

INFECTION CONTROL POLICY

At *Creative Minds Nurseries*, we are committed to preventing and controlling the spread of infection to protect the health and wellbeing of children, staff, and visitors. This Infection Control Policy outlines the procedures in place to maintain high standards of hygiene, cleanliness, and infection prevention across the setting. In line with the Early Years Foundation Stage (EYFS) requirements and Ofsted expectations, we follow clear and consistent practices for managing hygiene routines, illness, and outbreaks to reduce the risk of infection and ensure a safe and healthy environment at all times.

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

Prevention

Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below).

Always clean hands thoroughly, and more often than usual where there is an infection outbreak.

Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.

Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Response to an infection outbreak

Manage confirmed cases of a contagious illness by following the guidance from the UK Health Security Agency (UKHSA) and our nursery exclusion periods (see below) .

The nursery is intended for healthy children. It is expected that parents will keep children who are unwell at home. We will not accept into the nursery any child who is unwell, i.e. high temperature, has an infectious illness, a rash (other than nappy rash), has conjunctivitis or is suffering from sickness and/or diarrhoea.

High Temperature

A child with a high temperature should not attend the nursery until it has gone down naturally, without the assistance of any type of medication having been given. If a child develops a high temperature whilst at nursery the parents/carer will be telephoned and asked to take their child home. **If a child's temperature were 38c/ 100.2 then staff would call the parent to seek permission to give the child calpol. Parent will also be requested to collect the child from the nursery.**

If a child is sent home with a high temperature a trip to the GP may be advised before returning to nursery. If a child is sent home with a high temperature, they will be required to stay home for 24 hours to monitor their condition and affirm that they do not have high temperature during that time and they did not require any medication to bring the temperature down.

The nursery will administer Calpol/Paracetamol to a child only if he / she has temperature above 38c provided parents/carers have given a prior written authorisation. Nursery will provide for Calpol. Nursery will also provide for Piriton in an event of an allergic reaction.

A child will not be allowed to attend nursery if he / she have had calpol less than 8 hours prior to attending the nursery.

Rash or Virus

A child who has a rash or who has been diagnosed by their GP to have a non-specific virus may not attend the nursery without a clearance note. If a child develops a rash during the day, the parents/carer will be contacted and asked to take their child to the GP.

Conjunctivitis

This is a highly infectious condition, and a child suffering from conjunctivitis should not attend the nursery until the condition has been adequately treated with antibiotic drops or ointment prescribed by their GP. The child should remain at home for after starting treatment and may only return to nursery when the eye is completely clear of discharge or redness.

Prescribed Medicines.

Nursery staff are **not** permitted to administer unprescribed medicines or creams.

Nursery staff are permitted to administer medicines prescribed by a doctor. **Medicines must be in their original container with the name of the patient, the name of the medication, the frequency and dosage on the label.** A member of management will witness and countersign a member of staff administering medicine.

All medicines administered at the nursery will be recorded on the Family app at the time of administration. A notification will be automatically sent to the parent or carer to inform them that the medicine has been given. Parents or carers are required to acknowledge this notification to confirm receipt of the information.

Antibiotics

Prescribed antibiotic can be administered in accordance with the above paragraph, but the child will not be allowed into the nursery until the child receives a minimum of two doses after starting the course of a new antibiotics, and if the child is free from a high temperature and any adverse side effects from the medicine (e.g. vomiting or diarrhoea) and is well enough to cope with the nursery day.

Colds

This is not a serious illness but because it lowers the body's resistance and complications can arise. A virus causes the common cold and it can take the body's defences up to ten days to overcome.

"Should I bring my child to nursery?" A slight runny nose is acceptable, however if your child is not coping very well, seems distressed or if their nose is constantly running, then he/she should not be within the nursery environment. A yellow or green nasal discharge could be the sign of secondary infection; therefore a visit to your G.P may be necessary. Your child should not come to nursery if you feel he/she is not well enough to go outdoors.

