

LITTLE FOOTSTEPS CHILDCARE

The Infection and Medication Policy

The following document has been written having taken advice from UK health Security Agency the NHS, Local Health Protection Team and from our own experience as childcare professionals. The period the child is kept away from nursery is to minimise the risk of transmission of infection to other children and staff. This is also to ensure the child returns healthy and well enough to enjoy their time at nursery.

RASHES AND SKIN INFECTIONS	PERIOD OF EXCLUSION	COMMENTS
Athletes foot	None- must be covered	Athlete's foot is not a serious condition. Treatment is recommended. Children should not be barefoot in the nursery
Chicken pox	5 days from the onset of the rash and until all blisters have crusted over.	Pregnant women can be vulnerable
Cold sores (Herpes simplex virus)	None- must be covered	Avoid contact with the sores. Cold sores are generally mild and self-limiting
German measles (Rubella)*	5 days from the onset of the rash	Preventable by immunisation (MMR x2 doses Pregnant women should seek prompt advice from their GP or Midwife
Hand, foot and mouth disease	5 days from the onset of the rash or until all blisters have crusted over.	
Impetigo	48 hours after starting antibiotics or until lesions are crusted and healed	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	4 days from the onset of the rash and are well enough	Preventable by immunisation (MMR x2). Pregnant women should seek prompt advice from their GP or Midwife
Molluscum contagiosum	None	A self-limiting condition
Ringworm	2 days- must be treated, each case will be reviewed on an individual basis	Treatment is required
Roseola (infantum)	None	
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time
Scarlet Fever*	24 hours after commencing antibiotics	You can spread scarlet fever to other people until 24hours after you take your 1 st dose of Antibiotics.
Slapped cheek/fifth disease. Parvovirus B19	None (Once rash has developed)	Pregnant contacts of a case should consult with their GP or Midwife
Shingles	Exclusion is required if rash is weeping. Return when weeping has stopped	You cannot spread singles to others, but people could catch chickenpox from you if they have not had chickenpox before or have not had the chickenpox vaccine

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Warts and Verrucae	None-	Verrucae must be covered
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DIARRHOEA AND VOMITING ILLNESSES	PERIOD OF EXCLUSION	COMMENTS
Diarrhoea and/or vomiting	48 hours after the last bout each case will be reviewed on an individual basis	
E. coli O157 VTEC Typhoid* (and paratyphoid) Shigella (dysentery)	4 days or until they are no longer excreting	There should be evidence of microbiological clearance before returning.
Cryptosporidiosis	48 hours after the last bout of diarrhoea	Exclusion from swimming is advisable for 2 weeks after the diarrhoea has settled

RESPIRATORY INFECTIONS	PERIOD OF EXCLUSION	COMMENTS
Flu (influenza)	Until recovered	Report Outbreaks to local HPT
Tuberculosis*	Seek further advice	Contact Local HPT
Whooping cough* (pertussis)	48 hours after commencing antibiotics or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination
Respiratory infections including coronavirus.	Children and young people should not attend if they have a high temperature and are unwell	Children with mild symptoms such as a runny nose who are otherwise well can attend.

OTHERS	PERIOD OF EXCLUSION	COMMENTS
Conjunctivitis	A minimum of 2 days -each case will be reviewed on an individual basis	Children under 2 years require prescribed antibiotics from a GP
Diphtheria*	Exclusion is essential. Not to return until cleared by your local Public Health England Centre	Preventable by vaccination. Family contacts must be excluded until cleared to return by local HPT
Glandular fever	None	
Head lice	None- must be treated to be within nursery	
Hepatitis A*	7 days after the onset of jaundice or 7 days after symptom onset if no jaundice	If an outbreak of Hepatitis A the local HPT will advise on control measures.
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact
Meningococcal meningitis*/ Septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Seek further advice
Meningitis* due to other bacteria	Until recovered	Hib and Pneumococcal meningitis are preventable by vaccination.
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other contacts of a case need not to be excluded
MRSA	None	Good hygiene in particular

		handwashing and environmental cleaning are important to minimise spread.
Mumps*	5 days after the onset of swelling	Preventable by vaccination with 2 doses of MMR.
Thread worms	None- must be treated before return	Treatment is recommended for child and household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic.
COVID-19	None	Can come into nursery as long as well enough to be exposed to the rigorous routines of a nursery day.

