



## **Communicable Diseases, Exclusion Periods & Immunisation:**

### **Infection Control**

Viruses and infections can be easily passed from person to person by breathing in air containing the virus which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

The best way to prevent a virus or infection from moving around the nursery environment is to maintain high hygiene standards in the nursery. To do this we will follow the guidance below:

- Ensure all children use tissues when coughing and sneezing to catch all germs.
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of.
- Encourage all children to do the above by discussing the need for good hygiene procedures in helping them to stay healthy.
- Staff will wear the appropriate Personal Protective Equipment (PPE) when changing nappies, toileting children and dealing with other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately.
- All potties and changing mats are cleaned and sterilised before and after each use.
- Toilets are cleaned at least daily.
- Staff are to remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this.
- All toys, equipment and resources will be cleaned on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser or through washing in the washing machine.
- All equipment used by babies and toddlers will be washed or cleaned as and when they need it – this includes when the children have placed it in their mouth.
- Dummies will be stored in individual hygienic dummy boxes labelled with the child's name to prevent cross- contamination with other children.



- If a dummy or bottle falls on the floor or is picked up by another child, this is cleaned immediately and sterilised where necessary.
- Individual bedding will be used by children and labelled. This will be washed at least once a week and not used by any other child.
- When children are ill we will follow the sickness and illness policy to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are contagious.
- The nursery manager retains the right of refusal of all children, parents, staff and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.
- Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure that the spread of infection is limited. This will be implemented earlier if the need arises.
- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are maintained at all times and increased during the winter months or when flu and cold germs are circulating.

### Diarrhoea and/or vomiting

48 hours from last episode of diarrhoea or vomiting.

### E. coli / Typhoid\* / Shigella (dysentery)

Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting. Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance.

### Cryptosporidiosis

Exclude for 48 hours from the last episode of diarrhoea. Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

### Flu (influenza)

Until recovered.

### Tuberculosis\*

Should be excluded until declared free from infection by their GP.



Whooping cough\* (pertussis)

Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.

Chickenpox

Until all vesicles have crusted over.

German measles (rubella)\*

Four days from onset of rash.

Hand, foot and mouth

None. If a large number of children are affected, Infection Control will be informed. Exclusion may be considered in some circumstances.

Impetigo

Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment.

Measles\*

Four days from onset of rash.

Ringworm

Exclusion not usually required.

Scabies

Child can return after first treatment. Household and close contacts require treatment.

Scarlet fever\*

Child can return 24 hours after starting appropriate antibiotic treatment.

Slapped cheek/fifth disease (Parvovirus B19)

None (once rash has developed).

Shingles

Exclude only if rash is weeping and cannot be covered. Can cause chickenpox in those who are not immune, i.e. have not had chickenpox. It is spread by very close contact and touch.

Warts and verrucae

None. Verrucae should be covered in swimming pools etc.

Conjunctivitis

None

Diphtheria\*



Exclusion is essential until cleared by GP. Family contacts must be excluded until cleared by GP also.

Glandular fever

None

Head lice

None

Hepatitis A\*

Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice).

Hepatitis B\*, C\*

None

Meningococcal meningitis\*/ septicaemia\*

Until recovered. There is no reason to exclude siblings or other close contacts of a case.

Meningitis\* due to other bacteria

Until recovered. There is no reason to exclude siblings or other close contacts of a case.

Meningitis viral\*

None. Milder illness. There is no reason to exclude siblings and other close contacts of a case.

MRSA

None

Mumps\*

Exclude child for five days after onset of swelling.

Threadworms

None. Treatment is recommended for the child and household contacts.

Tonsillitis

None

HIV/AIDS

Ducklings Childcare Ltd follows the hygiene policy when dealing with accidents resulting in bleeding, vomiting or in the cases of diarrhoea and changing nappies.



No one has the right to know if another person is HIV positive or has AIDS. This information should not be shared with anyone else without the permission of the person involved. OTHER PARENTS/CARERS DO NOT NEED TO BE TOLD. Any failure by an employee to keep this information confidential, without consent, may result in dismissal on the ground of gross misconduct and will always result in disciplinary proceedings.

