

EARLY YEARS INFECTIOUS DISEASE POLICY

1. Introduction

This policy is to ensure that a safe, healthy environment is maintained at New Hall School Nursery and Pre-Prep Division. It is recognised that infectious diseases can spread quickly amongst children in a childcare environment, therefore we will endeavour to ensure that infections are controlled and good hygiene and health policies are adhered to.

It is the responsibility of the Nursery Manager and Deputy Manager to ensure that any child, parent or staff member who has a contagious illness are excluded from the Nursery for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A). In Reception, the Class Teacher, Head of Pre-Prep Division, or the Pupil Support Manager will ensure that a child or staff member is excluded as per the NHS exclusion guidelines. The Nursery Manager/Pupil Support Manager will inform parents and carers when a contagious illness i.e. chicken pox has been diagnosed. Parents/carers will be notified by Parent Mail. All staff have the responsibility to report to the Manager any child that arrives at Nursery/Reception unwell before a decision can be made to send the child home.

2. Procedures

- Excluding children with infectious diseases for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A)
- Excluding all members of staff with infectious diseases for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A)
- Identifying signs and symptoms of illness whilst in the setting
- Informing parents and carers of sick children that their children are ill and arranging for them to be collected as soon as possible
- Limiting the contact of sick children with others in the setting by isolating to the Medical Room in a sensitive and caring manner accompanied with either the Key Person, Class Teacher where practical and/or the Manager/Pupil Support Manager
- Preventing the spread of infection by adhering to New Hall's *Health and Safety Policy*, good personal hygiene practice and Food safety guidelines
- Reporting the occurrence of certain infections to parents whilst maintaining the child's anonymity
- Informing parents via Parent Mail of infections such as Headlice, Chicken Pox, Measles, Mumps, Whooping Cough, Meningitis.
- Highlight the importance of immunisation; any child that has not had all of their immunisations is at a higher risk of infection if infection presents itself in the setting
- Close monitoring of children and staff at Nursery/Reception for signs and symptoms when there has been an exclusion
- All cases of infectious diseases are recorded by the Manager, parents are informed via EVOLVE and a record is put on iSAMS.

3. Exclusions

When a child or staff member has contracted an infectious illness that could affect the other children or staff of the Nursery/Reception, the following exclusion guidelines will be implemented:

- Any child who has an illness that results in a greater need for care than members of staff can provide and who may be placing other children and staff at risk will be excluded until such time as treatment has been received and the child is feeling better
- Any member of staff who has an illness that affects their ability to carry out their duties and who may be placing parents, children and other members of staff at risk may be excluded until such time a treatment has been received and they are feeling better
- **Vomiting and diarrhoea:** 48 hours after the last attack (this includes incidents over the weekend whilst at home)
- **Rash:** exclusion until medical advice has been sought and a determination of further infection
- **Fever (temperature above 37.8C) /throat infections:** 24 hours for fever to go down
- **Headlice:** exclusion until treatment has been given
- **Conjunctivitis:** exclusion until treatment has been received, Nursery will only administer prescribed medication/eye drops

For all other exclusion periods, please see Appendix A, the NHS Exclusion Guideline for Schools and Nurseries.

Health Protection for schools, nurseries and other childcare facilities.

| Infection | Exclusion period | Comments |
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| Athlete's foot | None | Athlete's foot is not a serious condition. Treatment is recommended, children should not be bare foot in the setting |
| Chicken Pox | 5 days from onset of rash and the lesions have crusted over | Pregnant staff contacts should consult with their GP or Midwife |
| Cold sore (herpes simplex) | None | Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment |
| Conjunctivitis | Until treatment received | If an outbreak/cluster occurs consult your local HPT |
| Respiratory Infections including Coronavirus (COVID-19) | Children and young people should not attend if they have a high temperature and are unwell Children and young people who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test | Children with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting |
| Diarrhoea and vomiting | Whilst symptomatic and 48-hours after the last symptoms | If a particular cause of the diarrhoea and vomiting is identified there may be additional exclusion advice for example E. coli STEC and hep A |
| 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 GPT |
| Glandular Fever | None | |
| Hand, Foot and Mouth | None | Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances |
| Headlice | Until treatment received | Treatment recommended only when live lice seen |
| Hepatitis A* | Exclude until 7 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 C*, C*, HIV | None | Hepatitis B, 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 | 4 days from onset of rash and recovered | Preventable by vaccination (2 doses of MMR). Promote MMR to staff and students. Pregnant staff contacts should seek prompt advice from GP or local HPT |
| Meningococcal/ Meningitis Septicaemia | Until recovered | Meningitis AGWY and B are preventable by vaccination (see national schedule). Your local HPT will advise on action required. |

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| Meningitis due to other bacteria | Until recovered | Hib and pneumococcal meningitis are preventable by vaccination. (See national schedule). Your local HPT will advise on action required. |
| Meningitis viral | None | Milder illness than bacterial meningitis. Siblings and 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 | 5 days after onset of swelling | Preventable by vaccination with 2 doses of MMR (see national schedule). Promote MMR for staff and students |
| Ringworm | Not usually required | Treatment is needed |
| Rubella (German Measles) | 5 days from onset of rash) | Preventable with 2 doses of MMR |
| Scabies | Can return after first treatment | Household and close contacts require treatments at same time |
| Scarlet Fever | Exclude until 24 hours after antibiotic treatment | A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT |
| Slapped Cheek/Fifth Disease/Parvovirus B19 | None (once rash has developed) | Pregnant contacts of case should consult with GP or midwife |
| Threadworms | None | Treatment recommended for household |
| Tonsillitis | None | |
| Tuberculosis (TB) | Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB Exclusion not required for non-pulmonary or latent TB infection Always consult your local HPT before disseminating information to staff, parents and carers | Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread Your local HPT will organise any contact tracing |
| Warts and Verrucae | None | Verrucae Should be covered |
| Whooping Cough (pertussis) | 2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics | [preventable with vaccination. After treatment, non-infectious coughing may continue |
| Monkey Pox | UKHSA health protection teams are contacting people considered to be high-risk contacts of confirmed cases and are advising those who have been risk assessed and remain well to isolate at home for up to 21 days. | a safe smallpox vaccine (called Imvanex) is being offered to identified close contacts of someone diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness. Vaccination against smallpox can be used for both pre and post-exposure and is up to 85% effective in preventing monkeypox. People vaccinated against smallpox in childhood may experience a milder disease. |