



SICKNESS AND INFECTION CONTROL POLICY

AIM

At Little Grange Nursery we promote good health but 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

Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch germs
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy
- Wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately
- Clean and sterilise all potties and changing mats after each use
- Clean toilets at least daily and check them throughout the day
- Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this
- Clean all toys, equipment and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser, steam cleaning or through washing in the washing machine
- Wash or clean all equipment used by babies and toddlers as and when needed, including when the children have placed it in their mouth
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children
- Immediately clean and sterilise (where necessary) any dummy or bottle that falls on the floor or is picked up by another child
- Provide labelled individual bedding for children that is not used by any other child and wash this at least once a week
- Ask parents and visitors to remove all outdoor footwear, or use shoe covers, when entering rooms where children may be crawling or sitting on the floor
- Where applicable wear specific indoor shoes or slippers whilst inside the rooms and make sure that children wear them as well
- Follow the procedure for sickness when children are ill to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are ill and/or are contagious.

In addition:

- The nursery manager retains the right of refusal of all children, parents, carers, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery
- Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises
- In the event of an infection outbreak the nursery will, where appropriate, undertake a deep clean to ensure the spread of infection is contained
- We will follow Government health guidance, as well as seeking legal advice and information from our insurers, on any national outbreak of a virus and/or pandemic and keep parents informed of any course of action. Each specific circumstance will differ and to ensure we take the most appropriate action; we will treat each case on an individual basis
- In addition, where contagious outbreaks occur, we will adopt Government guidance for all visitors to minimise the risk of further spreading of the infection
- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times. These will be increased during the winter months, or when flu and cold germs are circulating.

PROMOTING GOOD HEALTH

At Little Grange Nursery we promote the good health of all children attending including oral health by:

- Asking parents to keep children at home if they are unwell. If a child is unwell, it is in their best interest to be in a home environment rather than at nursery with their peers
- Asking staff and other visitors not to attend the setting if they are unwell
- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks
- Minimising infection through our rigorous cleaning and hand washing processes
- Ensuring children have regular access to the outdoors and having good ventilation inside
- Sharing information with parents about the importance of the vaccination programme for young children to help protect them and the wider society from communicable diseases
- Sharing information from the Department of Health that all children aged 6 months – 5 years should take a daily vitamin
- Having areas for rest and sleep, where required and sharing information about the importance of Sleep and how many hours young children should be having.

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 spill kit 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

OUR PROCEDURES

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent(s) and ask them to pick up their child as soon as possible. During this time we care for the child in a quiet, calm area with their key person (wearing PPE), wherever possible. 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.
- 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, a member of management will contact parents to inform them of the child's condition and arrange pick-up.
- 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.
- We follow the guidance published by UK Health Security Agency for managing specific infectious diseases and advice from our local health protection unit on exclusion times for specific illnesses, e.g. sickness and diarrhoea, measles and chicken pox, to protect other children in the nursery
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least 48 hours
- We inform all parents if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection
- We notify Ofsted as soon as is reasonably practical, but in any event within 14 days of the incident of any food poisoning affecting two or more children cared for on the premises
- We ask parents to keep children on antibiotics at home for the first 12 hours of the course (unless this is part of an ongoing care plan to treat individual medical conditions, e.g. asthma and the child is not unwell). This is to ensure that there is no reaction to the medication, however it is also important to assess if the child can cope with the rigours of the nursery day.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable
- We make information and posters about head lice readily available and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair.

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;
- 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.

LIST OF INFECTIOUS DISEASES

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: 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 chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours 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. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

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Person Responsible: A Biddlestone