



ILLNESS & INFECTION POLICY

Tommies Childcare Limited



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1. INTRODUCTION

To reduce the risk of the spread of infectious disease, staff should ensure that there is a spill kit on site that should be used when clearing up significant spillages of bodily fluids i.e. urine, vomit, blood. On all occasions staff must wear protective gloves and aprons.

Staff should wear a disposable apron and gloves and use an appropriate chemical supplied with the spill kit. All waste should be disposed of in a yellow hazardous waste bag supplied and placed in the hazardous waste bins.

Spill kits should be stored in the utility/laundry room or in a locked store cupboard.

2. HOW ARE INFECTIONS SPREAD?

Enteric Gut Infections:

These are spread via the faecal-oral route i.e. germs are present in the digestive system and can be passed on in the stool and vomit. Another person may pick up the germ, either on hands or via food and then transfer the germ to the mouth.

These infections usually cause diarrhoea and vomiting.

Prevention

- Toileting facilities must be kept clean;
- Thorough hand washing is essential. Ensure warm water and soap is used and disposable towels for drying; and
- Thorough hand washing is essential after contact with animals.

Droplet Infections

These germs are present in the respiratory system and passed in drops of moisture from coughing and sneezing.

Prevention

- Difficult to control spread, but care should be taken with disposal of tissues.

Personal Contact Infections

These germs may be from direct contact, touching skin, heads of hair, or indirectly from secretions from a sore or from contaminated objects i.e. toys or towels.

Prevention

- Hand washing is essential;
- Use disposable towels or individual towels;



- Plastic or rubber toys should be washed using detergent and hot water. Soft toys can be laundered; and
- It is advisable to change sand/dough at regular intervals. Water should be changed daily.

Blood Borne Infections

These germs may be in body fluids, usually blood and occasionally urine, vomit etc. Employees may not always be aware of anyone carrying blood borne infections.

3. WHAT TO DO WHEN YOU HAVE A CONFIRMED INFECTIOUS DISEASE

As a nursery we are not trained medical professionals and will only receive information regarding infectious diseases via parents and in some cases via our Local Health Protection Team. Our response to these illnesses is based on guidance from Public Health England (PHE) and we will cascade guidance from bodies such as PHE or NHS Direct to our parents as a support mechanism.

For less severe infectious diseases, we would follow this process:

- Illness confirmed to us (Parent or Local Health Protection Team);
- Parents informed through notice;
- Guidance issued based on NHS information available online;
- If cases increase, consider a deep clean of the nursery; and
- We retain the right to exclude any children to stop the spread of infection however this should be used with care.

Certain conditions may require a subtler response given their nature and as such if in doubt please contact your Line Manager for guidance.

For the more severe infectious diseases (Table 1 below) please seek guidance from the Area Manager or Operations Director.

4. TABLE 1 - SEVERE INFECTIOUS DISEASES

Condition	Exclusion Periods	Comments
Athletes Foot	None	An athlete's foot is not a serious condition. Treatment is recommended
Chicken Pox	Five days from the onset of rash	Chicken pox must be scabbed over before returning to nursery
Cold Sores (Herpes Simplex)	None	Avoid Kissing and contact with the sores. Cold sores are generally mild and self-limiting
Respiratory infections	Children and young people should not attend if they have	Children with mild symptoms such as runny nose, and headache who are otherwise



	a high temperature and are unwell.	well can continue to attend the setting.
Diphtheria	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Diarrhoea and Vomiting	48 Hours from the last episode of diarrhoea	
Flu	Until Recovered	Report outbreaks to your local HPT.
Glandular Fever	None	
Hand, Foot and Mouth	None	Exclusion may be considered in some circumstances where this affects larger numbers
Head Lice	None	Treatment recommended only when live lice seen
Hepatitis A *	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP
Meningococcal meningitis*/ septicæmia	Until recovered Meningitis ACWY and B are preventable by vaccination (see national schedule @ www.nhs.uk).	Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ www.nhs.uk)	Your local HPT will advise on any action needed
Meningitis viral*	None Milder illness than bacterial meningitis	Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are



		important to minimise spread. Contact your local HPT for more information
Ring Worm	Exclusion not usually required	Treatment is required
Rubella (German Measles)	Five days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed A person is infectious for 2-3 weeks if antibiotics are not administered.	In the event of two or more suspected cases, please contact local health
Scabies	Child can return after first treatment	Household and close contacts require treatment
Slapped Cheek/fifth disease. Parvovirus B19	None (Once Rash has developed)	Pregnant contacts of case should consult with their GP or midwife
Threadworms	None	The treatment recommended for child & Household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and Verrucae's	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms
*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).		

