**Infection Control Policy**

Brue Farm Day Nursery is committed to the health and safety of all children and staff who play, learn and work here. As such, it will sometimes be necessary to require an unwell child to be collected early from a session or be kept at home while they get better. In such cases, the provisions of the Health, Illness and Emergency policy and the Medication policy will be implemented.

In accordance with the procedures set out in the Health, Illness and Emergency Policy, parents/carers will be notified immediately if their child has become ill and needs to go home. Unwell children will be comforted, kept safe and under close supervision until they are collected.

In cases of a sudden high temperature permission will be sought verbally over the phone to administer paracetamol, the Brue Farm Day Nursery Calpol, to bring down the temperature until the parent arrives to complete the medication form and take the child home with them,

If a child has had to go home prematurely due to illness, they should remain at home until they are better for at least 24 hours, or according to the times set out in the table below. If a member of staff becomes ill at work, similar restrictions on their return will apply.

If a child or member of staff becomes ill outside the opening hours, they should notify Brue Farm Day Nursery as soon as possible. The minimum exclusion periods outlined in the table below will then come into operation.

If any infectious or communicable disease is detected on Brue Farm Day Nursery’s premises, Brue Farm Day Nursery will inform parents/carers personally in writing as soon as possible. Brue Farm Day Nursery is committed to sharing as much information as possible about the source of the disease and the steps being taken to remove it. Ofsted will also be informed of any infectious or communicable diseases discovered on Brue Farm Day Nursery’s premises.

**Infection Control guidelines**

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| Illness | Comments |
| Diarrhoea and/or vomiting | If a child has an episode of diarrhoea and/or vomiting while at nursery parents/carers will be requested to collect their child immediately.  If a child has an episode of diarrhoea and/or vomiting while at home we would ask parents/carers not to bring them into nursery.  **Children should not return to nursery until** **48 hours** **after their last episode of Diarrhoea and/or vomiting** |
| *E. coli* O157  VTEC | Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be 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. This guidance may also apply to some contacts who may require microbiological clearance  . |
| Shigella  (dysentery) | Please consult your local HPU 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 |
| ‘Flu’ (influenza) | Children should not return to nursery until they have fully recovered. |
| Tuberculosis\* | Always consult your local HPU Requires prolonged close contact for spread |
| Whooping cough (Pertussis) | Children should not return to nursery until 5 days after commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment is given. Non-infection coughing may continue for many weeks. Preventable by vaccination. |
| Chicken pox | Children should not return to nursery until the infection has passed and all the spots are crusted over or cleared. Usually about 5 days from the onset of the rash. |
| German measles (rubella) | Children should not return to nursery until at least 6 days from the onset of the rash. Preventable by vaccination. |
| Hand, foot and mouth | There is no exclusion period from nursery however it may be considered in some circumstances. |
| Impetigo | Children should not return to nursery until all the lesions are crusted or healed. |
| Measles | Children should not return to nursery until at least 4 days from the onset of the rash. Preventable by vaccination. |
| Ringworm | Exclusion not usually required. Treatment is required. |
| 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 infected child. |
| Slapped cheek/fifth disease.  Parvovirus B19. | There is no exclusion period from nursery unless children are unwell. |
| 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. |
| Warts and verrucae | None Verrucae should be covered in swimming pools, gymnasiums and changing rooms |
| Conjunctivitis | There is no exclusion period from nursery unless children are unwell. However it is preferred that children are receiving treatment before coming back to nursery. |
| Diphtheria \* | Exclusion is essential. Always consult with your local HPU  Family contacts must be excluded until cleared to  return by your local HPU.  Preventable by vaccination. |
| Head Lice | When a case of head lice is discovered at Brue Farm Day Nursery, the situation will be handled carefully and safely. The child concerned will not be isolated from other children, and there is no need for them to be excluded from activities or sessions at Brue Farm Day Nursery.  When the child concerned is collected, their parent/carer will be informed in a sensitive manner.  Other parents/carers will be informed as quickly as possible in writing, including advice and guidance on treating head lice. |
| 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 | There is no exclusion period. Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.  For cleaning of body fluid spills. |
| Meningococcal meningitis\*/septicaemia\* | Children should not return to nursery until they are fully recovered. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on  any action needed. Meningitis C is preventable by vaccination. |
| Meningitis\* due to other bacteria | Children should not return to nursery until they are fully 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\* | Children should not return to nursery until they are fully recovered. Milder illness. There is no reason to exclude  siblings and other close contacts of a case. |
| Mumps\* | Children should not return to nursery until 5 days after the onset of swelling. Preventable by vaccination. |
| Threadworms | There is no exclusion period however it is recommended that the entire household is treated. |
| Tonsillitis | There is no exclusion period however children should not attend nursery if they are unwell. |
| Coronavirus/Covid 19\* | Should a child/adult display any symptoms of Covid19, parents/carers must not bring their child/ren to nursery and must follow the current government guidelines and follow the exclusion periods dictated.  When a child/adult develops symptoms compatible with coronavirus, they will be sent home and asked to follow the current government guidelines and follow the exclusion periods dictated. |

**\* 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). In addition, organisations may be required via locally agreed arrangements to inform their local Health Protection Unit (HPU).

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 a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.

This Policy links to the Safeguarding & Welfare Requirements:

**Health**: 3.42 Medicines

This Policy links to the EYFS overarching principles:

**A Unique Child:** 1.4 Health & Well-Being

This Policy was revised by the Owner/Manager Kath Farthing in

April 2022. To be reviewed in 12 months time or earlier if required