

Stockland and Yarcombe Pre-school

Infection Control Policy and Procedure – January 2025



Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

At Stockland and Yarcombe Preschool it is our aim to minimise the spread of infection for staff and children through the implementation of controls which reduce the transmission and spread of germs prevent a temporary preschool closure. We aim to promote and maintain the health of children and staff through the control of infectious illnesses.

Aims

- We aim to control infection by providing on-going infection control training for staff i.e. handwashing, food hygiene, cleaning.
- Follow Exclusion guidelines as recommended by the Health Protection Agency apply in the case of all suspected infections conditions. These guidelines will be distributed to all parents and staff.
- Inform Parents/Visitors should staff, children or visitors to the setting report the presence of any contagious condition to the preschool.

Prevention

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time (see below UKHSA link).
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

Procedures

Reporting/Recording of Illness:

A contingency plan is in place should an outbreak of an infectious disease occur. All staff roles and responsibilities regarding reporting procedures are clearly defined.

- Staff will report any infectious illness to the pre-school Manager/Chairperson.
- The pre-school Manager/Chairperson will report an outbreak of any infectious disease to the Health Protection Agency.
- The Pre-school Manager will record all details of illness reported to them by staff or reported by parents of a child attending the service. These details will include the name, symptoms, dates and duration of illness.

Exclusion from the pre-school

Children will be excluded from the preschool based on the timeframes outlined in the Health Protection Agency guidance.

A doctor's certificate may be required for certain conditions to ensure they are no longer contagious before children return to the preschool.

Children should remain at home if they are suffering from general diarrhoea or vomiting until at least 2 full days after being symptom free.

If a child has had a high temperature (a temperature of 38C or higher), the child cannot return until the child has had a normal temperature for 2 full days.

Hand Hygiene

Hand washing facilities are always available for children and include hot (not exceeding 43°C) and cold water, liquid soap and paper hand towels.

Hand washing facilities are available in all toilets, nappy changing areas, kitchens and preschool room.

Children are encouraged and reminded to wash their hands after using the toilet, before eating and after playing outside.

Staff must wash their hands:

- Before preparing or serving snacks/lunch
- Before eating or drinking
- After going to the toilet
- After assisting children at the toilet
- After nappy changing
- After dealing with any body fluids
- After cleaning procedures
- After caring for sick children
- After handling soiled clothing or items
- After dealing with waste
- After removing disposable gloves and/or aprons

Hand washing technique: Wet hands under hot water (not exceeding 43°C for children to prevent scalding), apply liquid soap, rub vigorously paying particular attention to palms, backs, wrists, fingernails and fingers and rubbing between each finger and around the thumbs, rinse, dry thoroughly using disposable paper towels and turn off taps using the paper towel.

Toilets & potties

Toilet areas, including toilet handles, doors, toilet seats and wash hand basin are cleaned frequently throughout the day in accordance with the cleaning schedule and immediately if soiled.

Nappy Changing

Nappy changing is only carried out in the designated nappy change area.

Parents will provide creams or lotions for their child, these will not be shared.

Staff can only apply if consent has been given on our welcome pack form/intimate care agreement. If this is needed mid-term please inform staff and a form will be provided to you.

The changing mat and area will be cleaned (with hot water and detergent) and disinfected and dried thoroughly after use.

Disposable gloves are worn by staff when changing a nappy.

Soiled nappies are placed in an impervious bag which is tied and disposed of in a lidded bin and emptied daily.

The nappy changing area is cleaned in accordance with the cleaning schedule.

The changing mat is checked regularly to ensure the cover is not cracked or torn. Changing mats will be discarded of in such an event.

Bodily Fluid Spillage

Spills of blood, vomit, urine, excreta will be cleaned up as quickly as possible. The area will be sectioned off if possible until the spill has been dealt with.

Disposable plastic gloves are worn when cleaning up any bodily fluid spillage.

Paper towels are used to clean up spillages and placed directly into a plastic bag for disposal.

Ordinary household bleach freshly diluted (1 parts to 10 water) is used for cleaning and disinfection of bodily fluid spillages. (This solution should not make contact with skin, if accidental contact does occur, the area should be flushed with cold water). If possible and safe to do so, diluted bleach will be poured directly over the spill; it will then be covered and mopped up with disposable paper towels.

Disposable paper towels and gloves are disposed of in a plastic bag and sealed. A supply of bleach and plastic bags are kept together in the kitchen.

Food & Kitchen Hygiene

Staff involved in toileting children or nappy changing are not involved in food handling.

Staff will not engage in any aspects of minding children while preparing food.

Cleaning

All areas are cleaned regularly in accordance with a documented cleaning policy and rota.

Toilets and hard contact surfaces (playroom tables) be cleaned frequently.

Playroom tables are cleaned before and after being used for meal and snack times.

