EARLY YEARS INFECTIOUS DISEASE POLICY

1 Introduction

This policy is to ensure that a safe, healthy environment is maintained at New Hall School Nursery and Pre-Prep Division. It is recognised that infectious diseases can spread quickly amongst children in a childcare environment, therefore we will endeavour to ensure that infections are controlled, and good hygiene and health policies are adhered to.

It is the responsibility of the Nursery Manager and Deputy Manager to ensure that any child, parent or staff member who has a contagious illness are excluded from the Nursery for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A). In Reception, the Class Teacher or Head of Pre-Prep Division will ensure that a child or staff member is excluded as per the NHS exclusion guidelines. The Nursery Manager/Head of Pre-Prep Division will inform parents/ carers and the Health Centre when a contagious illness i.e. chicken pox has been diagnosed. Parents/carers will be notified by My School Portal. All staff have the responsibility to report to the Nursery Manager/Head of Pre-Prep Division any child that arrives at Nursery/Reception unwell before a decision can be made to send the child home.

2 Procedures

- Excluding children with infectious diseases for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A)
- Excluding all members of staff with infectious diseases for the recommended period of time (as per the NHS Exclusion Guidelines Appendix A)
- Identifying signs and symptoms of illness whilst in the setting
- Informing parents and carers of sick children that their children are ill and arranging for them to be collected as soon as possible
- Limiting the contact of sick children with others in the setting by isolating to the Medical Room/Nursery office in a sensitive and caring manner accompanied with either the Key Person, Class Teacher where practical and/or the Manager/or Health and Wellbeing Centre Staff
- Preventing the spread of infection by adhering to New Hall's Health and Safety Policy, good personal hygiene practice and Food safety guidelines
- Reporting the occurrence of certain infections to parents whilst maintaining the child's anonymity
- Informing parents via My School Portal of infections such as Headlice, Chicken Pox, Measles, Mumps, Whooping Cough, Meningitis
- Highlight the importance of immunisation; any child that has not had all of their immunisations is at a higher risk of infection if infection presents itself in the setting
- Close monitoring of children and staff at Nursery/Reception for signs and symptoms when there has been an exclusion

3 Exclusions

When a child or staff member has contracted an infectious illness that could affect the other children or staff of the Nursery/Reception, the following exclusion guidelines will be implemented:

- 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 and staff 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 parents, children and other members of staff at risk may be excluded
 until such time a treatment has been received and they are feeling better
- **Vomiting and diarrhoea:** 48 hours after the last attack (this includes incidents over the weekend whilst at home)
- Rash: exclusion until medical advice has been sought and a determination of further infection
- Fever (temperature above 37.8C) /throat infections: 24 hours for fever to go down
- **Headlice**: exclusion until treatment has been given
- **Conjunctivitis:** exclusion until treatment has been received, Nursery will only administer prescribed medication/eye drops

For all other exclusion periods, please see Appendix A, the NHS Exclusion Guideline for Schools and Nurseries.

Health Protection for schools, nurseries and other childcare facilities.

