



Time Out Club

Children's Health Policy

At Time Out Club we will promote the good health, including oral health of the children that we look after. We will deal promptly and effectively with any illnesses, accidents or injuries that occur while children are in our care. We take all practical steps to keep staff and children safe by taking appropriate action if children are ill or infectious. This keeps children and staff safe from communicable diseases.

All parents or carers are asked for consent on the iPAL registration form when their child joins the Club for staff and emergency services to administer first aid in an emergency.

We will record any accidents or illnesses, together with any treatment given, on our Software system, iPAL, which is then sent directly to the parent via email. If the child has received a bump to the head the child will be given a bumped head sticker. Parents will be asked to sign the form via iPAL.

Time Out Club cannot accept children who are ill or infectious. If any children are ill when they first arrive at the Club, we will immediately notify their parents or carers to come and collect them. Any children who have been ill should not return to the Club until they have fully recovered, or until after the minimum exclusion period has expired (see table at the end of this policy). If a child has been excluded from school on a day or they have not attended school due to illness, we are unable to accept them at Time Out Club.

First aid

Time Out Club's designated First Aiders are:

Diane Fensome (Primary)

Staff who have also attended 12 hour paediatric first aid course are

Sara-Jayne Rider
Emma Weston
Madhuri Kandula
Gloria Chan
Anna Read

The Club's Paediatric First Aid trained staff's names are displayed within the club at all times. These members of staff have a current paediatric first aid certificate and have attended a 12 hour paediatric first aid course, which complies with the requirements of Annex A of the EYFS. This training will be renewed every three years.

To ensure that there is a qualified paediatric first aider present and available at all times we will take into account the number of children and layout of the premises to ensure that first aiders are able to respond quickly to any incident. Other staff who do not hold Paediatric First Aid 12 hour training will be available to ensure timely and effective first aid response to any incident requiring attention.



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The location of the first aid box and a list of qualified first aiders are clearly displayed at the Club. The designated First Aider regularly checks the contents of the first aid box to ensure that they are up to date, appropriate for children and comply with the Health and Safety (First Aid) Regulations 1981.

The manager will ensure that a first aid kit is taken on all outings and that at least one member of staff on the outing holds a current paediatric first aid certificate.

Procedure for a minor injury or illness

The first aider at the session will decide upon the appropriate action to take if a child becomes ill or suffers a minor injury.

- If a child becomes ill during a session, the parent or carer will be asked to collect the child as soon as possible. The child will be kept comfortable and will be closely supervised while awaiting collection.
- If a child complains of illness which does not impair their overall wellbeing, the child will be monitored for the rest of the session and the parent or carer will be notified when the child is collected.
- If a child suffers a minor injury, first aid will be administered, and the child will be monitored for the remainder of the session. If necessary, the child's parent will be asked to collect the child as soon as possible.

Procedure for a major injury or serious illness

In the event of a child becoming seriously ill or suffering a major injury, the first aider at the session will decide whether the child needs to go straight to hospital or whether it is safe to wait for their parent or carer to arrive.

- If the child needs to go straight to hospital, we will call an ambulance and a member of staff will go to the hospital with the child. The staff member will take the child's printed Medical Form with them and will consent to any necessary treatment (as approved by the parents on the Medical Form).
- We will contact the child's parents or carers with all urgency, and if they are unavailable, we will call the other emergency contacts that we have on file for the child.
- After a major incident the manager and staff will review the events and consider whether any changes need to be made to the Club's policies or procedures.
- The Headteacher will be informed.
- We will notify Ofsted and child protection agencies in the event of any serious accident or injury to a child in our care as soon as reasonably possible and within 14 days at the latest.
- We will notify HSE under RIDDOR in the case of a death or major injury on the premises (e.g., broken limb, amputation, dislocation, etc. – see the HSE website for a full list of reportable injuries).



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Time Out Club will inform Ofsted about any of the following:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

Eyes

Time Out Club must report to Ofsted if a child suffers any loss of sight, whether it is temporary or permanent. We must also tell Ofsted about any:

- penetrating injury to the child's eye
- chemical or hot metal burn to the child's eye

Substances and electricity

If a child in our care suffers any injury from, or requires medical treatment for, any of the following situations, we must tell Ofsted:

- from absorption of any substance:
 - by inhalation
 - by ingestion
 - through the skin
- from an electric shock or electrical burn
- where there is reason to believe it resulted from exposure to:
 - a harmful substance
 - a biological agent
 - a toxin
 - an infected material

Infection Control

Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that children are especially susceptible to. We will ensure access to soap, warm water and paper towels are available at all times. In the case where this is not possible, alcohol hand gel can be used on hands that are not visibly dirty. All children will be reminded to clean their hands after using the toilet, before eating and handling food and at other times necessary (such as messy activities or if animals are present).