*Denotes a notifiable disease.

At **Little Footsteps Childcare** we promote the good health of all children attending including oral health by:

- Helping children to keep healthy by providing balanced and nutritious snacks, meals and drinks.
- Minimising infection through our rigorous cleaning and hand washing processes. Ensuring children have regular access to the outdoors and having good ventilation inside.
- Sharing information with parents about the importance of looking after our teeth and signing up to a Dentist.
- Sharing menu ideas, healthy eating ideas and cooking activity opportunities to involve children further during mealtimes.

Our procedures

In order to take appropriate action of children who become ill and to minimise the spread of infection we implement the following procedures:

- If a child becomes ill during the nursery day, we contact their parent/carer and ask them to pick up their child as soon as possible. During this time, we care for the child in a quiet, calm area with their key person, wherever possible. We follow the guidance published by Public Health England, advice from our local health team and from our own experience as childcare professionals.
- Should a child have an infectious disease, such as sickness and diarrhoea, they must not return to nursery until they have been clear for at least **48 hours**.
- We inform all parent/carers if there is a contagious infection identified in the nursery, to enable them to spot the early signs of this illness. We thoroughly clean and sterilise all equipment and resources that may have come into contact with a contagious child to reduce the spread of infection.
- **We ask parents to keep children on any form of antibiotics at home for the first 24 hours of the course.** This is because it is important that children are not subjected to the rigorous routines of the nursery day, which requires socialising with other children and being part of a group setting. If your child returns after 24 hours and their wellbeing deteriorates at any point during the nursery day, then Parents/Carers will be contacted to collect immediately.
- We have the right to refuse admission to a child who is unwell. This decision will be taken by the manager on duty and is non-negotiable.

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- We make information/posters about head lice readily available, and all parents are requested to regularly check their children's hair. If a parent finds that their child has head lice, we would be grateful if they could inform the nursery so that other parents can be alerted to check their child's hair. This will be confidential.

Viruses and infections can be easily passed from person to person by breathing in air containing the virus, which is produced when an infected person talks, coughs or sneezes. It can also spread through hand/face contact after touching a person or surface contaminated with viruses.

We follow the guidance below to prevent a virus or infection from spreading around the nursery.

Our staff:

- Encourage all children to use tissues when coughing and sneezing to catch germs using 'Catch it, Bin it Kill it'
- Ensure all tissues are disposed of in a hygienic way and all children and staff wash their hands once the tissue is disposed of
- Develop children's understanding of the above and the need for good hygiene procedures in helping them to stay healthy
- Wear the appropriate Personal Protective Equipment (PPE) where necessary when changing nappies, toileting children and dealing with any other bodily fluids. Staff are requested to dispose of these in the appropriate manner and wash hands immediately
- Clean and sterilise all changing mats before and after each use
- Clean toilets daily and check them throughout the day
- Remind children to wash their hands before eating, after visiting the toilet, playing outside or being in contact with any animal and explain the reasons for this
- Clean all toys, equipment, and resources on a regular basis by following a comprehensive cleaning rota and using antibacterial cleanser, or through washing in the washing machine.
- Wash or clean all equipment used by babies and toddlers as and when needed, including when the children have placed it in their mouth.
- Store dummies in individual hygienic dummy boxes labelled with the child's name to prevent cross-contamination with other children
- Store toothbrushes (where applicable) hygienically to prevent cross-contamination.
- Immediately clean and sterilise (where necessary) any dummy or bottle that falls on the floor or is picked up by another child.
- Provide labelled individual bedding for children that is not used by any other child and wash this at least once a week.
- Where applicable wear specific indoor class shoes or slippers whilst inside the rooms and change into shoes to go to the bathroom and garden area's
- Follow the Infection and Medication policy when children are ill to prevent the spread of any infection in the nursery. Staff are also requested to stay at home if they are ill and/or are contagious.

