

# **Infection Control Policy**

Camp Glide follows guidance provided by the NHS and relevant public health authorities to minimise the risk and spread of infection within the setting.

## **Preventing the Spread of Infection**

To help control infection:

- Children are encouraged to maintain good personal hygiene at all times
- Regular handwashing is promoted, particularly before eating and after activities
- Staff will reinforce the importance of hygiene with both children and parents/carers
- The setting will be maintained in a clean and hygienic condition

## **Illness and Exclusion**

- Children who are unwell should not attend the setting
- If a child becomes ill while at Camp Glide, they may be excluded from activities in line with NHS guidance
- Exclusion periods will be followed where required to prevent the spread of infection

## **Managing Illness at the Setting**

If a child becomes unwell during a session:

- They will be cared for in a safe and appropriate area away from other children where possible
- A parent or carer will be contacted and asked to collect the child as soon as possible
- The child will be supervised at all times until collected

In the event of a medical emergency, appropriate first aid procedures will be followed.

## **Communication with Parents and Carers**

- Parents/carers will be informed of any significant infections or outbreaks where necessary
- All communication will be handled in accordance with Camp Glide's confidentiality procedures

**Reviewed 27/05/26**

<b>Rashes and skin infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. 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	Preventable by vaccination (MMR x 2). SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

<b>Diarrhoea and vomiting illness</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* (and paratyphoid*) (enteric fever)	Further exclusion 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
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

<b>Respiratory infections</b>	<b>Recommended period to be kept away from school, nursery or childminders</b>	<b>Comments</b>
*Flu (influenza)	Until recovered	SEE: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary