

# Infection Control

This policy includes the following areas:

Rashes and skin infections

Diarrhoea and vomiting illness

Other infections

At Kidzrus we promote the good health of all children attending through maintaining high hygiene standards and reducing the chances of infection being spread. We follow the guidance given to us by Health protection in schools and other childcare facilities guidance which sets out when and how long children need to be excluded from settings when treatment/medication is required and where to get further advice from.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

We follow the guidance below to prevent a virus or infection from moving around the nursery. 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 before and 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 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
- Store toothbrushes (where applicable) hygienically to prevent cross-contamination
- 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 sickness and illness policy 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 contagious.

In addition:

The nursery manager retains the right of refusal of all children, parents, 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

The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

## Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or child-minders	Comments
Athlete's Foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff-Pregnancy</i>
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 vaccination (MMR x 2 doses) See: <i>Female Staff-Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT 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 starting 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: <i>Vulnerable Children and Female Staff- Pregnancy</i>
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 starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	See: <i>Vulnerable Children and Female Staff - Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. See: <i>Vulnerable Children and Female Staff - Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

## Diarrhoea and vomiting illness

Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. Please consult your local PHE centre 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

Flu Tuberculosis*	Until recovered Always consult your local PHE centre	See: <i>Vulnerable Children</i> Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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. Your local PHE centre will organise any contact tracing necessary

## Other infections

Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria*	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organize any contact tracing necessary
Glandular fever Head lice	None None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A* Hepatitis B*, C*, HIV/AIDS	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice) None	In an outbreak of hepatitis A, your local PHE centre will advise on control measures Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills see: <i>Good hygiene practice</i>
Meningococcal meningitis*/septicaemia* Meningitis viral*	Until recovered None	Meningitis C is preventable by vaccination. 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 school contacts. Your local PHE centre will advise on any action needed Milder illness. There is no reason to exclude siblings or other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimize any danger of spread. If further information is required, contact your local PHE centre
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 statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: If an outbreak of infectious disease is suspected, please contact your local PHE centre.