

INFECTION, PREVENTION AND CONTROL POLICY

**Principles**

At Superstars we aim to ensure that the environment is clean, hygienic and safe for children, staff and visitors. The nursery recognises that infections can spread quickly amongst children in childcare environment therefore we will endeavour to ensure that infections are controlled and good health and hygiene practices are maintained.

**Statement of Intent**

At Superstars, each member of staff needs to be aware of and responsible for infection control procedures relating to personal hygiene of children and themselves. This will minimise the risk of transmitting infectious diseases and cross-contamination. Children will be encouraged with self-help skills with regard to personal hygiene and the importance of hygienic practices. Staff will be able to access both in-house and external training on a regular basis to familiarise themselves with current practice and safe procedures.

It is also the responsibility of the manager to ensure that any children, parents and members of staff who have a contagious illness are excluded from the nursery for the recommended period of time. The manager has a responsibility to inform parents and carers when their child enters the setting with a contagious illness, the manager must also inform all parents if more than 10% of the children attending the setting have a contagious illness.

All members of staff have a responsibility to ensure that any children who arrive at the setting unwell the child’s parent carer must speak to management / senior staff before a decision is made and whether the child should remain at nursery or go home. All members of staff have a responsibility to ensure that they do not attend the session if they have an infectious illness, this will assist Superstars to prevent the spread of any infectious illness.

**Procedures**

*How the policy will be implemented*

Superstars Daycare & Afterschool aims to prevent the spread of infectious illnesses and infections by adhering to the following procedures:

• Excluding children with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).

• Excluding all members of staff with infectious illnesses and infections for the recommended period of time (please see the NHS Exclusion Guidelines for further information on this).

• Identifying signs of illness in children and staff whilst they are in the setting

• Informing parents and carers of sick children that their children are ill and arranging for them to be collected at the earliest opportunity.

• Limiting the contact of sick children with other children until they can be collected from the setting, taking into account the sensitivity of the situation and that the child does not feel bad as a result of any action.

• Preventing the spread of infection by adhering to the setting's health and safety policy, personal hygiene policy and food safety policy and procedures.

• Reporting incidences of certain infections to other parents and members of staff whilst maintaining the anonymity of all children and members of staff involved.

The following are the types of infections that would be reported to parents and members of staff:

• Sickness / diarrhoea

• Head Lice

• Measles

• Chicken Pox

• Mumps

• Meningitis

• Whooping Cough

Highlight the importance to parents that if their children have not been immunised then they will be in a high-risk category if an infectious illness presents itself in the setting.

Parents have the right to choose whether or not they will send their child to the setting. This is particularly relevant in cases of:

• Measles

• Mumps

• Rubella

• Whooping Cough

Monitoring of children and members of staff where there has been exclusion for signs of the same illness.

All cases of infectious illnesses are recorded in an illness form and is signed by the child's parent or carer on collection.

Members of staff who become unwell during working hours will immediately be sent home and a relief member of staff called in to ensure ratios of staff and children are maintained.

*Dealing with Children who become Unwell*

In accordance with setting registration guidelines children will not be admitted into the setting if they are showing signs of any ailment that could be contagious or could affect the settings ability to care for the child and the other children in attendance.

Similarly, any member of staff who attends work showing signs of any ailment that could affect their ability to carry out their duties will be sent home and a replacement member of staff called in to cover the minimum child to adult ratios.

Children who become unwell during the course of the session will be made comfortable and will be cared for by a member of staff until their parent or carer can collect them. The dignity of the child will remain paramount and the child will not be made to feel bad as a result of their illness, but the setting will put measures in place to ensure that the risk of the illness spreading is minimised. In instances where any medication is administered as a form of treatment, such medication will be administered in accordance with the administration of medication policy and will only be administered with the express permission of the child's parent. Any and all administration of medications will be recorded in the medicine administration form.

A child’s parent or carer will be contacted upon a child becoming unwell and will be asked to come and collect the child or make arrangements for the child to be collected as soon as possible. Where the parent or carer cannot be contacted the setting will contact the child’s emergency contact provided on the registration form.

The person collecting the child will be asked to sign any records, for example, illness form and administration of medication form.

*Exclusion Guidelines*

In cases where a child, parent or member of staff is known to have contracted a contagious illness or infection that could affect other children or staff the nursery will implement the following exclusion guidelines:

• 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 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 children or other members of staff at risk will be excluded until such time as treatment has been received and they are feeling better.

• Any child or member of staff showing signs of fever, lethargy, or difficulty breathing or any other manifestations of severe illness will be excluded until such time as a diagnosis has been made and treatment received and they are feeling better.

• Gastric upset: exclusion for 48 hours after last attack of vomiting or diarrhoea.

• Rash with fever or behavioural change: exclusion until medical advice has been sought and a determination of further infection is made.

• Fever temperature above normal/Throat infections: exclusion until 24 hours after fever has gone down without the use of medication.

• Shingles: exclusion until lesions are crusted

• Impetigo: exclusion for at least 48 hours after treatment has been received and spots are no longer weeping fluid

• Head lice: exclusion until treatment has been given

• Ring worm: those who have the infection in an exposed area such as the scalp and hands will be excluded for 1 week and permitted to return only after treatment has commenced. Those who have the infection on an area of the body that can be covered with clothing can return within 24 hours of starting treatment. They should not share clothing or towels and wash hands thoroughly after using the toilet and before eating.

