the end of each day to show that they have been made aware of the dosages administered and the state of the child's health.

Medication will be kept in a locked / secure box away from the reach of children. Medicines must be kept in their original packaging and will be clearly labelled with the child's name and instructions for use. They must also be current and not out of date.

Where the administration of medicine requires specialist knowledge when training will be given to all members of staff by a qualified health professional. (NMSOSC)
I.e. The use of the epi - pen

ILLNESS

Staff should be aware of any child's special health conditions and appropriate care can then be made available (in consultation with the relevant parent)

Please **DO NOT** send your child to club if you are aware that he or she is unwell. If your child will not be attending the club due to illness, you must inform the club leader as soon as possible.

If a child is not feeling well enough to participate, it will be our policy to provide a quiet place to lie down or encourage him / her to participate in a quite activity. Any child will be observed for worsening symptoms. Their parent / carer will be notified verbally on the same day.

If a child's condition worsens to such an extent that the play workers are seriously concerned, and suspects urgent medical treatment is required, then the parent / carer will be notified immediately and if necessary, call for an ambulance to take the child for such treatment.

If a child is exposed to a communicable disease, it will be our policy to contract the parents in

writing, likewise we appreciate the parents' co - operation if their child comes down with or is exposed to an infectious disease, so that the appropriate steps can be taken to notify the other club users if necessary.

Exclusion periods - the following conditions apply should your child have any of the following diseases. Please note that this list is not exhaustive. It includes some common examples of illnesses but other illnesses with exclusion periods will also apply.

| DISEASE | SIGNS AND SYMPTOMS | INCUBATION PERIOD | EXCLUSION PERIOD (consider as a minimum) |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|
| Chickenpox | Low grade fever, rash usually appears within 24-48 hours, in the mouth to begin with, then red spots with white raised centre of trunk and limbs – very irritating rash | 7 – 21 days | 7 days from onset of rash (all spots must be dry and scabbed over) |
| Cold sores | Redness, blisters or scabs on or around the lips | Direct contact | Avoid contact with the sore until it has disappeared |
| Conjunctivitis | Itching and pain in the eyes which become red and inflamed. White discharge or 'sticky eye' | Bacterial 1 – 3 days Viral 2 – 7 days | 24 hours minimum or until improvement begins with medication from GP |
| Gastrointestinal infection | Vomiting, diarrhea, dehydration, abdominal pain. In usual circumstances diarrhea in a child constitutes 3 or more loose stools | 7 – 14 days | 48 hours after diarrhea and vomiting have stopped |
| Hand, foot and mouth disease | High temperature, sore throat, red spots with raised blister head on hands, feet and in mouth | 3 – 5 days | Until spots have gone |
| Herpes simplex | Blisters inside cheeks, ulcers on tongue, cold sores around mouth | 2 – 10 days | Until all symptoms have ceased |
| Impetigo | Yellow oozing sores with scabs on top, itching. Usually around nose and mouth although can develop on the body | Direct contact | Until dry and healing or 48 hours after antibiotic treatment has started |
| Infective hepatitis (jaundice) | Gradual onset of headache, loss of appetite, nausea, urine dark, faeces pale putty colour | 23 – 35 days | 7 days from onset of jaundice |
| Influenza | Sudden onset fever, headache, pain in the neck, arms and legs | 2 – 3 days | Until recovered |
| Measles | Misery, high temperature, heavy cold with discharge from the nose and eyes. Later, harsh cough, conjunctivitis, white spots in cheek, followed by dusky red patchy rash, starting behind the ears and along hairlines – spreads to face, trunk and limbs | 10 – 15 days | 4 days from onset of rash |
| Meningitis (bacterial and viral) | Fever, pains in back of joints, vomiting, headache, fear of bright lights, stiff neck, confusion, skin – pale / blotchy, red rash or purple spots / | 2 – 10 days | Until recovered |

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| | bruises may appear | | |
| Mumps | Fever, headache or earache, swelling of the jaw in front of ears, difficulty in opening mouth / chewing | 7 – 28 days | 4 days from the onset of swelling |
| Ear infection | Severe ear ache, intermittent or continuous, deafness (occasionally) and discharge from the ear. Children may not localize the pain to the ear or the head | Direct contact | Until symptoms have cleared up |
| Whooping cough | Heavy cold with fever, followed by spasmodic cough, characteristic cough and vomiting, breathlessness and exhaustion | 7 – 10 days | 21 days from onset of cough If antibiotics are given this may be shortened |
| Rubella (german measles) | Slight sore throat, slight fever, enlarged glands behind ears, pain in small joints | 14 – 21 days | 4 days from onset of rash |
| Slapped cheek syndrome | Headache, mild fever, sore throat, rash on cheeks | 4 – 20 days | Once rash appears no longer contagious |
| Scabies | Itchy mite burrows, visible as red raised spots, especially between the fingers. Intense irritation, sleeplessness | Direct contact | 72 hours following treatment |
| Temperatures | Normal range for child is 36.1 – 37.2 degrees C. 38.3 degrees C or higher is cause for concern | N/a | Until temperature returns to normal |
| Threadworms | Presence of threadworms in stools (white cotton like pieces), sore anus, itchy bottom, sleeplessness, lack of appetite | Direct contact | 24 hours following treatment |
| Thrush | White patches inside mouth, red rash around mouth or in genital area | Direct contact | Mouth – 24 hours after treatment Genitals – no exclusion necessary although treatment and good hygiene required |