Other Conditions

Principles of management of the major infectious disorders, e.g. Measles, Chicken pox and German measles are laid down in this policy. Return to the nursery after such an illness will usually be allowed when the child's temperature has settled and any rash has disappeared.

COMMON INFECTIONS, DISEASES AND EXCLUSION PERIODS

	Signs and Symptoms	Incubation Period	Isolation Period	Special Points
Chicken Pox	May start with a cold, high temperature. Small red pimples on body which turn to yellow blister, then break.	11-21 days	5 days from onset of rash/until all visible scabs have fallen off	One attack usually gives immunity for life. But you can have it more than once.
German Measles (Rubella)	Slight temperature. Swollen glands at back of neck. Flat pin spots spreading into blotches.	14-21 days	6 days after rash appears.	Avoid contact with pregnant women.
Measles	Loss of appetite. High temperature, blotchy pink spots on neck spreading to body later.	10-15 days	Four days from onset of rash	Children should be vaccinated between 1&2 years.
Mumps	Swelling below ear spreading to face. Pain when chewing or swallowing. Rising temperature. NO RASH	12-26 days	5 days after onset of swelling.	Avoid contact with older boys or men.
Scarlet Fever	Sore throat. High temperature, vomiting. Small red spots, flushed skin, usually starting on back armpits or groin.	1-3 days	Child can return 24 hours after commencing appropriate antibiotic treatment	
Whooping Cough	Starts as an ordinary cold. Dry cough with whooping sound, vomiting. NO RASH	7-10 days	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	

*Our nursery Exclusion policy may differ from Health Protection Agency's Guidelines.

MINOR AILMENTS

	Signs and Symptoms	Exclusion Period
Conjunctivitis	Red eye often sticky.	* Highly contagious. Should not attend nursery until at least 2 applications of medication have been given.
Colds	Runny nose, coughing and a high temperature.	This is not a serious illness but because it lowers the body's resistance, complications such as bronchitis and pneumonia can arise. Child to stay home if not coping well and / or has fever
Antibiotics		Child should not attend nursery until minimum of 2 doses have been administered if the antibiotic is given for the first time or until any raised temperature has settled.
Infestation	Impetigo etc.	Child should not attend nursery unless a clearance note is provided.
Head lice	Small white eggs.	*Exclusion as long as eggs & lice are present. Treat child and whole family with lotion recommended.
Diarrhoea	Passing of 2 or more fluid stools.	Child should not attend the nursery for a minimum of 48 hours from last bout of diarrhoea.
Vomiting		Child should not attend the nursery for a minimum of 48 hours from last vomit.
Fever	100F/38C or over.	Exclusion from the nursery until fever has settled naturally, without aid of any type of medication, having been given in the last 8 hours.
Cold sores	Blistered, cracked, weeping, itchy lips.	*Child should not attend nursery until the cold sore has dried up. Should avoid contact with other children.
Hand foot and Mouth disease	High temperature (fever)sore throat, small spots inside mouth. Small spots on hands and feet	* Child to stay away from nursery until spots fade; minimum for 5 days after the symptoms start and until spots fade.
Impetigo	Skin reddens and small blisters appear, blisters burst leaving raw moist sores that gradually enlarge.	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment
Ringworm		* Exclusion not usually required as long as the infected area is covered and not in contact with other individuals

IMMUNISATIONS

• Immunisation	• Description & Age	• Duration/non attendance to the nursery •
• MMR	1-2 years	Child should not attend nursery the day of immunisation.
• Pre-school Booster	Tetanus/Booster4 +	Child should not attend nursery the day of immunisation.
• Holiday Vaccinations	Holiday abroad i.e. Hepatitis A, Typhoid etc.	Child should not attend nursery the day of immunisation.
• Flu Vaccine	2-17 yrs old	Child should not attend nursery the day of immunisation to monitor if they have fever

Informing others

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA or may wish to contact them for further advice.