

POLLYANNA PRE-SCHOOL

Infectious Disease Policy

Statement of intent

This policy has been put into place to ensure the areas that the children are in are as safe and healthy as possible. Children in the early years setting are often more susceptible to infectious diseases. This is because they have not built up an immunity at such a young age. With the children just learning about personal hygiene and the proximity they play in makes it easy for germs to spread.

Method

- The Pre-school will provide a hygienic and healthy environment for the children.
- We will do everything in our power to minimise the risk of infection by using basic hygiene procedures.
- Equipment within the setting is cleaned on a regular basis, The sand will be changed several times throughout the year or as required.

Illness

If a child becomes ill whilst in setting, they will be taken to a quiet area away from the other children. The child will be closely monitored at this time. General health checks including looking for rashes and taking a temperature will be done at this point. The child's parent or emergency contact will be informed that the child is unwell. They will be asked to come to the setting to collect the child.

- Any child suffering from an infectious disease will be excluded from the setting. The exclusion period will be dependent on the type of illness the child has. The child's doctor would be able to give an indication to the time away from setting that is needed.
- If a child has head lice the playgroup will inform the parents / carers at the end of session. A letter would then be given out to inform all parents that there is a case of head lice in the setting.
- If an infectious disease is in the setting the authorities will be notified and all parents will be advised. The playgroup will always put the safety of the children first.

Sick Children

Our Pre-school is not able to care for sick children, however if a child becomes sick whilst in the setting, we will do all we can to comfort the child whilst waiting for the parent or emergency contact to come and collect them. We try to prevent the spread of disease by monitoring the children and their health whilst in setting. If a child has any of the following, they should be asked to leave the preschool and remain at home for 48hours or after last symptoms whichever is the sooner, this is to safeguard the other children in setting and all other persons.

- High Temperature
- Diarrhoea
- Vomiting
- Red, Swollen or discharging eyes
- General lethargy, or general symptom of being unwell
- Sneezing and runny nose
- Rashes
- Irritability, unusually tired or lethargic

If a child has contracted an infectious disease, they must be excluded from pre-school. Here is a list of infectious diseases that require a child to be excluded. These exclusions are not just for the children but also the staff and any volunteers.

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Rashes and skin infections

Condition / Virus	Recommended period to be kept away from pre-school	Comments
Athletes foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	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
Coronavirus	Three days after the day of symptom onset/test – which is day zero	Adults and children with symptoms of a respiratory illness should stay at home and avoid contact with others until they are well and no longer have a temperature. People who do test positive will continue are advised to stay at home for 5 days (adults) and 3 days (children) and avoid contact with other people.
German measles (rubella) *	Six days from onset of rash	Preventable by immunisation (MMR X 2 doses). SEE: Female Staff - Pregnancy
Hand foot and Mouth	None	Contact your local HPU if a large number of children are infected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). SEE: Vulnerable Children and Female Staff - Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Until rash has scabbed	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contact require treatment

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Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek Parvovirus B19	None	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. 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

Condition	Recommended period to be kept away from pre-school	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli 0157 V TEC Typhoid * (and paratyphoid*) enteric fever	Should be excluded for 48 hours from the last episode of diarrhoea Further exclusion may be required for some children until they are no longer excreting	Further exclusion may be required for younger children under five and those who have difficulty in adhering to hygiene practices This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please contact you local HPU for further advice: 020 7811 7250

Respiratory infections

Condition	Recommended period to be kept away from pre-school	Comments
'Flu (influenza)	Until recovered	SEE: Vulnerable Children
Tuberculosis *	Always consult your local HPU: 020 7811 7250	Requires prolonged close contact for spread
Whooping cough * (pertussis)	Five days 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. Your local HPU will organise any contact tracing necessary

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Other infections

Condition	Recommended period to be kept away from pre-school	Comments
Conjunctivitis	Until all discharge is clear or treatment finished.	If an outbreak/cluster occurs, consult your local HPU: 020 7811 7250
Diphtheria *	Exclusion is essential. Always consult with your local HPU: 020 7811 7250	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	48hrs after temp	
Head lice	Exclusion until two successful treatments administered.	Treatment is recommended 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)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B, *C * HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice.
Meningococcal	Until recovered	Meningitis C is preventable by
meningitis */ septicaemia *		vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice 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. Your local HPU 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

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MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise and danger of spread. If further information is required, contact your local HPU
Mumps *	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR X2 doses)
Thread worms	None	Treatment is recommended for the child and household contacts
Tonsillitis	48hrs after treatment has begun	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 proper officer of the local authority (usually a consultant in communicable disease control). Pollyanna Pre-School must report any such notifiable diseases to the local HPU and Ofsted if an outbreak occurs.

