

04.07 Infection Control Policy July 2023

In response to Coronavirus Pandemic 2020 extra measures have been put in place and please refer to 04.05a Managing a suspected case of Coronavirus procedure.

This policy is designed to ensure that a safe, healthy environment is maintained at Little Doves Christian Pre-school and that necessary steps are taken to prevent the spread of infection and appropriate action is taken when children are unwell.

When children are together, the risk of spreading infectious diseases exists, especially among toddlers and young children who are likely to put their hands and toys into their mouths and then share their toys, as well as being unable to maintain good personal hygiene.

The pre-school aims to reduce the risk of infection by:

- regular washing of the children's and staff's hands with soap, warm water and only use paper towels
- dispose of paper towels and tissues into bins with lids
- encourage and support children's good personal hygiene
- provide protective clothing and equipment for staff that is appropriate for the situation
- have daily, weekly and monthly routine cleaning and sterilising processes in place
- if an outbreak occurs a deep clean is completed in the appropriate areas by staff
- use hand sanitisers if hand washing is not available at that time.

At the pre-school the fact that all children have minor illnesses, such as minor coughs and colds, is recognised and they are not prevented from attending.

Little Doves aims to prevent the spread of infectious illnesses and infections by adhering to the following procedures:

- excluding children with infectious illnesses and infections as per the guidance below
- excluding staff with infectious illnesses and infections as per the guidance below
- identifying signs of illness in children and staff whilst they are in the setting
- informing parents and carers of sick children that they are ill and arranging for them to be collected at the earliest opportunity
- limiting the contact of sick children with the other children until they can be collected, taking into account the sensitivity of the situation and that the child doesn't feel bad as a result of any action
- preventing the spread of the infection by adhering to the pre-school's healthy and safety and food safety policies and procedures
- reporting illnesses to other parents/carers and members of staff whilst maintaining the anonymity of the children or staff involved

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

- head lice
- Measles
- Chicken Pox
- Mumps
- Meningitis
- Whooping Cough

As a responsible childcare provider following advice from the Health Protection Agency, the pre-school recommends that all children follow the 'routine childhood immunisation programme'. This reduces the risk of exposure to children in the pre-school to infectious diseases. However, the pre-school is aware that the immunisation programme is not legislative although all the parents/carers of new children starting at the pre-school to bring in their child's Red Book to confirm they are up to date on their vaccinations.

Notifiable Diseases

There is a list of notifiable diseases which we have a legal obligation to report to the Health Protection Agency and Ofsted should a child within our care become infected. In these cases, we will work closely with the parent/carer, the HPA and Ofsted to ensure we follow any additional advice we may be given.

Information for Pregnant Mothers

There are a number of infections that are harmful to the unborn baby.

These include: Chicken pox, German measles (Rubella) Slapped cheek and Measles

If a child has been at the pre-school when one of the above infections is present, the parent/carer is advised to see their GP/Midwife to check if they are immune and seek their medical advice.

How can parents/carers help?

Parents/carers are asked to help support and manage infection control by following the guidance in this policy and encouraging and supporting their child's good personal hygiene:

- regular hand washing with soap (especially after using the toilet, before eating or handling food and after handling animals)
- covering their mouth when coughing/sneezing and using a tissue where possible
- disposing of used tissues into a bin promptly and carefully
- spitting is discouraged
- regular cleaning of hard surfaces, door handles and toys

The pre-school has information about excludable diseases and exclusion times. Please click on the links below to go to Guidance on infection control in schools and other childcare settings (Public Health Agency) for further information.

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster. pdf Exclusion table - GOV.UK (www.gov.uk)

Attendance at Little Doves Christian Pre-School after Illness

Minimum Absence Period – seek advice from child's GP and Little Doves

Coronavirus	Please see the 04.05a Managing a suspected case of Coronavirus procedure
Head Lice	No absence necessary (although needs treatment)
Diarrhoea or sickness	48 hours from last episode of diarrhoea or vomiting
Impetigo	48 hours after antibiotics have commenced
Conjunctivitis	None - seek treatment and then when eyes clear
Rubella (German Measles)	6 days from onset of rash
Measles	6 days from onset of rash
Chicken Pox	Approx 7 – 14 days form onset of rash - until all scabs have healed over, come away by and fallen off. The scabs are infectious
Mumps	9 days after onset of swelling
Whooping Cough (Pertussis)	21 days from onset of cough or after 5 days of antibiotics
Scabies	Child can return after first treatment
Hand, foot and mouth	None - consult GP
Molluscum contagiosum	None
Ringworm	Exclusion not usually required
Scarlet fever	Child can return 24 hours after starting appropriate antibiotic treatment
Slapped cheek	None (once rash has developed) See GP
Shingles	Exclude only if rash is weeping and cannot be covered
Warts and verruca	None – cover in preschool
Flu	Until recovered
Meningitis	Until recovered – consult GP
Thread worms	None
Tonsillitis	Consult GP
Tuberculosis (TB)	Until at least 2 weeks after the start of effective antibiotic treatment if pulmonary TB. Exclusion not required for non-pulmonary or latent TB infection.

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