



Children's Sickness and Infection Control Policy and Procedures

Aims

To provide a healthy and safe environment for all children.

Policy

We cannot accept any child who is unwell or who has had a serious infectious illness.

Procedure

Control of illness

There may be occasions when a child is not so ill as to require medical care but nevertheless daycare would be unsuitable. If a child arrives at the club and the Senior Worker on duty does not consider him/her well enough to attend, the parent/carers will be advised accordingly. Children will not need to stay away from the club, however, if they have a raised temperature, continued cough, or are unable to eat, then exclusion will be necessary.

- Any child with sickness or diarrhoea must be kept away from the club for at least 48 hours after the last episode of sickness and / or diarrhoea
- Temperatures – any child with a raised temperature, even if not accompanied by any other symptoms, should be kept away.

Further information as to the exclusion period for children regarding Infection Control can be found at The Health Protection Agency website within the Annex 1: Guidance on Infection Control in Schools and other Child Care Settings

Illness - action for staff

- If a child becomes unwell during a session, make them comfortable in a quiet place and keep under observation, noting any changes in condition. Very sick children will not be left unattended. If there is a danger of vomiting, give a bowl or bucket.
- Contact the child's parent/carer and give them precise details of the child's condition. Discuss with them the best course of action, eg. to collect the child.
- Ask the parent/carer to keep them at home until s/he has recovered.
- If a parent/carer says that their child has been unwell but now seems to have recovered, ask for exact details, remind them that our policy is to ask them not to send a child to the club for 48 hours after the final episode.

Ongoing medical needs

For chronic illnesses eg. Asthma or children with special medical needs, we will administer, as necessary, any medication. A record will be made of the time and parents will be asked to acknowledge this with their signature. This will be in accordance with the club's Medication Policy.

Serious illness

If a child should suddenly become seriously ill during the duration of the group, we will immediately seek medical attention. The club will follow its **Serious Accident and Emergency Procedure in the Health and Safety Policy**.

Riddor 95

Riddor 95 means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, which came into force on April 1st 1996.

Reportable diseases include certain poisonings, some skin diseases, lung diseases, infections such as hepatitis, tuberculosis, anthrax, legionellosis and tetanus. If you are

unsure ask a Health Professional for advice or refer to the Riddor web-site on www.riddor.gov.uk.

The club will keep a record, which includes the date and method of reporting, the date, time and place of event, the personal details of those involved and a brief description of the nature of the event or disease. This will be kept in the incident book..

As well as reporting the outbreak to the Health and Safety Executive under Riddor, the club will notify Ofsted..

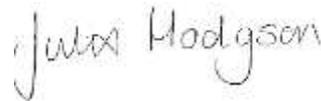
Ofsted: 0300 123 1231

**Health and Safety Executive
Riddor Incident Contact Centre
Caerphilly Business Park
Caerphilly
CF83 3GG.**

Tel: 0845 300 99 23

DOCUMENT HISTORY

| Reference | Author | Summary of changes | Issued |
|-----------|----------------|---|---------------|
| Issue 1 | Emma Hallett | Original Version based on template from BAND | June 2011 |
| Issue 2 | Raquel de Mena | Reviewed to reflect Muller Road and Brunel Field ASC Field site | November 2013 |
| Issue 3 | Raquel de Mena | No Change | December 2014 |



Date Approved: 5th May 2015 **Signed:**

Position: Trustee **Name:** Julia Hodgson

Date for review: May 2016

Annex 1: Guidance on Infection Control in Child Care Settings

A guide to help child care providers and parents make an informed decision about if and how long children need to be kept away to promote their well being and to prevent the spread of infections.

It can be difficult for parents to take time off to look after their sick children, but equally childcare providers have a duty to protect themselves and other children in their care from the risk of infection.

The information below is taken from Health Protection Agency

http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947358374

| Rashes & Skin | | |
|-------------------------------|--|---|
| | Recommended period to be kept away from childcare | Comments |
| Chicken pox | 5 days from onset of rash | See notes at end 'pregnancy & vulnerable children' |
| Cold sores, (herpes simplex) | None | Avoid contact with sores |
| German measles (rubella) | 5 days from onset of rash | The child is most infectious before the onset of the rash. See notes at end 'pregnancy & vulnerable children' |
| Hand, foot and mouth | None | Contact HPU if a large number of children are affected. |
| Impetigo | Until sores are crusted or healed | Antibiotic treatment by mouth may speed healing and reduce infectious period |
| Measles | 5 days from onset of rash | See notes at end 'pregnancy & vulnerable children' |
| Ringworm | Until treatment commenced | Treatment is important and is available from pharmacist. N.B. for ringworm of scalp treatment by GP is required |
| Scabies | Child can return after first treatment. | If child has outbreak everyone in the home should be treated. |
| Scarlet fever | 5 days after commencing antibiotics | |

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|---|--|--|
| Slapped cheek | None | See notes at end 'pregnancy & vulnerable children' |
| Warts & Verrucae | None | Verrucae should be covered when swimming. |
| Diarrhoea & Vomiting illness | | |
| | Recommended period to be kept away from childcare | Comments |
| Diarrhoea and /or vomiting | Until diarrhoea / vomiting has stopped for at least 48hours | Exclusion from swimming should be for 2 weeks following last episode of diarrhoea |
| E Coli 0157 VTEC | Exclusion is important for some children – Always consult HPU (Health Protection Unit) | Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. As above for swimming. |
| Shigella (dysentery) | As above | As above |

| | | |
|---------------------------------------|--|--|
| Other infections | | |
| | Recommended period to be kept away from childcare | Comments |
| Conjunctivitis | None | If an outbreak occurs consult HPU |
| Glandular fever | None | About 50% of children get the disease before they are five. |
| Head lice | None | Treatment is recommended only in cases where live lice have definitely been seen. |
| Hepatitis A | Exclusion may be necessary consult with HPU | Good personal and environmental hygiene will minimise any possible danger of spread of Hep A |
| Meningococcal meningitis /septicaemia | Until recovered | Seek advise from HPU – could have antibiotic treatment |
| Mumps | 5 days from onset | Most infectious before diagnosis is made. |
| Threadworms | 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. |
|--|--|-------------|

| Respiratory infections | | |
|-------------------------------|---|---|
| | Recommended period to be kept away from childcare | Comments |
| 'Flu' (influenza) | Until recovered | Most infectious just before and at onset of symptoms |
| TB tuberculosis | Always consult HPU | Not usually spread form children. Requires quite prolonged, close contact for spread. |
| Whooping cough | 5 days from commencement of antibiotic treatment or 21 days from onset of illness if no antibiotic treatment. | After treatment non-infectious coughing may continue for many weeks. |

Notes

Pregnant women

In general, if a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children rather than the workplace. Pregnant women who come into contact with children with Chickenpox, German measles, Slapped cheek and Measles must consult their GP.

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for leukaemia or other cancers, on high doses of steroids by mouth and with conditions which seriously reduce immunity. They are particularly vulnerable to chicken-pox or measles and if exposed to either of these the parent/carer should be informed promptly and further medical advice sought.

Health protection Unit HPU

For further advice and support in managing certain infections or where it is necessary to seek advice please contact:

Avon, Gloucestershire and Wiltshire Health Protection Unit HPU

King Square House
 King Square

Ashley Down After School Cub CIO
Children's Sickness Policy
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