

SICKNESS AND INFECTION CONTROL POLICY

To be read in conjunction with the Bilton Grange Medical policy

AIM

There will be times when a child becomes unwell whilst at nursery. It is important for there to be procedures in place to limit the risk of spreading any illnesses to staff and children.

INFECTION CONTROL

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of infection is reduced overall. This is usually through:

- Immunisation of children and staff
- Good hand washing
- Making sure the environment is kept clean

Staff will lead and support children, depending on their age and stages of development to follow good hygiene practice:

- All staff and children should wash their hands on arrival at nursery.
- Washing hands regularly, especially before eating, after playing outside, after wiping noses, after nappy changing and toileting
- Encouraging children catch it, bin it, kill it.

Cleaning

- Toys and resources cleaned, and soft furnishings laundered on a regular basis.
 - Change water in water trays daily. Malleable resources should be used on a rotational basis.
 - Children should be encouraged to wash their hands before and after accessing these resources.
 - Management should ensure that there is a spills kits on site that should be used when clearing up significant spillages of bodily fluids i.e. urine, vomit, blood.
 - Staff to wear appropriate PPE when dealing with incidents involving bodily fluids and disposing of these as outlined earlier.
 - Flannels are washed after each use and bedding is kept for individual children and laundered weekly.
 - Windows to be opened to allow ventilation throughout the building.
 - Cleaning daily in the nursery and throughout the day high contact points such as door handles, light switches
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PROCEDURE WHEN A CHILD BECOMES ILL AT NURSERY

- 1) Staff will recognise when a child is not themselves and will often check them over to see if there is anything visually obvious such as a rash, high temperature, swelling, etc. Usually the child's key-worker will spend time with the child to reassure them and offer comfort.

- 2) The management team will be informed about a child's illness. Parents may be contacted at this point if we feel Calpol should be administered i.e. for a high temperature. If after staff have done everything to make the child comfortable but with no improvement, the Room Leader, Deputy Manager or Manager will contact parents to inform them of the child's condition and arrange pick-up.
- 3) If the child is physically ill and an area needs to be cleaned staff should wear a disposable apron and gloves and use an appropriate chemical supplied with the spills kit. All waste should be disposed of in a yellow hazardous waste bag supplied and placed in the hazardous waste bins.
- 4) Spill kits should be stored in the manager's office or in a locked store cupboard.
- 5) Whilst parents are being contacted the child should be treated with kindness and sensitivity. They should be allowed to sit or lie in a quiet area, away from the rest of the group and encouraged to rest. Staff will try to ensure they remain hydrated by offering water.
- 6) If at any point the child's condition deteriorates to a point that we are sufficiently concerned, 999 will be called for assistance. Parents will be notified, and arrangements will be made for them to meet at the nursery or at hospital.
- 7) Once a child has been collected, any resources or soft furnishings that the child was in contact with should be cleaned and the staff member may want to change their clothes – this step should be completed in a sensitive way.
- 8) The manager should keep in touch with the family to check on the child's condition.

PROCEDURE WHEN NOTIFIED OF AN INFECTIOUS CONDITION

A confirmed infectious disease may be shared with the nursery via parents or by Public Health Protection Team. Our response to these notices will follow the guidance issued by Public Health England or NHS. The information will be cascaded to staff and parents for their information and guidance.

For less severe infectious diseases, we would follow this process:

- Illness confirmed to us (Parent or Local Health Protection Team);
- Parents informed through notice and Family;
- Guidance issued based on NHS information available online;
- If cases increase, consider a deep clean of the nursery; and
- We retain the right to exclude any children to stop the spread of infection however this should be used with care.

VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity.

These children are particularly vulnerable to chickenpox, measles or parvovirus B19 and, if exposed to these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

PREGNANT STAFF AND INFECTIOUS DISEASES

The manager will notify any pregnant staff of any infectious diseases they are notified of that are in the nursery or may have been in the nursery to ensure reasonable steps are taken to protect and pregnant employee who may be at risk. They should then contact their midwife for advice.

Some specific risks are:

- Chickenpox
- German Measles (Rubella)
- Slapped Cheek
- Measles

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

COVID – LIVING WITH THE VIRUS

It is necessary to move forward and learn to manage and respect Covid. Frequent and thorough hand cleaning should now be regular practice. Child are encouraged to clean their hands regularly. This can be done with soap and water or hand sanitiser.

The ‘catch it, bin it, kill it’ approach continues to be very important.

An appropriate cleaning schedule is in place with particular focus on frequently touched surfaces. The nursery is well ventilated and that a comfortable environment is maintained.

If the number of positive cases substantially increases or the nursery is in an enhanced response area, we may be advised that additional measures should be introduced and we will follow guidance given at that point.

List of Infectious Diseases

Infection	Exclusion period	Comments
Athlete’s foot	None	Athlete’s foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice

Infection	Exclusion period	Comments
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.

Review Date: May 2024
Person Responsible: A Biddlestone