GOOD HYGIENE PRACTICE

Hand washing

Hand Washing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and Sneezing

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged. Should your child be displaying a heavy or infected cold it is advised to remain at home until symptoms subside usually 48hour period of rest.

Personal Protective Equipment (PPE)

Disposable non-powdered vinyl or latex-free CE-, marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy changing) Goggles should also be worn if there is a risk of splashing in the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. We use as per the manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on all affected surfaces. We never use mops for cleaning up body fluid spillages, we use paper towels that are then disposed of appropriately.

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Vulnerable Children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include children being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. We would be made aware of any such conditions in setting. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parents would be informed promptly, and we would seek further medical advice for them.

Female Staff – Pregnancy

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

- Chickenpox can affect the pregnancy if a woman has not already had the infection. They should report the exposure to their midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingle is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella) If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated. Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed, she should immediately inform whoever is giving antenatal care to ensure investigation.

Contact with Animals

When we have animals visiting the setting. Consideration will be given to those children who have allergies and those who suffer from asthma. The animals will not be housed or kept in the kitchen area or where food is prepared. If a child was to have any cuts or grazes, they would be covered by a waterproof dressing so not to become infected.

If any children were involved in feeding the animals, they would be discouraged from putting their hands near their face. They would not be allowed to put their face near any animal however cute and cuddly they may appear. The children will be watched over when washing their hands. There would be no animals in setting whilst the children are having snack time.

Pandemic Illnesses

The Government may nationally issue advice that, to reduce the spread of infection among children, schools and childcare settings should close when a pandemic reaches their area. Pollyanna will close based on advice from the Government, Local Authority and/or the local Health Protection Agency.

The Manager or Chairperson will be responsible for taking the decision to close after consulting with the Committee when the pandemic reaches the immediate area.

The preschool may also make the decision to close if a number of children or staff are affected by any infectious illness.

Closure should take effect from the end of the day the decision to close is made unless staff shortages made it impossible for the setting to operate safely for that day.

If the setting closes, then guidance from local authorities will be sought regarding the recommended time limit for closure but is likely to be no less than 7 days.

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Parents will be contacted by telephone to advise of closure.

The decision to re-open, and any conditions attached to it, would follow the same communications channels.

In the event of a pandemic in the immediate area we will aim to: -

- Remain open and operate as normal during a pandemic
- Operate hygiene systems to minimise the risk of infection
- Plan for higher than usual staff absences (supernumerary position removed, existing staff to provide cover, relief staff and voluntary workers on standby)
- Have up-to-date contact details for parents and staff
- Segregate a child displaying symptoms and contact parents immediately for collection. At the earliest opportunity contact and take advice from the local Health Protection Agency
- Contact and take advice from the Local Health Protection Agency if a child is suspected of having pandemic symptoms - even if the child is currently out of the setting
- Advise staff not to come to work if they are displaying symptoms or are caring for a family member with symptoms
- Disclose any information requested by the Local Authority in relation to the pandemic, for example absence rates of children and staff

All normal illness procedures continue during this time, and we ask that no child is brought into preschool at any time unless they are well. If your child has any illness, please keep them at home. We remind you that a child should not attend for 48hrs after any sickness or diarrhoea or if they have any infectious illness. We also ask if your child seems in any way unlike their normal self, please keep them off until you are sure they are well. If your child has to have Calpol or any other medicine before they enter preschool, we ask that you keep them at home as these medications can mask a temperature.

- **Contact details**
- Local Health Protection Agency
- Tel: 01865 226858

Review and Approval

This policy was adopted on: _____

Signed by Management Committee:  _____

Print Name: Carl Sautereau _____

Date of Renewal: September 2024 _____