



Illness and Infection Policy

Rationale

It is my policy to keep children safe when they are in my care, promote good health and take necessary steps to prevent the spread of infection within my childcare setting and while I am off site.

I am committed to providing an environment for children that helps prevent the spread of infection. This will entail children who are known to be infectious being kept away from my setting in order to maintain the health of others.

Procedure

If your child is slightly unwell due to a simple cold, teething etc. and can join in and enjoy the normal routines of the childminding day, please discuss this with me because they may still be able to attend. However happy your child is here when well, when poorly s/he will be much happier with their family, so if they are feeling really unwell, please keep them at home.

If your child is unwell with a high temperature and an infectious illness such as chicken pox, please keep them at home until the infection passes. I

If your child has sickness or diarrhoea, they must not return until 48 hours after the last bout in order to prevent the spread of infection to others.

Please feel free to consult me if you are not sure if your child's symptoms mean that they need to stay at home.

If your child becomes unwell during the day, I will contact you and it may be necessary for you to collect them. I will keep your child as comfortable as possible until you arrive, but I will not be able to isolate them from other children, so a prompt collection is required.

Children with a notifiable disease must not attend until they have been cleared by their GP. If you are not sure if an illness is notifiable, please refer to the guidance at the end of this policy (Health Protection for schools, nurseries and other childcare facilities: Exclusion Table), or ask your GP or Health Visitor.

I will inform you if any other child or adult has an infectious or notifiable disease. If a child who attends my setting has a notifiable disease, I am required to notify Ofsted as soon as reasonably practicable but always within 14 days. I will also contact Public Health England (PHE) and act on any advice given.

In accordance with the contract agreed with parents, I expect to be paid for the child's place even if they are excluded from my setting due to an illness or infectious disease.

If I, or one of the members of my family, has a confirmed infectious disease, I will inform parents as soon as I am able. As I will not be able to offer my childminding service, I do not charge parents for the time the service is unavailable, as agreed in the contract.

I will inform the parents of the other children in my setting if a child I care for has a diagnosed infectious disease.

Hygiene

I ensure all adults and children in my setting are aware of good hand-washing procedures, before eating or handling food and after using the toilet.

I ensure there is a supply of tissues available for children.

I immediately clean up any spillage of body fluids using a disposable cloth and gloves.

I wear disposable gloves for changing nappies. I will discard these gloves after each change.

I ensure that any animals on the premises are safe to be around children and do not pose a health risk.

I ensure that litter trays and pet food dishes are kept away from children.

Date policy was written	June 2019
Policy review date	June 2020
Action/Amendments to be taken following review	

APPENDIX 1

Health Protection for schools, nurseries and other childcare facilities

Exclusion table

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
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
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
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 /healed or 48 hours after starting 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 or
Meningococcal meningitis*/ septicaemia*	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
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ www.nhs.uk). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
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	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	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 (TB)	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	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

***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).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.