

**COVID-19**This is our general infection control exclusion periods.During covid-19 pandemic children who have a cough, high temperature or loss of smell/taste must isolate and take a PCR Covid-19 test. Once they have isolated for 10 days, have stopped coughing and are well they can return to Pre-School.

**Policies and Procedures**

**Mansbridge Community Pre-School**

**4.5a Infection control and exclusion periods
Policy statement**

We provide care for healthy children through preventing cross infection of viruses and bacterial infections. The Pre-School can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease. If your child needs any medication to reduce their temperature they should not come to Pre-School. If you have given your child any kind of paracetamol or ibuprofen before your child is due to attend Pre-School, we ask that they remain at home, as these types of medication can mask fevers and illness and children can go downhill fast as this wears off. There is also a risk of cross infection to other children and staff.

Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.

The following table sets out Mansbridge Community Pre-School’s policy on exclusion periods for certain illnesses:

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| **Rashes and skin infections** | **Exclusion period:** | **Comments:** |
| Athlete’s foot | None | Athlete’s foot is not a serious condition. Treatment is recommended |
| Chicken Pox | Five days from the onset or until all spots have stopped weeping and have scabbed over. | 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  |
| Coughs and colds | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature. | If your child is feeling unwell or coughing or sneezing continuously, they need to stay at home until they are well enough to return to prevent spread. |
| German measles (rubella)NOTIFIABLE | Six days from onset of rash | Preventable by immunisation (MMR x 2 doses).See: Female staff – pregnancy |
| Hand, foot and Mouth | Five days from onset of spots, rash or ulcers | Contact the Health protection agency if a large number of children are affected |
| Impetigo | Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment | Antibiotic treatment speeds healing and reduces the infectious period |
| Measles | Six days from onset of rash | Preventable by vaccination (MMR x 2).See: Vulnerable children and female staff – pregnancy |
| Molluscum contagiosum | None | A self-limiting condition |
| Ringworm | 48 hours after treatment has started | Treatment is required |
| Roseola (infantum) | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature. | None |
| Scabies | 48 hours after treatment has started | Household and close contacts require treatment |
| Scarlet FeverNOTIFIABLE | Child can return 48 hours after commencing appropriate antibiotic treatment |  |
| Slapped cheek / fifth disease / parvovirus | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature. | See: Vulnerable children and female staff – pregnancy |
| Shingles | Five days from the onset or until all spots or rash have stopped weeping and have scabbed over. | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. Vulnerable Children and Female Staff – Pregnancy |
| Warts and verrucae | Once treatment has started | Vuerrucae should be covered in swimming pools and gyms |
| **Diarrhoea and vomiting** | **Exclusion period:** | **Comments:** |
| Diarrhoea and vomiting | 48 hours from last episode of diarrhoea or vomiting | Drinking lots of fluids and rest are important |
| E. coli | 48 hours from last episode of diarrhoea or vomiting | Drinking lots of fluids and rest are important |
| TyphoidNOTIFIABLE | 48 hours from last episode of diarrhoea or vomiting | Drinking lots of fluids and rest are important |
| Cryptosporidiosis | 48 hours from last episode of diarrhoea or vomiting | Drinking lots of fluids and rest are important |
| **Respiratory infections** | **Exclusion period:** | **Comments:** |
| Flu (influenza) | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature. | Flu can live on hands and surfaces for 24 hours |
| TuberculosisNOTIFIABLE | Consult your local health protection agency | Requires prolonged close contact to spread |
| Whooping coughNOTIFIABLE | Five days from commencing antibiotics or twenty-one days without treatment | Preventable by vaccine. After treatment non-infectious coughing can occur for many weeks. |
| **Other infections** | **Exclusion period:** | **Comments:** |
| Conjunctivitis | 24 hours after treatment has started or until sticky or crusty puss has stopped | If an outbreak or cluster occurs consult your Health protection agency |
| DiptheriaNOTIFIABLE | Exclusion is essential always consult your local Health protection agency | Preventable by vaccination |
| Glandular Fever | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature. |  |
| Head Lice | The Pre-School can exclude children in exceptional cases until the infestation has been cleared. | Regular combing and checking will eliminate infestations |
| Hepatitis ANOTIFIABLE | Exclude until seven days after onset of symptoms or jaundice | HPA will advise on control measures |
| Hepatitis B and CNOTIFIABLE | NONE | Bloodborne virus not infectious through casual contact.  |
| HIV / AIDS | NONE | Bloodborne virus not infectious through casual contact.  |
| Meningococcal meningitis / septicaemiaNOTIFIABLE | Until fully recovered | Preventable by vaccination. There is no reason to exclude siblings. Your HPA can advise further. |
| Meningitis due to other bacteriaNOTIFIABLE | Until fully recovered | Preventable by vaccination. There is no reason to exclude siblings. Your HPA can advise further. |
| Meningitis viralNOTIFIABLE | Until fully recovered | Milder illness. There is no reason to exclude siblings |
| MRSA | Until fully recovered | Good hygiene is essential to prevent the spread |
| MumpsNOTIFIABLE | Five days after onset of swelling | Preventable by vaccination |
| Threadworms | 24 hours after treatment has started | Treatment is recommended for the entire household |
| Tonsillitis | Until the child is well enough and has no temperature. Child must not need paracetamol / ibuprofen to control temperature or 48 hours after antibiotics have started (if applicable) |  |

 **Good hygiene practice**Handwashing 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 the use of 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** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Correct PPE should be used when handling cleaning chemicals.

**Cleaning of the environment**, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations 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**. 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. Use as per manufacturer’s instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

**Laundry** Wear PPE when handling soiled linen. Children’s soiled clothing should be bagged to go home, never rinsed by hand.

**Clinical waste**. Always segregate domestic and clinical waste, in accordance with local policy. Gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Sharps**, e.g. needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

**Sharps injuries and bites**If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

**Animals in school** (permanent or visiting). Ensure animals’ living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella. Children must always wash their hands after touching animals as they carry germs.

**Vulnerable children**Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

**Female staff – pregnancy**If a pregnant woman 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 the workplace.

Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to 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 (fifth disease or 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 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 investigation.

All female staff under the age of 25 working with young children are advised to ensure they have had two doses of MMR vaccine.

**Immunisations** Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child’s GP.For the most up-to-date immunisation advice visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

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| This policy was adopted at a meeting of | Mansbridge Community Pre-School |  |
| Held on |  |  |
| Date to be reviewed |  |  |
| Signed on behalf of the management committee |  |
| Name of signatory | Nicole Cummins |
| Role of signatory (e.g. chair/owner) | Chair |

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