

Mitchell Walk Playgroup

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 close proximity they play in makes it easy for germs to spread.

Method

- The Playgroup 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.

Contact with Animals

If we were to have any animals visiting the setting we would have parents sign a permission form to say they were happy for their child to take part. Consideration will be given to those children who have allergies and also those who suffer from asthma. The animals will be housed and not 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 should be no animals in setting whilst the children are having snack time.

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 very 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 setting. 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 Playgroup 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 playgroup to safe guard the other children in setting.

- High Temperature
- Diarrhoea
- Red, Swollen or discharging eyes
- Sneezing and runny nose
- Vomiting
- Rashes
- Irritability, unusually tired or lethargic

If a child has contracted an infectious disease they have to be excluded from playgroup. 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.

Rashes and skin infections

	Recommended period to be kept away from playgroup	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
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	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contact require treatment
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

	Recommended period to be kept away from playgroup	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli 0157 V TEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for younger children under five and those who have difficulty in adhering to hygiene practices
Typhoid * (and paratyphoid*)	Further exclusion may be required for some children	This guidance may also apply to some contacts who may require microbiological

enteric fever	until they are no longer excreting	clearance Please contact you local HPU for further advice: 020 7811 7250
Shigella (dysentery)	Exclusion for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after diarrhoea has settled

Respiratory infections

	Recommended period to be kept away from playgroup	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

Other infections

	Recommended period to be kept away from playgroup	Comments
Conjunctivitis	None	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	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)	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 meningitis */ septicaemia *	Until recovered	Meningitis C is 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 * 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
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning are important to minimise the 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	None	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).

Mitchell Walk 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 a tissue and wash hands after using or disposing of tissues. Spitting should be discouraged.

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.

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. Shingles 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.

This Infectious Disease Policy was adopted at a meeting of Mitchell Walk Playgroup held on

Date:

Signed on behalf of the Mitchell Walk Playgroup Management Committee:

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Name:

Role:

To be reviewed on (date):

This policy was reviewed / updated on

Date:

Signed on behalf of the Mitchell Walk Playgroup Management Committee:

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Name:

Role:

To be reviewed on (date):