In addition:

- The nursery manager retains the right of refusal of all children, parents, staff, and visitors who are deemed contagious and may impact on the welfare of the rest of the nursery.
- Parents will be made aware of the need for these procedures in order for them to follow these guidelines whilst in the nursery.
- Periodically each room in the nursery will be deep cleaned including carpets and soft furnishings to ensure the spread of infection is limited. This will be implemented earlier if the need arises.
- In the event of an infection outbreak the nursery will, where appropriate, undertake a deep clean to ensure the spread of infection is contained and communicate to the relevant professionals.
- We will follow Government health guidance, as well as seeking legal advice and information from our insurers, on any national outbreak of a virus/ pandemic and keep parents informed of any course of action. Each specific circumstance will differ and to ensure we take the most appropriate action; we will treat each case on an individual basis

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In addition, where contagious outbreaks occur, we will adopt Government guidance for all visitors to minimise the risk of further spreading of the infection.

- The nursery will ensure stocks of tissues, hand washing equipment, cleaning materials and sterilising fluid are always maintained. These will be increased during the winter months, or when flu and cold germs are circulating.

Prescribed medication.

If a child requires medicine, we will obtain information about the child's needs for this and will ensure this information is current and kept up to date.

We follow strict guidelines when dealing with medication of any kind in the nursery and these are set out below. All Medication

Medication prescribed by a doctor, dentist, or nurse.

(Medicines containing aspirin will only be given if prescribed by a doctor)

- Prescription medicine will only be given when prescribed by the above and for the person named on the bottle for the dosage stated.
- Medicines must be in their original containers with their instructions printed in English.
- Those with parental responsibility for any child requiring prescription medication should hand over the medication to the most appropriate member of staff who will then note the details of the administration on the appropriate form and another member of staff will check these details.
- Those with parental responsibility must give prior written permission for the administration of each and every medication. However, we will accept written permission once for a whole course of medication or for the ongoing use of a particular medication under the following circumstances (This consent can be given on the app Family):
 1. The written permission is only acceptable for that brand name of medication and cannot be used for similar types of medication, e.g., if the course of antibiotics changes, a new form will need to be completed.
 2. The dosage on the prescribed label is the only dosage that will be administered.
 3. Parents must notify us **IMMEDIATELY** if the child's circumstances change, e.g., a dose has been given at home to which the second dose will have to be given at a later time.
- The nursery will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by written instructions from a relevant health professional such as a letter from a doctor or dentist
- The parent must be asked when the child has last been given the medication before coming to nursery; and the staff member must record this information on the medication form. Similarly, when the child is picked up, the parent or guardian must be given precise details of the times and dosage given throughout the day. The parent's signature must be obtained at both times.
- At the time of administering the medicine, a senior member of staff will ask the child to take the medicine or offer it in a manner acceptable to the child at the prescribed time and in the prescribed form. (It is important to note that staff working with children are not legally obliged to administer medication)
- If the child refuses to take the appropriate medication, then a note will be made on the form and parent/carers will be contacted.
- Where medication is "essential" or may have side effects, discussion with the parent will take place to establish the appropriate response.

Non-prescription medication (*these will not usually be administered*)

- The nursery will not administer any non-prescription medication containing aspirin.
- In circumstances where a dose of medication has been provided to a child out of hours of nursery the parent/carer will be requested to complete a medication form on Family which will inform the nursery on the dosage given and type of medication given. However, if the child's wellbeing begins to deteriorate and are unable to participate within the daily routines, the parent/carer will be contacted.

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- We will evaluate each case individually; we have the right to refuse admission to a child who is unwell and is clearly showing significant signs of being unwell. This decision will be taken by the manager on duty and is non-negotiable.
- On registration and completion of the nursery application form parent/carers are requested to complete a section relating to administering emergency medication. This could be a specific type of liquid paracetamol or antihistamine to be used e.g., for an increase in the child's temperature or a wasp or bee sting.
- An emergency nursery supply of fever relief (e.g., Calpol) and antihistamines (e.g. Piriton) will be stored on site. This will be checked at regular intervals by the designated trained first aider to make sure that it complies with any instructions for storage and is still in date.

