

Children's Health and First Aid

Illness Infection Control and Accidents | Little Lanes | October 2026

Our commitment

Little Lanes promotes children's health, wellbeing and oral health and responds promptly to illness, injuries and medical emergencies. We use proportionate hygiene routines and current public-health advice to reduce infection. This policy applies during breakfast and after-school club, including school handover and outdoor play on site. The Club does not currently take children on outings.

Information from families

Parents must keep contact details and relevant health information current on iPAL through Medical & Allergies and Add Medical Form. Tell us about allergies, ongoing conditions, recent injuries, infectious illness and any change to treatment. Where needed, we agree an individual Club care plan with parents and request current professional instructions. Staff must know the essential actions before caring for the child.

Obtain emergency treatment permissions at registration, but never delay calling 999 or providing necessary first aid because a form, parent or manager cannot be reached. Medical professionals determine lawful consent for treatment; a Club permission form does not give staff general authority to consent to hospital treatment on a parent's behalf.

First aid arrangements

Megan Garratt and Clare Greenham are the named paediatric first aiders in the Club's current arrangements. Management checks certificate validity, course suitability and expiry dates and arranges renewal within the applicable three-year period. Display an up-to-date list of qualified first aiders and the first aid kit location where staff can find them quickly.

Plan every session, staff absence and movement around the site so a suitably qualified first aider is present and available and can respond promptly. Consider the children's needs, numbers and premises layout. Other staff summon help, contact emergency services and protect the group; they must not be described as qualified simply because they can assist.

The session leader checks that the first aid kit is accessible to staff, protected from children and suitably stocked. Management checks contents regularly, replaces used or expired supplies and records action. Emergency medicines remain readily accessible to authorised adults under the medical policy; do not store routine medicines in the first aid kit.

Supporting healthy routines

Encourage water, active play, rest when needed and suitable food choices. Promote oral health through age-appropriate reminders about toothbrushing, drinks and balanced snacks. Staff model good hygiene and explain routines kindly. Make reasonable adjustments for medical conditions and disabilities rather than treating a child's ongoing condition as an infectious illness.

Responding to illness and injury

Minor injury or illness

- Assess promptly and ask the session's first aider for help. Give appropriate first aid, reassure the child and observe their condition.
- For mild symptoms where the child remains comfortable and well enough to participate, monitor and inform parents at collection, or sooner if advice or collection is needed.
- If the child is unwell, infectious or needs care the Club cannot safely provide, contact a parent or authorised emergency contact for prompt collection. Keep the child comfortable and supervised, with separation from others where practical. Never leave them alone.
- Record the injury or illness, observations, treatment, times, staff involved and parent contact. Inform parents of accidents, injuries and first aid on the same day or as soon as reasonably practicable; request acknowledgement and record if it cannot be obtained.

Serious illness or injury

- Call 999 immediately for a life-threatening or serious emergency, including severe breathing difficulty, suspected anaphylaxis, unconsciousness or serious injury. Follow the call handler's advice and give first aid within training. Do not wait for parents to decide whether to call.
- Allocate an adult to remain with the child and an adult to call for help, meet the ambulance and direct it to the child. Keep the remaining children safely supervised and summon additional support if needed.
- Contact parents urgently and then emergency contacts if necessary. Give clear factual information. Do not delay emergency treatment while trying to reach them.
- Provide ambulance staff with relevant medical information, medication details and emergency contacts. If a parent cannot accompany the child, arrange for a suitable staff member to accompany them where permitted and practical, while maintaining safe staffing for the remaining children.
- Do not move a child with a possible serious injury unless needed to prevent immediate danger or advised by emergency services. Follow first aid instructions and continue monitoring until professional help takes over.

Head injuries and changing symptoms

Seek first aid assessment after a head injury and contact parents promptly with what happened and advice received. Call 999 where emergency signs are present; seek NHS 111 or other appropriate medical advice if unsure. Monitor the child and explain to the collecting adult that symptoms can develop later. Do not rely on the absence of a visible mark or the child appearing well immediately afterwards.

Allergies and ongoing medical needs

Follow the Medication and Medical Emergencies Policy, the child's care plan and professional advice. Brief relevant staff on signs, emergency actions and the prescribed device. Ensure appropriate training for any specialist medicine and record that staff can carry out the required actions. General allergy awareness or a first aid certificate must not automatically be treated as proof of competence with every child's device.

Check required emergency medication is available throughout the child's time in our care and during handover. Do not assume the school's office or spare supplies are accessible at every session time. Agree and record access and responsibility with the school. Keep food allergen checks and safe alternatives aligned with the Food Safety, Allergies and Healthy Eating Policy.

