



Meningitis & Infectious Diseases policy

Statement of intent

This policy aims to help school staff prevent and manage infections in school. It is not intended to be used as a tool for diagnosing disease, but rather a series of procedures informing staff what steps to take to prevent infection and what actions to take when infection occurs.

This Policy shall be reviewed regularly and at least yearly.

This policy was last reviewed: 19th August 2022

Reviewed by: Hannah Clifford (Managing Director)

Introduction

Infections can easily spread in a school due to:

- Pupils' immature immune systems.
- The close-contact nature of the environment.
- Some pupils having not yet received full vaccinations.
- Pupils' poor understanding of good hygiene practices.

Infections commonly spread in the following ways:

- Respiratory spread – contact with coughs or other secretions from an infected person.

- Direct contact spread – direct contact with the infecting organism, e.g., skin-on-skin contact during sports.
- Gastrointestinal spread – contact with contaminated food or water, or contact with infected faeces or unwashed hands.
- Blood borne virus spread – contact with infected blood or bodily fluids, e.g., via bites or used needles.

Transmission of coronavirus mainly occurs via respiratory droplets generated during breathing, talking, coughing and sneezing. These droplets can directly infect the respiratory tracts of other people if there is close contact. They also infect others indirectly. This happens when the droplets get onto and contaminate surfaces which are then touched and introduced into the mouth or eyes of an uninfected person.

Another route of transmission is via aerosols (extremely small droplets) but this is only relevant to medical procedures for a very small number of children in education and social care settings. In all education, childcare and children's social care settings, preventing the spread of coronavirus involves preventing:

- Direct transmission, for instance, when in close contact with those sneezing and coughing
- Indirect transmission, for instance, touching contaminated surfaces

Infection in Childcare settings

Infections in children are common. This is because a child's immune system is immature. Added to this, young children often have close contact with their friends, for example through play, and lack good hygiene habits, making it easier for infections to be passed on. Many diseases can spread before the individual shows any symptoms at all (during the infectious period)

Infection prevention and control measures aim to interrupt the cycle of infection by promoting the routine use of good standards of hygiene so that transmission of

infection is reduced overall. We actively prevent the spread of infection via the following measures:

- Maintaining high standards of personal hygiene and practice
- Maintaining a clean environment
- Routine immunisations
- Taking appropriate and prompt action when infection occurs

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- Control of Substances Hazardous to Health Regulations 2002 (as amended 2004)
- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Health Protection (Notification) Regulations 2010

1.2. This policy has due regard to statutory guidance including, but not limited to, the following

- Public Health England (2017) 'Health protection in schools and other childcare facilities'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Department for Education guidance COVID-19 infection prevention and control

1.3. This policy operates in conjunction with the following Seren Kids policies and documents:

- Health & Safety Policy
- First Aid Policy
- Specific Risk Assessment, eg Swimming, Covid

Preventative measures

A range of approaches and actions should be employed. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system where the risk of transmission of infection is substantially reduced.

These include:

- Minimise contact with individuals who are unwell
- Clean your hands often
- Respiratory hygiene (catch it, bin it, kill it)
- Clean surfaces that are touched frequently
- Minimise contact and mixing
- Personal protective equipment (PPE)
- Social distancing measures are implemented
- Soft furnishings, soft toys and toys that are hard to clean have been removed
- The use of shared resources has been reduced
- Air flow and ventilation is increased by opening windows and children spend more time outdoors

2. Ensuring a clean environment

Sanitary facilities

2.1. soap dispensers are used in all toilets – bar soap is never used.

2.2. Waste paper bins are always made available where disposable paper towels are used.

2.3. Toilet paper is always available in cubicles.

2.4. Suitable sanitary disposal facilities are provided where necessary

Cleaning contractors

2.5. A cleaning contractor is employed to carry out rigorous cleaning of the premises where this is the responsibility of Seren Kids. Alternatively the premises owner may have their own

cleaning system/staff in place. Seren Kids will ensure they have checked such information prior to camps or clubs.