Teething

- If a child does exhibit teething symptoms where a parent/carers has provided pain relief e.g. Paracetamol/Ibuprofen this will be administered for a period of two consecutive days where thereafter further advice would need to be sought.
- The child will be closely monitored with feedback being provided to the parents over the duration.
- For any non-prescription gels and powders for teething conditions e.g., Bonjela, Ashton and Parson's teething powder, Ora gel, Nelson's etc, prior written permission must be obtained from the parent and the onus is on the parent to provide the product which should be clearly labelled with the child's name.

Nappy Cream

- For any non-prescription cream for skin conditions e.g., Sudocrem the onus is on the parent to provide the cream which should be clearly labelled with the child's name.

Injections, pessaries, suppositories

As the administration of injections, pessaries and suppositories represents intrusive nursing, we will not administer these without appropriate medical training for every member of staff caring for this child. This training is specific for every child and not generic. The nursery will do all it can to make any reasonable adjustments including working with parents and other professionals to arrange for appropriate health officials to train staff in administering the medication on an individual basis.

Staff medication

All nursery staff have a responsibility to work with children only where they are fit to do so. Staff must not work with children where they are infectious or feel unwell and cannot meet children's needs. This includes circumstances where any medication taken affects their ability to care for children, for example, where it makes a person drowsy.

If any staff member believes that their condition, including any condition caused by taking medication, is affecting their ability to care for children they must inform their line manager and seek medical advice. The nursery manager will decide if a staff member is fit to work, including circumstances where other staff members notice changes in behaviour suggesting a person may be under the influence of medication. This decision will include any medical advice obtained by the individual or from an occupational health assessment.

Where staff may occasionally or regularly need medication, any such medication must be kept in the office with easy access or classroom on a high shelf within a secure container and in all cases out of reach of children, as staff may need easy access to the medication such as an asthma inhaler. It must not be kept in the first aid box and should be labelled with the name of the member of staff.

Storage

All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children.

Emergency medication, such as inhalers and EpiPens, will be within easy reach of staff in case of an immediate need, but will remain out of children's reach. Any antibiotics requiring refrigeration must be kept in a fridge inaccessible to children.

All medications must be in their original containers, labels must be legible and not tampered with or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

Immunisations

In order to minimise the spread of disease and infection your child will have a number of vaccinations throughout their early years. The vaccination timetable is as follows according to the UK immunisation schedule [The complete routine immunisation schedule from September 2023](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672122/the-complete-routine-immunisation-schedule-from-september-2023.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk)). This information was correct at the time of printing.

Meningitis procedure

If a parent informs the nursery that their child has meningitis, the nursery 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 nursery, we may be contacted directly by the IC Nurse and the appropriate support given. We will follow all guidance given and notify any of the appropriate authorities including Ofsted where necessary.

MenC

The meningococcal vaccine protects your child against meningitis and septicaemia (blood poisoning) caused by meningococcal group C bacteria. It does not protect against meningitis caused by other bacteria, such as meningococcal group B bacteria, or by viruses.

MenB

A new vaccine to prevent meningitis is being offered to babies as part of the routine NHS childhood vaccination programme. The Men B vaccine will protect your baby against infection by meningococcal group B bacteria, which are responsible for more than 90% of meningococcal infections in young children.

Hib/MenC

This booster dose provides longer-term protection against two causes of meningitis and septicaemia.

Cleaning up bodily fluids

Spills of bodily fluids are cleaned up immediately.

- Disposable gloves are always worn.
- Aprons and head covers where necessary
- Any surfaces where bodily fluids have been spilt are cleaned and disinfected.
- Fluid contaminated material is discarded in a securely tightened plastic bag along with the disposable gloves.



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Transporting children to hospital procedure

- If the sickness is severe, call for an ambulance immediately. DO NOT attempt to transport the sick child in your own vehicle
- Whilst waiting for the ambulance, contact the parent and arrange to meet them at the hospital
- A senior member of staff must accompany the child and collect together registration forms, relevant medication sheets, medication and the child's comforter. A member of the management team must also be informed immediately
- Remain calm at all times. Children who witness an incident may well be affected by it and may need lots of cuddles and reassurance.

Covid-19 procedure

There are no longer any COVID-19 restrictions in the UK.

If you have Covid-19 you should try and stay at home. This is to reduce the spread. As long as your child is happy and healthy enough to enjoy their time at nursery, they are welcome to attend the setting even if tested positive for COVID-19.