Toys & Equipment

Toys and equipment will be cleaned according to the toy cleaning programme and schedule.

Toys and equipment will be cleaned with hot water and detergent and disinfectant and dress up/blankets/cushions etc are to be washed in the washing machine regularly.

Pets

Children must wash their hands after handling animals.

Illness

It is the responsibility of the parent to notify Stockland and Yarcombe Preschool if their child has an infectious/contagious condition.

We cannot accept the care of the child until they have been medically treated and the condition is no longer contagious.

Rashes & Skin Infections	Recommended period to be kept away from preschool	Comments
Athlete's Foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	No less than five to ten days from the onset of rash, and only when all blisters have scabbed over	See Vulnerable Children & Female Staff – Pregnancy
Cold Sores	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German Measles *	Six days from onset of rash	See Female Staff – Pregnancy
Hand, foot & mouth	None	Contact your local HPU. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	See Vulnerable Children & Female Staff - Pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatments
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek	None	See Vulnerable Children & Female Staff – Pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chicken pox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. Contact HPU for further info. See Vulnerable Children & Female Staff
Warts & verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea & vomiting Illness	Recommended period to be kept away from pre-school	Comments
Diarrhoea and/or vomiting	2 full days from last episode of diarrhoea or vomiting	
E Coli 0157	Should be excluded for 2 full days	Further exclusions may be required for young children

	from the last episode of diarrhoea	under five and those who have difficulty adhering to hygiene practices.
Typhoid* (and paratyphoid)	Further exclusions may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance Consult HPU for further advice
Cryptosporidiosis	Exclude for 2 full days from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory Infections	Recommended period to be kept away from pre-school	Comments
Flu	Until recovered	See Vulnerable Children
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough*	Five days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	After treatment, non-infectious coughing may continue for many weeks. Local HPU will organise any tracing necessary

Other Infections	Recommended period to be kept away from pre-school	Comments
Conjunctivitis	None	If an outbreak/cluster occurs consult local HPU
Coronavirus (covid-19)	The current government guidelines must be followed for the recommendation time to isolate.	The current and updated government and NHS website of symptoms and guidelines should be followed and adhered to. Please see our Health & Safety Policy Appendix 1 for Covid-19 for further guidance.
Diphtheria*	Exclusion is essential Always consult HPU	Family contacts must be excluded until cleared to return by HPU. HPU will organise any contact tracing necessary
Glandular Fever	None	
Head Lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	If an outbreak of hepatitis A, local HPU will advise on control measures
Hepatitis B*, C*, HIV Aids	None	Hepatitis B & C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluids spills. See Good Hygiene Practice
Meningococcal meningitis*/septicaemia*	Until recovered	There is no reason to exclude siblings or other close contacts of a case. Local HPU will advise on any action needed.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning are important to minimise any danger of spread. Contact local HPU for further info.
Mumps*	Exclude child for five days after onset of swelling	
Threadworm	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* denotes a notifiable disease – if a preschool suspects an outbreak of infectious disease, they should inform their local HPU

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children; these include those being treated leukaemia or other cancers, on the high dose of steroids and with conditions that seriously reduce immunity. Preschools would normally be 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.

If a child becomes unwell during a session

We will make the child as comfortable as possible. The child will be moved away from other children in the setting and stay with a member of staff. If required, a staff member can wear an apron and mask. Another staff member will contact the first named contact immediately and the contact will need to collect the child as soon as possible. If the first named contact does not answer, the staff member will go through the contact list provided on the welcome pack forms but it is extremely important all contacts have been provided and have saved our numbers before the child starts at the preschool, so they recognise our number. If the parent/carer is unable to collect quickly, they must arrange another emergency contact to collect the child.

Should we need to call an ambulance for a child, the ambulance will be called first and then the parent/carer/emergency contact. It is therefore extremely important you keep your phone nearby when your child is attending the preschool. A staff member will go with the child to the hospital should a parent/carer not arrive before the ambulance leaves and the parent/carer will need to meet the staff member at the hospital without delay.

Response to an infection outbreak

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

Informing others

Early years providers have a duty to inform Ofsted **or the childminder agency** of any serious accidents, illnesses or injuries as follows:

- anything that requires resuscitation
- admittance to hospital for more than 24 hours
- a broken bone or fracture
- dislocation of any major joint, such as the shoulder, knee, hip or elbow
- any loss of consciousness
- severe breathing difficulties, including asphyxia
- anything leading to hypothermia or heat-induced illness

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA or may wish to contact them for further advice.

Further guidance

[Good Practice in Early Years Infection Control](#) (Alliance Publication)

This policy and procedure is reviewed by the Manager and Committee on an annual cycle and approved by Chairperson.

Reviewed by Committee: 7th January 2025

Approved by Chairperson: 7th January 2025

Next review: September 2025