Infection	Exclusion period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment
		is recommended, children should not be bare foot
		in the setting
Chicken Pox	5 days from onset of rash	Pregnant staff contacts should consult with their
	and the lesions have crusted	GP or Midwife
Cold some (homeon	over None	Avoid bissing and contact with the source Cold
Cold sore (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without
Simplex)		treatment
Conjunctivitis	Until treatment received	If an outbreak/cluster occurs consult your local
,		HPT
Respiratory	Children and young people	Children with mild symptoms such as runny nose,
Infections including	should not attend if they	and headache who are otherwise well can continue
Coronavirus	have a high temperature	to attend their setting
(COVID-19)	and are unwell	
	Children and young people who have a positive test	
	result for COVID-19 should	
	not attend the setting for 3	
	days after the day of the test	
Diarrhoea and	Whilst symptomatic and 48-	If a particular cause of the diarrhoea and vomiting
vomiting	hours after the last	is identified there may be additional exclusion
	symptoms	advice for example E. coli STEC and hep A
Di Lat.		
Diphtheria	Exclusion is essential.	Preventable by vaccination. Family contacts must
	Always consult with your local HPT	be excluded until cleared to return by your local HPT
Flu (Influenza)	Until recovered	Report outbreaks to your local GPT
Glandular Fever	None	
Hand, Foot and	None	Contact your local HPT if a large number of
Mouth		children are affected. Exclusion may be considered
		in some circumstances
Headlice	Until treatment received	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until 7 days after	In an outbreak of hepatitis A, your local HPT will
	onset of jaundice (or 7 days	advise on control measures
	after symptom onset if no jaundice)	
Hepatitis C*, C*,	None	Hepatitis B, C and HIV are blood borne viruses that
HIV		are not infectious through casual contact. Contact
		your local HPT for more advice
Impetigo	Until lesions are	Antibiotic treatment speeds healing and reduces
	crusted/healed or 48 hours	the infectious period
	after starting antibiotic	
26 1	treatment	
Measles	4 days from onset of rash	Preventable by vaccination (2 doses of MMR).
	and recovered	Promote MMR to staff and students. Pregnant staff
		contacts should seek prompt advice from GP or local HPT
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Maningagaga1/	Until recovered	Meningitis AGWY and B are preventable by
Meningococcal/	Onth recovered	
Meningitis		vaccination (see national schedule). Your local
Septicaemia	TT 411 1	HPT will advise on action required.
Meningitis due to	Until recovered	Hib and pneumococcal meningitis are preventable
other bacteria		by vaccination. (See national schedule). Your local
		HPT will advise on action required.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings
		and close contacts of a case need not be excluded
MRSA	None	Good hygiene, in particular handwashing and
		environmental cleaning are important to minimise
		spread. Contact your local HPT for more
		information.
Mumps	5 days after onset of	Preventable by vaccination with 2 doses of MMR
1	swelling	(see national schedule). Promote MMR for staff and
		students
Ringworm	Not usually required	Treatment is needed
Rubella (German	5 days from onset of rash)	Preventable with 2 doses of MMR
Measles)	days from onset of fasity	Treventable with 2 doses of whyth
Scabies	Can return after first	Household and close contacts require treatments at
Scables	treatment	same time
Scarlet Fever	Exclude until 24 hours after	A person is infectious for 2 to 3 weeks if antibiotics
Scarlet rever		are not administered. In the event of 2 or more
	antibiotic treatment	
		suspected cases, please contact your UKHSA HPT
C11	NI (Decreed and at a form the little CD
Slapped	None (once rash has	Pregnant contacts of case should consult with GP
Cheek/Fifth	developed)	or midwife
Disease/Parvovirus		
B19		
Threadworms	None	Treatment recommended for household
Tonsillitis	None	
Turberculosis (TB)	Until at least 2 weeks after	Only pulmonary (lung) TB is infectious to others,
	the start of effective	needs close, prolonged contact to spread
	antibiotic treatment (if	Your local HPT will organise any contact tracing
	pulmonary TB	
	Exclusion not required for	
	non-pulmonary or	
	latent TB infection	
	Always consult your	
	local HPT before	
	i local i ir i belore	
	disseminating information	
Warts and Varrucco	disseminating information to staff, parents and carers	Verrucae Should be covered
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Whopping Cough	disseminating information to staff, parents and carers None 2 days from starting	[preventable with vaccination. After treatment,
	disseminating information to staff, parents and carers None 2 days from starting antibiotic treatment or 21	
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Whopping Cough (pertussis)	disseminating information to staff, parents and carers None 2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics	[preventable with vaccination. After treatment, non-infectious coughing may continue
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Whopping Cough (pertussis)	disseminating information to staff, parents and carers None 2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics UKHSA health protection teams are contacting people considered to be high-risk contacts of confirmed cases and are advising those who	[preventable with vaccination. After treatment, non-infectious coughing may continue a safe smallpox vaccine (called Imvanex) is being offered to identified close contacts of someone diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness. Vaccination against smallpox can be used for both
Whopping Cough (pertussis)	disseminating information to staff, parents and carers None 2 days from starting antibiotic treatment or 21 days from onset of symptoms if no antibiotics UKHSA health protection teams are contacting people considered to be high-risk contacts of confirmed cases and are advising those who have been risk assessed and	[preventable with vaccination. After treatment, non-infectious coughing may continue a safe smallpox vaccine (called Imvanex) is being offered to identified close contacts of someone diagnosed with monkeypox to reduce the risk of symptomatic infection and severe illness. Vaccination against smallpox can be used for both pre and post-exposure and is up to 85% effective in
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	smallpox in childhood may experience a milder
	disease.