Toys and Devices

2.6 All toys, devices and portable equipment will be cleaned down by Seren Kids staff members at the end of each after school club session or at the end of a camp day. Antibacterial and antiviral wipes will be provided to staff members to do this.

2.7 Small toys, or porous toys (lego and finer toys) if used, will also be disinfected regularly at least monthly but with an aim to doing it fortnightly.

Cleaning blood and body fluid spills

2.8 All spillages of blood, faeces, saliva and vomit should be cleaned up immediately, wearing personal protective equipment. Clean spillages using a product which combines detergent and disinfectant, and ensure it is effective against both bacteria and viruses. Always follow the manufacturer's instructions. Use disposable paper towels or cloths to clean up blood and body fluid spills, and dispose of after use. Each Camp location will be provided with the correct resources to fulfil this policy. For After School Clubs this will often be left to school policy rather than Seren Kids Policy.

Illness & Exclusion

At Seren Kids we aim to ensure the safety and wellbeing of all staff and children. Many illnesses can be infectious before a full diagnosis can be made. Health guidelines note that not all illnesses require a child to be excluded from a Seren Kids setting, but it is important that staff and parents understand when an exclusion is necessary and a child should remain home.

Children should remain at home if they are unwell. If a child is unwell they would prefer to remain at home, and it is in their best interest to remain at home, particularly if your child is attending camps due to the active elements. Camp and Club managers have a right to refuse attendance of a child in order to protect staff and other children, and this is non-negotiable. It is exceedingly unfair to expose other children to a disease or illness.

If a contagious disease/illness is identified at a Seren Kids setting staff and parents/carers of the child will be notified immediately where possible. Other parents will be notified as soon as possible but at least within 24 hours or the next morning to allow them look out for signs and symptoms within their own children.

A list of notifiable diseases, symptoms, and exclusion periods will be found at the end of this policy.

If a child becomes seriously ill or injured during his/her attendance at Seren Kids, Seren Kids reserves the right to call for emergency assistance and, if necessary, remove him/her to hospital and give permission for emergency treatment to be administered. If we have to take your child to hospital as a result of an illness or accident, we will do our utmost to inform you immediately (using the details given when booking). It is therefore vital that this information is kept up to date and that you inform us of any changes to these details as soon as possible.

Parents are asked to take their child to the doctor before returning them to a Seren Kids setting and we reserve the right to refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.

Coronavirus

Our Coronavirus Policy and risk assessments can be found at: www.serenkids.com/policies

All staff should be trained on the symptoms of Coronavirus and compliance of this policy.

Sickness & Diarrhea

After sickness and diarrhoea, Seren Kids requests that parents keep their children home for 48 hours following the last episode to help control the spread of infection. Some activities, where there may be a risk of cross-contamination may be suspended for the duration of any outbreak.

Other Illnesses & Exclusion periods/advice

<u>Disease</u>	<u>Recommended period of Exclusion</u>	<u>Comments</u>
Athletes Foot	None	Athletes foot is not a serious condition. Treatment is

		recommended.
Chicken Pox	Five days from the onset of the rash	Pregnant women who have never had chickenpox should see their GP
Cold Sores	None	Avoid contact with sores. Cold sores are generally mild and self-limiting
Coronavirus	See Coronavirus Risk Assessment/policy	
conjunctivitis	Absence from our setting is not necessary if being treated. Otherwise, until eyes have recovered and discharge has stopped.	advise not to share face cloths or towels or play contact sports at setting
diphtheria	Exclusion is essential. Consult your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination.
Fifth Disease (slapped cheek syndrome)	Exclusion not recommended	None –If there are pregnant contacts, seek GP advice
German measles (Rubella)	An ill child should remain out of our settings until 5 days from onset of rash	pregnant women must seek advice from their GP if they have been in contact
Glandular Fever	None	
Hand foot & Mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Head Lice	None, but appropriate treatment is required promptly	None, but treatment may be necessary for household contacts
Hepatitis A	Exclude until 7 days after the onset of symptoms	Your local HPU will advise on control measures
Hepatitis B C HIV/AIDS	None	Hepatitis B/C and HIV are blood viruses that are not infectious through casual contact.
impetigo	Child can return to setting after the commencement of antibiotic	

