



Infection Control Policy

Purpose of Policy

This policy is designed to ensure that a safe, healthy environment is maintained at Safe Hands. We recognise that infections can spread quickly amongst children in a childcare environment therefore we will endeavour to ensure that infections are controlled and good health and hygiene practices are maintained.

Who is Responsible?

It is the responsibility of the manager to ensure that any children, parents and members of staff who have a contagious illness are excluded from the setting for the recommended period of time. The manager has a responsibility to inform parents and carers when their child enters the setting with a contagious illness, the manager must also inform all parents if more than 10% of the children attending the setting have a contagious illness. All members of staff have a responsibility to ensure that any children who arrive at the setting unwell the child's parent carer must speak to management / senior staff before a decision is made and whether the child should remain at the setting or go home.

All members of staff have a responsibility to ensure that they do not attend the session if they have an infectious illness, this will assist Safe Hands to prevent the spread of any infectious illness.

Please see separate policy on 'covid' for an update policy regarding the rules and regulations for COVID-19.

Policy Implementation

Safe Hands aims to prevent the spread of infectious illnesses and infections by adhering to the following procedures:

- Excluding children with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).
- Excluding all members of staff with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).
- Identifying signs of illness in children and staff whilst they are in the setting
- Informing parents and carers of sick children that their children are ill and arranging for them to be collected at the earliest opportunity.
- Limiting the contact of sick children with other children until they can be collected from the setting, taking into account the sensitivity of the situation and that the child does not feel bad as a result of any action.
- Preventing the spread of infection by adhering to the setting's health and safety policy, personal hygiene policy and food safety policy and procedures.



- Reporting incidences of certain infections to other parents and members of staff whilst maintaining the anonymity of all children and members of staff involved.

The following are the types of infections that would be reported to parents and members of staff:

- Head Lice
- Measles
- Chicken Pox
- Mumps
- Meningitis
- Whooping Cough

Highlight the importance to parents that **if their children have not been immunised then they will be in a high risk category** if an infectious illness presents itself in the setting.

Parents have the right to choose whether or not they will send their child to the setting. This is particularly relevant in cases of:

- Measles
- Mumps
- Rubella
- Whooping Cough

Monitoring of children and members of staff where there has been exclusion for signs of the same illness. All cases of infectious illnesses are recorded in an illness form and are signed by the child's parent or carer on collection. Members of staff who become unwell during working hours will immediately be sent home and a relief member of staff called in to ensure ratios of staff and children are maintained. Dealing with Children who become unwell in accordance with setting registration guidelines children will not be admitted into the setting if they are showing signs of any ailment that could be contagious or could affect the settings ability to care for the child and the other children in attendance. Similarly, any member of staff who attends work showing signs of any ailment that could affect their ability to carry out their duties will be sent home and a replacement member of staff called in to cover the minimum child to adult ratios.

Children who become unwell during the course of the session will be made comfortable and will be cared for by a member of staff until their parent or carer can collect them. The dignity of the child will remain paramount and the child will not be made to feel bad as a result of their illness, but the setting will put measures in place to ensure that the risk of the illness spreading is minimised. In instances where any medication is administered as a form of treatment, such medication will be administered in accordance with the administration of medication policy and will only be administered with the express permission of the child's parent. Any and all administration of medications will be recorded in the medicine administration form.

A child's parent or carer will be contacted upon a child becoming unwell and will be asked to come and collect the child or make arrangements for the child to be collected as soon as possible. Where the parent or carer cannot be contacted the setting will contact the child's emergency contact provided on the registration form. The person collecting the child will be asked to sign any records, for example, illness form and administration of medication form.



Exclusion Guidelines In cases where a child, parent or member of staff is known to have contracted a contagious illness or infection that could affect other children or staff the setting will implement the following exclusion guidelines:

Any child who has an illness that results in a greater need for care than members of staff can provide and who may be placing other children at risk will be excluded until such time as treatment has been received and the child is feeling better.

- Any member of staff who has an illness that affects their ability to carry out their duties and who may be placing children or other members of staff at risk will be excluded until such time as treatment has been received and they are feeling better.
- Any child or member of staff showing signs of fever, lethargy, or difficulty breathing or any other manifestations of severe illness will be excluded until such time as a diagnosis has been made and treatment received and they are feeling better.
- Gastric upset: exclusion for 48 hours after the last attack of vomiting or diarrhoea.
- Rash with fever or behavioural change: exclusion until medical advice has been sought and a determination of further infection is made.
- Fever/Throat infections: exclusion until 24 hours after fever has gone down.
- Shingles: exclusion until lesions are crusted
- Impetigo: exclusion for at least 48 hours after treatment has been received and spots are no longer weeping fluid
- Head lice: exclusion until treatment has been given
- Ring worm: those who have the infection in an exposed area such as the scalp and hands will be excluded for 1 week and permitted to return only after treatment has commenced. Those who have the infection on an area of the body that can be covered with clothing can return within 24 hours of starting treatment. They should not share clothing or towels and wash hands thoroughly after using the toilet and before eating.
- Threadworm: can return once treatment has been received.
- Hand, foot and mouth disease: exclusion until treatment has been received and last lesion has disappeared.
- Influenza: exclusion until clinically well
- Chicken Pox: exclusion until last crop of spots has appeared, usually 5 –7 days
- Rubella: exclusion for 7 days after onset of rash
- Mumps: exclusion until 9 days after the first appearance of symptoms (most notable symptom is swelling of the glands)
- Whooping Cough: exclusion for 5 days as long as antibiotic course has been completed, if antibiotics have not been given exclusion will be 14 days
- Meningitis: exclusion until clinically well All infectious illnesses must be reported to the manager who will advise of any exclusion period and make the decision to inform other parents and staff members. I

Updated: January 2023
Review due: January 2024
Updated by: Mel Lawlee