Preventing infection and recording incidents

Hygiene and cleaning

- Management will agree practical access to soap, running water and suitable hand drying with the school. Children and staff wash hands after toilet use, contact with bodily fluids or other contamination. Staff wash hands before handling food. Supervise according to age and needs while maintaining safe supervision of the group.
- Until pre-meal handwashing arrangements are confirmed with the school, children use supervised hand sanitiser where hands are not visibly dirty. Staff dispense it or directly supervise children using it; children must not distribute it unsupervised. Follow product age restrictions and instructions, prevent swallowing or eye contact and let hands dry before eating. This temporary arrangement does not replace handwashing facilities. Use soap and water for dirty hands, after toilet use, possible allergen contamination and when infection guidance requires it; alcohol gel is ineffective against norovirus. Escalate unresolved access limitations to management.
- Encourage tissues for coughs and sneezes, immediate disposal and handwashing. Do not share drinking cups or personal items. Maintain ventilation where safe and practical.
- Clean shared surfaces, equipment and toilets under the agreed cleaning arrangements. Deal promptly with spills of blood, vomit or other bodily fluids using suitable protective equipment and cleaning products according to their instructions. Keep children away during cleaning.
- Staff cover cuts, wear disposable gloves and an apron when appropriate for bodily fluids, dispose of contaminated waste safely and wash hands afterwards. Gloves do not replace handwashing.

Attendance and infection advice

Children and staff should stay away when too unwell to participate safely or when an exclusion period applies. Use the current UKHSA guidance, the summary on the following page and any individual health-protection advice. Do not require every infection to have completely disappeared where guidance allows attendance. A chronic condition, HIV status or an allergy is not in itself a reason to exclude.

Parents must report absence and significant infectious illness to Cheri on 07950 875097. Follow the Attendance and Missing Children Policy for unexplained absence. Tell affected families about relevant infection risks without identifying another child. Discreetly advise parents about head lice; there is no automatic exclusion.

Management contacts the UKHSA health protection team for serious infections, unusual linked cases, significant increases in absence or other circumstances identified in current guidance. Follow advice on additional precautions, communication and return to attendance. Routine cases do not all require reporting to every agency.

Records reporting and review

Complete a factual accident or incident record promptly, including circumstances, witnesses, injury or symptoms, treatment, parent communication and follow-up. Keep records securely and review repeated incidents, hazards and near misses. Inform a DSL where an injury, explanation or delay in seeking help raises safeguarding concerns.

Management notifies Ofsted of a child's serious accident, injury, illness or death while in our care, including food poisoning affecting at least two children, as soon as possible and within 14 days. Use Ofsted's serious childcare incident service and current guidance. Notify local child protection agencies of a serious accident, injury or death as required by EYFS and follow their advice. Other significant reportable events are considered separately.

Assess RIDDOR separately using HSE guidance. A child's broken limb or hospital visit is not automatically reportable. For a non-worker, reporting generally concerns a work-related death or injury leading directly to hospital treatment; employee and dangerous-occurrence rules differ. Management records its decision, reports within the applicable deadline and takes corrective action.

Contacts: emergency 999; NHS advice 111; East of England Health Protection Team 0300 303 8537; Ofsted 0300 123 1231. RIDDOR reporting: hse.gov.uk/riddor/report.htm.

Infection exclusion quick guide

Use current UKHSA advice and any case-specific instructions. The child must also be well enough to attend. This is a practical summary, not a diagnosis or an exhaustive list.

Condition	Return or action
Diarrhoea vomiting food poisoning	48 hours symptom-free
Chickenpox	At least 5 days after rash onset and all blisters crusted
Respiratory infections including COVID-19	Stay home with more than mild symptoms, including fever
Influenza	Recovered and fever-free
Impetigo	Scabbed lesions or 48 hours antibiotics
Scarlet fever	24 hours antibiotics
Whooping cough	48 hours antibiotics; otherwise 21 days from symptoms
Measles	4 days after rash onset; contact HPT
Mumps	5 days after swelling begins
Rubella	5 days after rash onset
Ringworm	Until treatment starts
Scabies	Age 5 and under, or unable to follow precautions: 24 hours after first treatment
Hepatitis A	7 days after symptoms begin
Head lice conjunctivitis cold sores Hand foot and mouth slapped cheek Glandular fever threadworms	No routine exclusion
STEC diphtheria meningitis active TB Typhoid paratyphoid and unusual infections	Seek current guidance and HPT advice; additional restrictions may apply

For fever, do not use a blanket 24-hour rule regardless of the cause: assess recovery and follow the relevant illness guidance. Seek health-protection advice when uncertain or when linked infections raise concern.

Approval and review

Adopted by: Little Lanes Out of School Club

Date approved: October 2026 Review date: October 2027

Signed:MG Name and role: Megan Garratt - Manager

Review annually and sooner after an incident, change in children's needs or updated guidance. Read alongside Medication and Medical Emergencies; Food Safety; Safeguarding; Attendance and Missing Children; Health and Safety; Data Protection.

Sources checked October 2026: current EYFS framework; UKHSA Health protection in children and young people settings and exclusion guide updated 7 September 2026; Ofsted serious childcare incident guidance; HSE RIDDOR guidance. School allergy safety guidance informs partnership working; Little Lanes remains an independent provider with its own duties.