

INFECTION CONTROL POLICY

At New Millside it is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

Aims

- We aim to control infection by providing on-going infection control training for staff i.e. hand-washing, food hygiene, cleaning.
- Exclusion guidelines as recommended by the Health Protection Agency apply in the case of all suspected infections conditions. These guidelines will be distributed to all parents and staff.
- Parents will be informed should staff, children or visitors to the centre report the presence of any contagious condition to the preschool.

Procedures

Reporting/Recording of Illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined.

Staff will report any infectious illness to the pre-school Manager/committee chair.

The pre-school chair/administration manager will report an outbreak of any infectious disease to the Health Protection Agency.

The Pre-school Manager will record all details of illness reported to them by staff or reported by parents of a child attending the service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the pre-school

Children will be excluded from the preschool based on the timeframes outlined in the Health Protection Agency guidance.

A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the preschool

Children should remain at home if they are suffering from general diarrhoea or vomiting until 48 hours after being symptom free.

Hand Hygiene:

Hand washing facilities are always available for children and include hot (not exceeding 43°C) and cold water, liquid soap and paper hand towels.

Hand washing facilities are available in all toilets, nappy changing areas, kitchens and preschool room.

Children are encouraged and reminded to wash their hands after using the toilet, before eating and after playing outside.

Staff must wash their hands:

Before preparing or serving snacks/lunch

Before eating or drinking

After going to the toilet

After assisting children at the toilet

After nappy changing

After dealing with any body fluids

After cleaning procedures

After caring for sick children

After handling soiled clothing or items

After dealing with waste

After removing disposable gloves and/or aprons

Hand washing technique:

Wet hands under hot water (not exceeding 43°C for children to prevent scalding), apply liquid soap, rub vigorously paying particular attention to palms, backs, wrists, fingernails and fingers and rubbing between each finger and around the thumbs, rinse, dry thoroughly using disposable paper towels and turn off taps using the paper towel.

Toilets & potties:

Toilet areas, including toilet handles, doors, toilet seats and wash hand basin are cleaned frequently throughout the day in accordance with the cleaning schedule and immediately if soiled.

Nappy Changing

Nappy changing is only carried out in the designated nappy change area.

Parents will provide creams or lotions for their child, these will not be shared. Staff can only apply if consent has been given on our welcome pack form.

The changing mat and area will be cleaned (with hot water and detergent) and disinfected and dried thoroughly after use.

Disposable gloves are worn by staff when changing a nappy

Soiled nappies are placed in an impervious bag which is tied and disposed of in a lidded bin and emptied twice weekly

The nappy changing area is cleaned in accordance with the cleaning schedule

The changing mat is checked regularly to ensure the cover is not cracked or torn. Changing mats will be discarded if in such an event.

Bodily Fluid Spillage

Spills of blood, vomit, urine, excreta will be cleaned up as quickly as possible. The area will be sectioned off if possible until the spill has been dealt with.

Disposable plastic gloves are worn when cleaning up any bodily fluid spillage. Paper towels are used to clean up spillages and placed directly into a plastic bag for disposal.

Ordinary household bleach freshly diluted (1 parts to 10 water) is used for cleaning and disinfection of bodily fluid spillages. (This solution should not make contact with skin, if accidental contact does occur, the area should be flushed with cold water).

If possible and safe to do so, diluted bleach will be poured directly over the spill; it will then be covered and mopped up with disposable paper towels.

Disposable paper towels and gloves are disposed of in a plastic bag and sealed.

A supply of bleach and plastic bags are kept together in the kitchen.

Food & Kitchen Hygiene

Staff involved in toileting children or nappy changing are not involved in food handling.

Staff will not engage in any aspects of minding children while preparing food.

Cleaning

All areas are cleaned regularly in accordance with a documented cleaning policy and rota. Toilets and hard contact surfaces (playroom tables) be cleaned frequently.

Playroom tables are cleaned before being used for meal and snack times

Toys & Equipment

Toys and equipment will be cleaned according to the toy cleaning programme and schedule

Toys and equipment will be cleaned with hot water and detergent and disinfectant

Pets

Children must wash their hands after handling animals i.e. Zoolab, Living Eggs

Illness

It is the responsibility of the parent to notify New Millside if their child has an infectious/contagious condition. We cannot accept the care of the child until they have been medically treated and the condition is no longer contagious

Rashes & Skin Infections	Recommended period to be kept away from preschool	Comments
Athlete's Foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Five to ten days from the onset of rash	See Vulnerable Children & Female Staff – Pregnancy
Cold Sores	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German Measles *	Six days from onset of rash	See Female Staff – Pregnancy
Hand, foot & mouth	None	Contact your local HPU. 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	See Vulnerable Children & Female Staff - Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatments
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek	None	See Vulnerable Children & Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. Contact HPU for further info. See Vulnerable Children & Female Staff
Warts & verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea & vomiting Illness	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	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusions may be required for young children under five and those who have difficulty adhering to hygiene practices.
Typhoid* (and paratyphoid)	Further exclusions may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance Consult HPU for further advice
Cryptosporidiosis	Exclude for 48 hrs 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 pre-school	Comments
Flu	Until recovered	See Vulnerable Children
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough*	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	After treatment, non-infectious coughing may continue for many weeks. Local HPU will organise any tracing necessary

Other Infections	Recommended period to be kept away from pre-school	Comments
Conjunctivitis	None	If an outbreak/cluster occurs consult local HPU
Coronavirus	The current government guidelines must be followed for the recommendation time to isolate.	The current and updated government and NHS website of symptoms and guidelines should be followed and adhered to. Please see our Health & Safety Policy Appendix 1 for Covid-19 for further guidance.
Diphtheria*	Exclusion is essential Always consult HPU	Family contacts must be excluded until cleared to return by HPU. HPU 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)	If an outbreak of hepatitis A, local HPU will advise on control measures
Hepatitis B*, C*, HIV Aids	None	Hepatitis B & C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluids spills. See Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	There is no reason to exclude siblings or other close contacts of a case. Local HPU will advise on any action needed.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning are important to minimise any danger of spread. Contact local HPU for further info.
Mumps*	Exclude child for five days after onset of swelling	
Threadworm	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 – if a preschool suspects an outbreak of infectious disease, they should inform their local HPU

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated leukaemia or other cancers, on the high dose of steroids and with conditions that seriously reduce immunity. Pre-schools would normally be made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of 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