**\* denotes a notifiable disease.**

### Head Lice

Head lice can affect people from any socio-economic background and ethnicity and do not imply a lack of hygiene or cleanliness of the infected person.

In order to try and prevent other children becoming infected we have put together the following procedure. We hope that as parents will work with us to prevent and treat the spread of head lice.

- No child will be excluded from Ducklings Childcare Ltd because they have head lice and we ask that all children and parents are sensitive and understanding towards the child. It is not their fault that they have head lice.
- We request that all children with long hair wear their hair up to prevent the spread of head lice.
- We request that parents check their children's hair once a week with a special head lice comb to aid early detection.
- We request that parents inform staff immediately if they have discovered that their child has head lice.
- We will inform all parents using our service if a child has head lice but we will keep the name of the child confidential.
- We will assist in the prevention of head lice by ensuring the children only use their own hairbrushes and combs and that the dressing up hats are regularly cleaned.

### More Information

- Nits are tiny yellowish – white oval eggs firmly attached at an angle to the hair shaft. Contrary to some claims, nits found more than a quarter inch from the scalp are not necessarily dead. The diagnosis is made more often by seeing the attached nits than by finding crawling lice. Nits (eggs) are tiny and can be difficult to remove.



They are firmly attached to the hair shaft and cannot be brushed out or removed with a regular comb.

- Although nits may be more prevalent at the nape of the neck, around the ears and at the crown of the head, advise parents to check the entire scalp since nits can be found anywhere in the hair.
- Lice are about the size of a sesame seed, clear in colour when first hatched and then become brown after they feed, and move quickly away from light.
- Head lice cannot be gotten from or given to animals. They are 'Host Specific' and infect humans only.
- Lice do not hop, jump or fly.

### Procedure when a case of head lice are found:

1. If staff observe head lice on a child the parent/carers of the child will be contacted in a sensitive manner as soon as possible and provided guidance on the treatments available. For treatment see instructions on head lice lotions available from chemists and on prescription from doctors.
2. Extra care is taken to avoid head to head contact until treatment has been provided.
3. To help in our combined effort to eliminate the incidence of head lice parents will be informed that a case of head lice has been reported on that day, the name of the child concerned kept confidential, asking parents to check their own child's head carefully each day for the next few weeks and to continue checking as part of their routine hygiene.
4. Staff should be prepared to answer questions. Parents may feel overwhelmed and need to review current guidelines. Seek out guidance and support if a parent requires advice.
5. Encourage the children and help them feel comfortable about speaking up if they feel itchy.
6. Confidentiality is maintained throughout.
7. Staff are reminded to check their own hair routinely.

### **Immunisation Policy**

Ducklings Childcare Ltd does not discriminate on the admission of a child who has/has not had their immunisations; we firmly believe that it is



parental choice as to whether children have their immunisations, and we will not refuse admission of that child.

However, we are aware that the risks of children contracting infectious diseases are higher and we do our utmost at the nursery to prevent the spread of infection. We monitor for any signs and symptoms of infectious diseases.

We recognise where possible, that children are vaccinated in accordance with their age. If children are not vaccinated, it is the responsibility of the parents to inform the nursery to ensure that children/staff/parents are not exposed to any unnecessary risks of any sort. The nursery manager must be aware of any children who are not vaccinated within the nursery in accordance with their age.

Parents need to be aware that some children will not be vaccinated within the nursery. This may be due to their age, medical reasons or parental choice. We will not disclose individual details to other parents in relation to other children who have not received their immunisations as this information is deemed confidential.

Information regarding immunisations will be recorded on children's registration documents and should be updated as and when necessary, including when the child reaches the age for the appropriate immunisations.

#### Staff Vaccinations Policy

We will also not discriminate against staff who do not wish to have vaccinations, however where they do wish to have them, it is the responsibility of all staff to ensure that they keep up-to-date with their vaccinations for:

- Tetanus
- Tuberculosis
- Rubella
- Hepatitis
- Polio

If a member of staff is unsure as to whether they are up to date, then we recommend that they visit their GP or practice nurse for their own good health.

#### Emergency Information

Emergency information must be kept for every child and should be updated every six months with regular reminders to parents in

## **Ducklings Childcare**



newsletters, at parents' evenings and a reminder notice on the parent information board.