



LADY CASTLE
NURSERY

INFECTION CONTROL POLICY

Contents:

[Statement of intent](#)

Preventative measures

1. [Legal framework](#)
2. [Ensuring a clean environment](#)
3. [Contact with pets and animals](#)
4. [Water-based activities](#)

In the event of infection

5. [Preventing the spread of infection](#)
6. [Vulnerable pupils](#)
7. [Procedures for unwell pupils/staff](#)
8. [Exclusion](#)
9. [Medication](#)
10. [Outbreaks of infectious diseases](#)
11. [Pregnant staff members](#)
12. [Staff handling food](#)
13. [Managing specific infectious diseases](#)
14. [Monitoring and review](#)

Appendices

- a) [Managing Specific Infectious Diseases](#)
- b) [List of Notifiable Diseases](#)

Statement of intent

Infections can easily spread in a nursery due to:

- Childrens' immature immune systems.
- The close-contact nature of the environment.
- Some children having not yet received full vaccinations.
- Childrens' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- **Respiratory spread** – contact with coughs or other secretions from an infected person.
- **Direct contact spread** – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- **Gastrointestinal spread** – contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- **Blood borne virus spread** – contact with infected blood or bodily fluids, e.g., via bites or used needles.

We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate action when infection occurs

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

1.2. This policy has due regard to statutory guidance including, but not limited to, the following

- Public Health England (2017) 'Health protection in schools and other childcare facilities'

1.3. This policy operates in conjunction with the following nursery policies and documents:

- Health and Safety Policy
- First Aid and Adminstrating Medicine Policy
- School Trips (individual) Risk Assessment
- Nursery Risk Assessment

Preventative measures

2. Ensuring a clean environment

Sanitary facilities

- 2.1. Wall-mounted soap dispensers are used in all toilets – bar soap is never used.
- 2.2. A waste paper bin is always made available where disposable paper towels are used.
- 2.3. Toilet paper is always available in cubicles.
- 2.4. Suitable sanitary disposal facilities are provided where necessary.

Cleaning Operatives

- 2.5. Cleaning Operatives are employed by the nursery to carry out rigorous cleaning of the premises. Cleaning equipment is maintained to a high standard and is colour coded according to area of use. The Head of the Nursery is responsible for monitoring cleaning standards and discussing any issues that may arise.

Handwashing

- 2.6. All staff and children are encouraged to wash their hands after using the toilet, before eating or handling food, and after touching animals.

Blood and other bodily fluids

- 2.7. Cuts and abrasions are covered with waterproof dressings.
- 2.8. When coughing or sneezing, all staff and children are encouraged to cover their nose and mouth with a disposable tissue and dispose of the tissue after use, and to wash their hands afterwards.
- 2.9. Personal protective equipment (PPE) are worn where there is a risk of contamination with blood or bodily fluids during an activity. Gloves are disposable, non-powdered vinyl or latex and CE (Conformité Européene) marked. If there is a risk of splashing to the face, goggles are worn.

Spillages of blood, faeces, saliva, vomit, nasal and eye discharges are cleaned up immediately.

Major spillages are cleaned using an appropriate cleaning method. Paper towels are used, always wearing PPE, and they are disposed of after use.

Bites

- 2.10. If a bite does not break the skin, the affected area is cleaned with soap and water.
- 2.11. If a bite breaks the skin, the affected area is cleaned with soap and running water, the incident is recorded on an accident form and medical advice is sought immediately.

Hypodermic needles (sharps)

- 2.12. Injuries incurred through sharps found on Nursery grounds will be treated in line with the nurseries first aid and administrating medicine Policy. All sharps found on nursery premises will be disposed of in the local schools sharps bin wearing PPE.

3. Contact with pets and animals

- 3.1. Animals (pets) are kept in the Nursery.
- 3.2. The Nursery only considers small domesticated animals as pets for example: fish, birds and rabbits.
- 3.3. Animals in Nursery are only permitted in the classrooms.
- 3.4. Animals are always supervised when in contact with children, and anyone handling animals will wash their hands immediately afterwards.
- 3.5. All animals are groomed daily, and checked for any signs of infection on a weekly basis by the health and safety officer.
- 3.6. Bedding is changed on a weekly basis.
- 3.7. The Head of the Nursery ensures that a knowledgeable person is responsible for each animal.
- 3.8. Visits to farms, Zoos etc are to be individually Risk Assessed

4. Water-based activities

Swimming lessons

- 4.1. General swimming lessons are governed by the control measures outlined in our health and safety policy and the venues Swimming Risk Assessment, Normal operating & Emergency Procedure documents.
- 4.2. Children who have experienced vomiting or diarrhoea will not be allowed to swim until a minimum of 48 hours have passed without any symptoms.

