



## **Health and Hygiene - Policy and Procedures**

Quackers After School Club promotes a healthy lifestyle and a high standard of hygiene in its day to day work with children and adults. This is achieved in the following ways:

### **Food and Drink**

Quackers recognises the importance of healthy eating and a balanced and nutritious diet. Because of this the club will endeavour to make a variety of food available.

All food and drink is stored appropriately, and we ensure that waste is disposed of properly and out of reach of the children. All staff that either handle or prepare food will have an up to date Food Hygiene certificate. Staff will be careful to ensure both the safety of themselves and children when using sharp or dangerous equipment at all times.

Children should never be forced to eat or drink something against their will.

Water will be available at all times and fruit will be offered daily. Children will be encouraged to drink sufficient water, or other suitable fluids, during energetic activities.

Parent/carers are asked for information about any special diets or food allergies and these will be taken into consideration. These special diets/allergies are displayed on kitchen wall.

Quackers is committed to embracing the cultural and religious diversity of families and will work with parent/carers to ensure that any particular dietary requirements are met. The Club will on occasions introduce children to food from a variety of cultures.

Meals and/or snack-time can be an ideal opportunity for social inter-action in the Club. Children can use this time to get to know one another.

### **Smoking**

There is a strict no smoking policy. Anyone who smokes on the premises during the sessions will be informed of our policy and politely asked to stop smoking or to leave.

### **Sand pits**

Sand is clean and suitable for children to play with. Any sand that spills on to the floor is swept up and disposed of at the end of each session, never re-used.



## Head Lice

If a parent informs us that their child has nits or lice, we will not suspend the child or treat them any differently in a session. Whilst maintaining complete confidentiality for that child, we will inform all parents/carers of the problem, either verbally or by a poster on the notice board, so that they can monitor their own children.

## Sick children and medicine

Parents are asked to keep their children at home if they have any infection, and to inform the Club as to the nature of the infection so that the Club can alert other parents if necessary, and make careful observations of any child who seems unwell.

Children will need to be excluded for the following amounts of time following Government Guidelines, however, we reserve the right to amend these on a case by case basis. Also children will need to self-isolate if showing signs of Covid-19 and get tested.

	Recommended period to be kept away from School, Nursery or Childminders	Comments
<b>Diarrhoea and Vomiting illness#</b>		
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting (48hr rule applies).	Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
E. coli 0157 VTEC	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Typhoid* [and paratyphoid*] (enteric fever)	Exclusion is important for some children. Always consult with HPU.	Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
Shigella (Dysentery)	Exclusion may be necessary.	Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.
<b>Respiratory Infections</b>		
'Flu' (influenza)	Until recovered.	<b>SEE: vulnerable children.</b>
Tuberculosis*	Always consult with HPU.	Not usually spread from children. Requires quite 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. HPU will organise any contact tracing necessary.
<b>Rashes/Skin</b>		
Athletes foot	None.	Athletes foot is not a serious condition. Treatment is recommended.
Chicken pox	5 days from onset of rash.	<b>SEE: vulnerable children and female staff –</b>



		<b>pregnancy.</b>
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)*	5 days from onset of rash.	Preventable by immunisation ( MMR x 2 doses). <b>SEE:</b> female staff - pregnancy.
Hand, foot & mouth	None.	Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed.	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash.	Preventable by vaccination (MMR x 2). <b>SEE:</b> vulnerable children and female staff – pregnancy.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Until treatment commenced.	Treatment is important and is available from pharmacist. N.B. For ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.
Scarlet fever*	5 days after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped cheek / fifth disease. Parvovirus B19	None.	<b>SEE:</b> 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 chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU. <b>SEE:</b> vulnerable children and female staff – pregnancy.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
<b>Other infections</b>		
Conjunctivitis	None.	If an outbreak/cluster occurs consult HPU.
Diphtheria *	Exclusion is important. Always consult with HPU.	Preventable by vaccination. HPU will organise any contact tracing necessary.
Glandular fever	None.	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A*	Exclusion may be necessary. Always consult with HPU.	Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A. <b>SEE:</b> cleaning up body fluid spills and PPE information below.
Hepatitis B* and C*	None.	Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C. <b>SEE:</b> cleaning up body fluid spills and PPE information below.
HIV / AIDS	None.	HIV is not infectious through casual contact. There



		have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. <b>SEE:</b> cleaning up body fluid spills and PPE information below.
<b>Meningococcal meningitis* /septicaemia*</b>	<b>Until recovered.</b>	<b>Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.</b>
<b>Meningitis* due to other bacteria</b>	<b>Until recovered.</b>	<b>Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the HPU who will give advice on any action needed and identify contacts requiring antibiotics.</b>
<b>Meningitis viral*</b>	<b>None.</b>	<b>Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.</b>
<b>MRSA</b>	<b>None.</b>	<b>Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.</b>
<b>Mumps*</b>	<b>Five days from onset of swollen glands.</b>	<b>Preventable by vaccination. (MMR x 2 doses).</b>
<b>Threadworms</b>	<b>None.</b>	<b>Treatment is recommended for the child and household contacts.</b>
<b>Tonsillitis</b>	<b>None.</b>	<b>There are many causes, but most cases are due to viruses and do not need an antibiotic.</b>

\* **denotes a notifiable disease.** It is a statutory requirement that Doctors report a notifiable disease to the proper officer of the Local Authority. In addition organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

**Outbreaks:** if a member of staff suspects an outbreak of infectious disease they should inform their Health Protection Unit (HPU). Advice can also be sought from the school health service.