Our setting is cleaned regularly and to a set schedule. We will take advice of the UKHSA health protection team should any outbreak of infection at our setting be noted. Time Out Club follows the advice set out in the UK Government guidance ['Health Protection in Children and Young People settings'](#) on the prevention



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of infection, including Covid-19.

Communicable diseases and conditions

If a case of head lice is found at the Club, the child's parents or carers will be discreetly informed when they collect the child. Other parents will be warned to check their own children for head lice, but care will be taken not to identify the child affected.

If an infectious or communicable disease is detected on the Club's premises, we will inform parents and carers as soon as possible.

If there is an incident of food poisoning affecting two or more children looked after at the Club the Manager will inform Ofsted as soon as possible and within 14 days at the latest.

If there is an outbreak of a notifiable disease at the Club, we will inform the local health protection unit, HSE under RIDDOR (if appropriate), and Ofsted.

Allergy Management and Benedict's Law

Time Out Club is committed to providing a safe environment for all children with allergies and medical conditions. We will work in partnership with parents/carers to ensure that every child with a known allergy or medical condition has an up-to-date individual healthcare or allergy plan, detailing their condition, symptoms, medication, emergency treatment and any dietary requirements.

We will obtain allergy and dietary information before a child starts attending the setting and will review this information regularly, or whenever a child's needs change. All staff will be made aware of children's allergies and medical needs, and food preparation, snack and meal routines will be managed to minimise the risk of accidental exposure to allergens.

All staff will receive appropriate training to recognise the signs and symptoms of an allergic reaction, including anaphylaxis, and will know how to respond promptly in an emergency via our online learning platform, Flick Learning. Where a child has been prescribed an adrenaline auto-injector (AAI), parents/carers must provide the prescribed device(s), which will be stored safely, remain readily accessible at all times, and accompany the child whenever they are in our care. Staff will administer prescribed emergency medication where necessary and in accordance with the child's healthcare plan or from the advice from emergency services.

From September 2026, schools have additional responsibilities for supporting pupils with medical conditions under legislation commonly referred to as Benedict's Law. As an independent childcare provider (PVI), we will continue to meet all of our existing responsibilities under the Early Years Foundation Stage (EYFS) and the Childcare Register. We will work collaboratively with the school to ensure clear arrangements are in place for supporting children with allergies and medical conditions,

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including agreeing emergency procedures where appropriate.

We review our allergy management procedures yearly or when a need arises to reflect current legislation, guidance and best practice, ensuring that children's health, safety and wellbeing remain our priority.

Useful contacts

East of England Health Protection Team: 0300 303 8537, eastofenglandhpt@ukhsa.gov.uk

Ofsted: 0300 123 1231

RIDDOR Incident Contact Unit: 0345 300 9923

Written in accordance with the Statutory Framework for the Early Years Foundation Stage (2026): Safeguarding and Welfare Requirements: Paediatric First Aid, (3.37-3.40) Health (3.59, 3.62), Safety and suitability of premises environment and equipment (3.78, 3.79).

Minimum exclusion periods for infectious conditions and diseases

Disease/Condition Exclusion period
Chicken Pox: At least 5 days from onset of rash and until all vesicles (spots) have crusted over
Cold Sores: None. Avoid contact with sores
Conjunctivitis: None
Covid-19 and other respiratory infections: Should not attend if displaying a high temperature and are unwell. Those who test positive for Covid-19 should not attend the setting for 3 days after the day of the test
Diphtheria* Exclusion always necessary, consult local Health Protection Team
Diarrhoea and Vomiting: 48 hours after last episode of diarrhoea or vomiting
Flu (influenza) or similar: Until recovered
Glandular Fever: None
Gastro-enteritis, E. Coli, Food Poisoning, Salmonella and Dysentery: 48 hours after last episode of diarrhoea – further exclusion may be required for some children

Hand, Foot and Mouth disease: None
Head Lice: None
Hepatitis A*: Until 7 days after onset of jaundice
Hepatitis B* and C*: None
High temperature: 24 hours
HIV/AIDS: None
Impetigo: Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment
Influenza: Until recovered
Measles*: 4 days from onset of rash and well enough
Meningitis*: Until recovered
Molluscum Contagiosum : None
Mumps*: 5 days from onset of swollen glands
Pediculosis (lice): None
Pertussis* (Whooping cough): 5 days from commencing antibiotic treatment or 21 days from the onset if antibiotics not given
Ringworm: Exclusion not usually required
Rubella* (German Measles): 4 days from onset of rash
Scabies: Until first treatment has been given
Scarlet fever*: 24 hours after starting antibiotic treatment
Slapped Check, Fifth Disease: None (once rash has developed)



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Threadworms: None
Tonsillitis: None
Tuberculosis*: Consult local Health Protection Team
Typhoid*, Paratyphoid*: 48 hours after last episode of diarrhoea – further exclusion may be required for some children
Warts (including Verruca): None. Verruca sufferers should keep feet covered

* Denotes a notifiable disease. If in any doubt, contact local health services for further information.