Other activities

- 4.3. Children and staff cover all cuts, scratches and abrasions with waterproof dressings before taking part, and hands are washed immediately after the activity. No food or drink is to be consumed until hands have been washed.

In the event of infection

5. Preventing the spread of infection

5.1. Parents will not bring their child to nursery in the following circumstances:

- The child shows signs of being poorly and needing one-to-one care
- The child has taken, or needs to take, infant paracetamol, ibuprofen or 'Calpol'
- The child has a high temperature/fever
- The child has been vomiting and/or had diarrhoea within the last 48 hours
- The child has an infection and the minimum recommended exclusion period has not yet passed.

6. Vulnerable Children

6.1. Children with impaired immune defence mechanisms (known as immune-compromised) are more likely to acquire infections. In addition, the effect of an infection is likely to be more significant for such children. These children may have a disease that compromises their immune system or be undergoing treatment, such as chemotherapy, that has a similar effect.

6.2. It is the responsibility of the child's parent/guardian to notify the nursery if their child is vulnerable. This information would be held within the child's confidential records, with any relevant information made accessible to all the staff.

6.3. If a vulnerable child is thought to have been exposed to an infectious disease, the child's parents will be informed and encouraged to seek medical advice from their doctor or specialist.

7. Procedures for unwell children/staff

7.1. Staff are required to know the warning signs of children becoming unwell including, but not limited to, the following:

- Not being themselves
- Not having a snack
- Not eating at lunchtimes
- Wanting more attention/sleep than usual
- Displaying physical signs of being unwell, e.g., watery eyes, a flushed face or clammy skin

7.2. Where a staff member identifies a child as unwell, the child is taken to a quiet area, where their temperature will be taken by a member of staff, and the child's parents will be informed of the situation.

7.3. Procedure for suspected COVID-19:

If a child presents with symptoms of cough, high temperature, loss of smell and taste, and possible shortness of breath, follow the instructions below: -

- Do not panic the child
- Take the child's temperature – then if appropriate
- Inform the Head of the nursery
- Phone the parents to pick the child up immediately, inform them of the situation and that they should visit the NHS website or dial 111, take a test and isolate for 14 days, and inform the nursery of the test result.
- Child to be isolated with a member of staff to comfort them in a designated room that is well ventilated (sleeps room) or preferably outside. PPE must be worn.
- Toilet that the child uses must NOT be used by anyone else
- Parent email the nursery the result of the test.
- If the test is negative, the child can return to nursery.
- If the test is positive, nursery closure for 14 days and inform all visitors to isolate for 14 days. Nursery to inform Public Health Team and follow the guidance given regarding closure, self-isolation and cleaning.

7.4. Children and staff displaying any of the signs of becoming unwell will be sent home, and we will recommend that they see a doctor.

7.5. If a child is identified with sickness and diarrhoea, the child's parents will be contacted immediately and the child will be sent home, and may only return after 48 hours have passed without symptoms.

7.6. If a staff member is suffering from vomiting and diarrhoea, they will be sent home and may not return until 48 hours have passed without symptoms.

7.7. If the nursery is unable to contact a child's parents in any situation, the Child's alternative emergency contacts will be contacted.

Contaminated clothing

7.8. If the clothing of the first-aider or a child becomes contaminated, the clothing is removed as soon as possible and placed in a plastic bag. The child's clothing is sent home with the child, and parents are advised of the best way to launder the clothing.

8. Exclusion

8.1. children suffering from infectious diseases will be excluded from nursery on medical grounds for the minimum recommended period.

8.2. If a child is exposed to an infectious disease, but is not confirmed to be infected, this is not normally a valid reason for exclusion; however, the local

health protection team (HPT) may be contacted to advise on a case-by-case basis

9. Medication

- 9.1. Where a child has been prescribed medication by a doctor, dentist, nurse or pharmacist, the first dose will be given at home, in case the child has an adverse reaction.
- 9.2. The child will only be allowed to return to nursery 24 hours after the first dose of medication, to allow it time to take effect.
- 9.3. All medicine provided in Nursery will be administered in line with the First Aid and Administering Medication Policy.