• Threadworm: can return once treatment has been received.

• Hand, foot and mouth disease: exclusion until treatment has been received and last lesion has disappeared.

• Influenza: exclusion until clinically well

• Chicken Pox: exclusion until spots have crusted over, usually 5 – 7 days

• Rubella: exclusion for 7 days after onset of rash

• Mumps: exclusion until 9 days after the first appearance of symptoms (most notable symptom is swelling of the glands)

• Whooping Cough: exclusion for 5 days as long as antibiotic course has been completed, if antibiotics have not been given exclusion will be 14 days

• Meningitis: exclusion until clinically well

• Conjunctivitis: exclusion until treatment is sought or eyes have cleared if no treatment sought.

All infectious illnesses must be reported to the manager who will advise of any exclusion period and make the decision to inform other parents and staff members. In certain circumstances the Care Inspectorate Officer for the setting may also be informed.

Environment for children

*Hand washing*

Children are made aware of the need for hand washing after using the toilet and before preparing and eating food. This procedure is closely monitored by adults in the setting

*Toilet Hygiene*

As self-help skills and independence are encouraged toilets are regularly monitored for cleanliness and safety. Depending on the ability of the child, hand washing and toileting is supervised. All toilet training equipment e.g. potties are emptied into the toilet then sprayed with anti-bacterial spray and wiped clean and dry with paper towels. Adults should wear disposable gloves and wash their hands following this procedure

*Nappy Changing*

Nappies should be changed every 3 hours from arriving at nursery and immediately after soiling, however if a child drinks large amounts of fluid their nappy should be checked more frequently. Please refer to our full nappy changing policy for the full procedure. All nappies are placed in the designated bin and are then double bagged and placed in the rubbish bin 3 times a day.

*Food and Kitchen Hygiene*

Those responsible for preparing and handling food in the child care setting must be fully aware of and comply with regulations relating to food safety and hygiene. All staff will receive appropriate training as recommended by environment health legislation. All waste is disposed of in a designated bin and depending on the nature of the waste it is stored appropriately and discarded every evening.

*Toys and Play Equipment*

All toys and equipment are cleaned regularly on a rotational basis by soaking in a sterilising solution, spraying with anti-bacterial spray or washing by machine. Sandpits are protected from contamination by using a cover, these are also emptied twice a fortnight and sprayed weekly. Water trays are emptied daily and thoroughly cleaned with an anti-bacterial solution. Toys contaminated with body fluid are immediately cleaned and disinfected and children are discouraged from putting shared toys in their mouth

*Floors and Surfaces*

Floors are routinely cleaned daily with a recommended sanitiser, however in the event of a body spillage, protective clothing is worn and the area is disinfected immediately.

*Cleaning materials*

Separate cleaning materials will be used for the kitchen, toilets and play rooms. All cleaning materials will be stored away from children in a designated locked cupboard.

• Dish cloths are disposable and are changed daily

• Mops are washed thoroughly after use with hot soapy water and left to dry.

• Mops used to clean up body fluids will be cleaned with hot water and bleach.

All staff will follow COSHH regulations to help prevent or reduce their exposure to hazardous substances.

*Laundry*

All fabrics are cleaned using detergent and water at least 60°C in the washing machine. Cloths and towels used in the kitchen are laundered separately to bed linen. Children’s soiled clothing are bagged and sealed and placed on their bag to be taken home and laundered, they are never rinsed on the premises.

*Cleaning of cots and sleep mats*

All cots and sleep mats are washed daily after each use with antibacterial spray and a disposable cloth.

*Exclusion Periods for Communicative Diseases*

Parents of children who become ill whilst in our care are contacted and required care is discussed. If a child is diagnosed with an infectious disease the exclusion periods guidelines are used. Please refer to Public Health Agency guidance.

Environment for Staff

*Personal Protective Equipment*

Aprons, gloves and hairnets are provided for all members of staff to use as and when necessary depending on the task to be undertaken.

*Hand Hygiene*

All staff need to be aware that hand washing should be carried out whenever hands are visible dirt; after touch any potential contaminated surfaces; after using the toilet, sneezing or blowing your nose; after touching or feeling animals; after contact with blood or bodily fluids; before and after handling food; after changing nappies or handling potties; before and after dressing a wound; as well as when coming to and leaving work. Steri 7 hand sanitiser is also available throughout the nursery.

*Arrangements for Management of Ill Staff*

If a member of staff is unwell at work, they need to report their symptoms to their manager/deputy manager, who will discuss the best course of action to take making reference to the public health agency guidelines. Contamination with Body Fluids In the event of contamination with body fluids staff should immediately wash the affected area with soap and hot running water. Any contaminated clothing should be removed and stored in a sealed container until removed from the premises.

*Management of Bites/Blood Producing Injuries*

If any member of staff has suffered any such injuries, they should immediately stem the bleeding by applying pressure and cleaning wound as appropriate to stop the spread of infection and to prevent further contamination. Medical advice may be necessary depending on severity of the injury. Exclusion Periods for Communicative Diseases If a member of staff is diagnosed with an infectious disease the exclusion period guidelines are used.

**Owner/Management**

Signature

**Staff – Sign & Date**