If a child becomes unwell during a Club session, we will contact the parent/carer as soon as possible in order for them to take the child home. We will call emergency contact numbers if the parent/carer cannot be reached. Meanwhile, we will make every effort to care for the child in a sympathetic, caring and sensitive manner, isolating that child if we consider that other children or staff may be at risk.

If a child is on prescribed medication the following procedure will be followed:

- If possible, the child's parents will administer the medicine. If not, then written information will be obtained from the parent, giving clear instructions about dosage, administration of the medication and permission for a team member to follow the instructions



- All medications will be stored out of reach of children. Inhalers or Ana/Epi-pens will be stored in a pre-arranged place during the session so that they can be accessed quickly in an emergency
- A medication sheet will be available to record the date and time when medication is administered, together with the signature of the person who has administered each dose
- We will administer life-saving medication, such as insulin/adrenaline injections or the use of nebulisers, with written permission from the child's parent/carer. It will be necessary for the team members to undergo specific training for this. Also, we will need to clarify our position with our Insurer, and may require additional confirmation from the child's GP.

### **First Aid**

We endeavor to ensure that all our staff have a current first aid training certificate (relevant to infants and young children) is on the premises or on an outing at any one time

A First Aid kit is kept in the room out of reach of the children. Its contents are checked regularly and re-stocked as necessary.

We will administer hypoallergenic plasters if the need arises, unless parents have advised the Club that their child is allergic to this type of dressing.

At the time of admission to Quackers, parents' written permission for emergency medical advice of treatment is sought, as well as any specific allergies to medication or dressings. This information forms part of the child's registration form.

Incident report forms are always available, and all staff know where they are kept and how to complete them.

### **Hygiene**

To prevent the spread of all infection, adults in the group will ensure that the following good practice is observed:

- We check that toilets are clean and flushed regularly
- We encourage the children to use the toilet correctly
- We encourage the children to wash their hands after using the toilet. Paper towels are used and disposed of appropriately



- We encourage children to wash their hands before handling food, handling animals, plants or insects, or after messy activities such as painting. All staff will model this behavior as much as possible
- A box of tissues is available and children encouraged blowing and wiping their noses when necessary, and disposing of the tissues correctly
- We encourage children to shield their mouths when coughing or sneezing (signs are up with catch it, bin it).
- We wipe surfaces and tables between activities
- We use paper towels, anti-bacterial spray and wipes.
- We ensure that any equipment or materials used at the Club are hygienic, washing and cleaning them at regular intervals and whenever necessary.

### **Cleaning and clearing bodily fluids**

All Team Members and volunteers are made aware of how infections, including HIV infection and Hepatitis B, can be transmitted. Staff caring for children who may be infected in this way should protect themselves by covering any cuts and abrasions on themselves with waterproof dressings.

Team Members always wear disposable gloves when dealing with cuts, scrapes, nosebleeds etc where this is practical. Disposable gloves are always used when cleaning up spills of body fluids.

Any spills of blood, vomit or excrement are cleared up immediately and discarded into the toilet in the normal manner. Floors and other affected surfaces should be disinfected using cold water with a 10% Hypochlorite bleach added.

Any clothing should be double-wrapped in a plastic bag in order to be returned to the child's parent/carer as soon as possible. Other materials which have been in contact with blood or other body matter should be disposed of in a sealed, double wrapped plastic bag and thrown away.

Splashes of bodily fluid on to other children or staff should be washed away with soap and water.



Plastic gloves are provided in sufficient quantities for each staff member or Volunteer to use in all First Aid accidents. Throw the gloves away in a sealed plastic bag after dealing with the event, and obtain a new supply.

**How to involve children who have asthma in sport and other activities.**

Children with asthma can suffer socially because many people mistakenly think asthma prevents them from joining in. The aim of full participation should be the goal for all but the most severely affected children with asthma.

However, young children with asthma can become wheezy during exercise and strenuous activity. Taking a puff of a reliever before exercising can help prevent such exercise inducing an asthma attack.

Reliever inhalers should always be immediately accessible to children when they are participating in sports or other activities.

Signed on behalf of Quackers After School Club: \_\_\_\_\_

Position: \_\_\_\_\_