influenza	Until child has recovered	
measles	5 days from onset of rash	
Meningococcal Meningitis/septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contact cases. HPU will advise
Meningitis due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contact cases. HPU will advise
Meningitis viral	Until Recovered	
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is req
Mumps	5 days from onset of symptoms	Preventable by vaccination (MMR x2)
Molluscum contagiosum	None	A self limiting condition
Ringworm	No need to exclude. Proper treatment from GP is important	None, advise that items with close scalp contact should not be shared
Roseola (Infantum)	None	None
Scabies	Until course of treatment has been administered (usually 2 course of treatment one week apart)	Contacts will have one treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate anti-biotics	Anti-biotic treatment recommended for the affected child
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune
Sickness and Diarrhoea	Until 48 hours symptom free. Exclusion differs for infections.	
Threadworm	No need to exclude.	

	Treatment is necessary for cases and their contacts	
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need anti-biotics
Warts and verrucae	None	Verrucae should be covered in swimming pools, and changing rooms
Whooping Cough	5 days from commencement of antibiotics	

Reporting a 'Notifiable diseases'

If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England. When the setting becomes aware, or are formally informed of the notifiable disease, the setting manager will inform Ofsted and contact Public Health England, and act[s] on any advice given.

Notifiable Diseases:

Acute poliomyelitis

Anthrax

Cholera

Diphtheria

Dysentery

Food Poisoning

Leptospirosis

Malaria

Measles

Meningitis (meningococcal, pneumococcal, haemophilus influenza viral or other specified/unspecified)

Meningococcal Septicaemia (without meningitis)

Mumps

Ophthalmia neonatorum

Parathyphoid fever

Plague

Rabies

Relapsing Fever

Rubella

Scarlet Fever

Smallpox

Tetanus

Tuberculosis

Typhoid Fever

Typhus Fever

Viral haemorrhagic fever

Viral hepatitis (Hepatitis A, Hepatitis B, Hepatitis C)

Whooping Cough

Yellow Fever

Leprosy is also notifiable but directly to the Health Protection Agency)

HIV/AIDS/Hepatitis procedure

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We will: Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit. Use protective rubber gloves for cleaning/sluicing clothing after changing. Rinse soiled clothing and either bag it for parents to collect or launder it in the setting. Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.

Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.

Nits and head lice

Nits and head lice are not an excludable condition; although in exceptional cases [we/I] may ask a parent to keep the child away until the infestation has cleared. On identifying cases of head lice, [we/I] inform all parents ask them to treat their child and all the family if they are found to have head lice.

Procedures for children with allergies

When children start a Seren Kids club or camp, during the booking process we ask their parents if their child suffers from any known allergies. This is recorded in the booking and register system. If a child has an allergy, the setting manager will complete a risk assessment form to detail the following:

- The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
- The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
- What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
- Control measures - such as how the child can be prevented from contact with the allergen.
- Review measures.

This risk assessment form is kept on file and staff are informed as part of a prevention strategy.

At mealtimes, the child will sit away from any allergens, and staff will ensure they have cleaned the area and children have washed their hands before mixing again. In order to reduce the risk of children having a reaction at a Seren Kids setting, we have a NO NUT policy and Parents/Carers are made aware so that no nut or nut products are accidentally brought in.

Meningitis procedure

If a parent informs a Seren Kids setting that their child has meningitis, the setting manager will contact the Local Area Infection Control (IC) Nurse. The IC Nurse will give guidance and support in each individual case. If parents do not inform the setting, we will be contacted directly by the IC Nurse and the appropriate support will be given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted if necessary.

All staff will be trained on the signs and symptoms of meningitis and if identified at our settings a parent/carer will be informed immediately and requested to pick the child up, and the child should not return until recovered. The setting manager will then contact the Local Area Infection Control (IC) Nurse and act on advice given.