10. Outbreaks of infectious diseases

- 10.1. An incident is classed as an 'outbreak' where:
 - Two or more people experiencing a similar illness are linked in time or place.
 - A greater than expected rate of infection is present compared with the usual background rate, e.g.:
 - Two or more children in the same nursery are suffering from vomiting and diarrhoea.
 - A greater number of children than usual is diagnosed with scarlet fever.
 - There are two or more cases of measles at the nursery.
- 10.2. Suspected outbreaks of any of the diseases listed on the List of Notifiable Diseases will always be reported.
- 10.3. As soon as an outbreak is suspected (even if it cannot be confirmed), the Head of Nursery will contact the Local Authority to discuss the situation and agree if any actions are needed.
- 10.4. The Head of Nursery will provide the following information:
 - The number of staff and children affected
 - The symptoms present
 - The date(s) the symptoms first appeared
- 10.5. If the Head of Nursery is unsure whether suspected cases of infectious diseases constitute an outbreak, they will contact the Local Authority.
- 10.6. The nursery will provide the nursery with draft letters and factsheets to distribute to parents.

- 10.7. The nursery will always treat outbreaks in the strictest confidence; therefore, information provided to parents during an outbreak will never include names and other personal details.
- 10.8. If a member of staff suspects the presence of an infectious disease in the nursery, they will contact the Head of Nursery for further advice.
- 10.9. If a parent informs the nursery that their child carries an infectious disease, other children will be observed for similar symptoms by the staff.
- 10.10. If a child is identified as having a notifiable disease, as outlined in HPA exclusion periods, the nursery will inform the parents, who should inform their child's GP. It is a statutory requirement for doctors to then notify their local Public Health England centre.
- 10.11. During an outbreak, enhanced cleaning protocols will be undertaken, following advice provided by the Local Authority. The Head of Nursery will liaise with the cleaning contractor to ensure these take place.

11. Pregnant staff members

- 11.1. If a pregnant staff member develops a rash, or is in direct contact with someone who has a potentially contagious rash, we will strongly encourage her to speak to her doctor or midwife.
- 11.2. **Chickenpox:** If a pregnant staff member has not already had chickenpox or shingles, becoming infected can affect the pregnancy. If a pregnant staff member believes they have been exposed to chickenpox or shingles and have not had either infection previously, she will speak to her midwife or GP as soon as possible. If a pregnant staff member is unsure whether they are immune, we encourage them to take a blood test.
- 11.3. **Measles:** If a pregnant staff member is exposed to measles, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of measles.
- 11.4. **Rubella (German measles):** If a pregnant staff member is exposed to rubella, she will inform her midwife immediately. All female staff under the age of 25, who work with young children, are asked to provide evidence of two doses of MMR vaccine or a positive history of Rubella.
- 11.5. **Slapped cheek disease (Parvovirus B19):** If a pregnant staff member is exposed to slapped cheek disease, she will inform her midwife promptly.

12. Staff handling food

- 12.1. Food handling staff suffering from transmittable diseases will be excluded from all food handling activity until advised by the local Environmental Health Officer that they are clear to return to work. Both food handling are not permitted to attend work if they are suffering from diarrhoea and/or vomiting. They are not permitted to return to work until 48 hours have passed since diarrhoea and/or vomiting occurred, or until advised by the local environmental health officer that they are allowed to return to work.
- 12.2. The nursery will notify the local Environmental Health Department as soon as we are notified that a staff member engaged in the handling of food has become aware that they are suffering from, or likely to be carrying, an infection that may cause food poisoning.
- 12.3. Food handlers are required by law to inform the nursery if they are suffering from any of the following:
- Typhoid fever
 - Paratyphoid fever
 - Other salmonella infections
 - Dysentery
 - Shigellosis
 - Diarrhoea (where the cause of which has not been established)
 - Infective jaundice
 - Staphylococcal infections likely to cause food poisoning like impetigo, septic skin lesions, exposed infected wounds, boils
 - E.coli VTEC infection
- 12.4. 'Formal' exclusions will be issued where necessary, but employees are expected to provide voluntary 'off work' certificates from their GP.

13. Managing specific infectious diseases

- 13.1. When an infectious disease occurs in the nursery, we will follow the appropriate procedures set out in the HPA exclusion period.

14. Monitoring and review

- 14.1. All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- 14.2. The Head of Nursery will review this policy on an **annual** basis and will make any changes necessary, taking into account the current effectiveness of infection control and prevention.

14.3. The next scheduled review date is **March 2021**.

a) Managing Specific Infectious Diseases

https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

b) List of Notifiable Diseases

Under the Health Protection (Notification) Regulations 2010, the following diseases will always be reported to the health protection team (HPT):

- Acute encephalitis
- Acute meningitis
- Acute poliomyelitis
- Acute infectious hepatitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