5. PREGNANT EMPLOYEES AND INFECTIOUS DISEASES

It is the Nursery Management Team's responsibility to ensure that all pregnant employees within the nursery are immediately made aware of all infectious diseases which are or have been, present in the nursery, to ensure that reasonable steps can be taken to protect any pregnant employees who may be at risk. A conversation should be held with the employee to ensure that the Health and Wellbeing of the pregnant employee are taken into consideration.



If a pregnant woman develops a rash or is in direct contact with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infectious comes from their child/children, rather than the workplace.

Chickenpox:

- Can affect the pregnancy if a woman has not already had the infection. Report exposure to a 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 chicken pox, so anyone who has not had chickenpox is potentially vulnerable to that infection if they have had close contact with a case of shingles

German Measles (Rubella):

- If a pregnant woman meets German Measles she should inform her GP and antenatal carer immediately to ensure an investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.

Slapped Cheek Syndrome (Parvovirus B19):

- Can occasionally affect an unborn child, if exposed in early pregnancy (before 20 weeks). Inform whoever is giving antenatal care as this must be investigated promptly.

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 an investigation.

6. HYGIENE PROCEDURES

Hygiene procedures in our nursery settings are robust, even in 'normal circumstances; however, it is recognised that these will need to be further strengthened as outlined below:

All children and staff must thoroughly wash their hands upon arrival at the nursery and frequently throughout the day, particularly before and after toileting, eating, and handling resources (toys/equipment).

- All waste will be disposed of hygienically and safely.
- Tissues will be disposed of immediately following use.
- Used personal protective equipment (PPE) such as masks, gloves, aprons etc. will be disposed of in a closed bin.
- Any new activities will be risk assessed, and usual practice will be continually reviewed and adapted where necessary. Any activities where strict hygiene procedures cannot be followed, will not take place.



- Children will not be allowed to bring in items from their home to the nursery unless it is essential for their well-being, such as a comforter. Where necessary, such items will be cleaned upon arrival.
- All resources required for play and learning experiences in the nursery will continue to be regularly washed and sterilised.
- Equipment such as stationery, tablets (iPads) etc. will be allocated to individual colleagues where possible and will be cleaned before and after use.

7. CLEANING

- A nominated colleague will take responsibility each day for ensuring continuous cleaning across the nursery. The cleaning schedule will remain a priority and will include communal touchpoints such as doors/handles, bathrooms, handwashing facilities, stair rails, garden equipment, hard surfaces, and toys.
- Toys which cannot be easily cleaned have been removed from the nursery.
- All items within the nursery which require laundering will be laundered in line with NHS Guidelines
- Items such as towels, flannels, and bedding will not be shared between children.
- Windows will remain open where possible to provide ventilation.

8. TRAINING & PPE

All colleagues have received appropriate instruction and training in infection control. This should be completed through our online Training Provider 'Noodle' and should be refreshed annually or where there are significant changes.

PPE will continue to be worn as usual for nappy changing and the administration of first aid.

9. RECORD OF POLICY CHANGES

Last	Date	Initials	Comments
Updated	May 2013	CF/AM	
Reviewed	Dec 2013	AM	
Reviewed	Jul 2014	CFr/HM	
Updated	Mar 2015	HM	Updated HPA becoming PHE
Updated	Dec 2016	DB	
Updated	Feb 2017	LW	Updated format
Updated	Feb 2018	DB/KA	
Reviewed	Feb 2019	DB	
Reviewed	Jan 2020	DB	



Updated	Jan 2020	MF	Updated format
			S.4 Amendments made to the 'Infectious Diseases' table following updates as outlined by PHE. This includes the addition and removal of some known infectious diseases.
Updated	Jan 2021	DB	S.6-12 Completed new section added to this policy to include Covid-19 Protocols. This information can also be found in our Covid-19 Operational Guidance.
Updated	Jan 2022	DB	Changes made to the Covid-19 section to reflect current guidance
Updated	May 2022	KC	Changes to chicken pox isolation and positive Covid-19 tests
Updated	Mar 2023	DB	Removal of Track and Trace information Changes to isolation if confirmed Covid-19
Updated	Mar 2024	DB	Removal of S.6 Covid 19
Reviewed	Mar 2025	DB	No changes made