Gainsborough Adventure Playground Ltd

Illness, Exclusions and Hygiene Policy & Procedure

GAPA aim to promote a healthy environment, good health and take the necessary steps to prevent the spread of infection for the children in our care and we seek the co-operation of parents to help us to implement this policy.

- If parents/carers notice their child becoming ill or infectious they must inform the setting and they must have regard to the exclusion list below
- If your child becomes ill at the setting his/her condition is brought to the attention of one of the senior members of staff or the Manager
- A decision is then taken based upon the symptoms including any visible signs and the child's body temperature as to whether you are immediately informed or whether continued monitoring of the child should occur
- Should a child's condition deteriorate you will be contacted by a member of the team and actions will be agreed. This could include administering medicines or requesting collection of the child in order to reduce the risk of cross infection for example in the case of vomiting or diarrhoea
- If a child becomes ill or infectious at the setting, every effort will be made to contact the parents/carers. It is essential therefore that the setting has up to date information in order to be able to contact the parents/carers during the settings hours. If the parent/carer cannot be contacted, setting staff will endeavour to contact the other named contacts on the child's record
- If the setting is unable to contact a parent/carer or other named contact, (setting name) reserves the right to take the child to a general practitioner or hospital in an emergency. Parents/carers will be required to give signed consent for this procedure on registering their child at the setting

Diarrhoea and Vomiting illness	**Recommended period to be kept away from GAPA**	**Comments**
Diarrhoea and/or vomiting	**48 hours from last episode of diarrhoea or vomiting (48hr rule applies).**	**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 with HPU.**	**Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.**
Typhoid* [and paratyphoid*] (enteric fever)	**Exclusion is important for some children. Always consult with HPU.**	**Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.**
Shigella (Dysentery)	**Exclusion may be necessary**	**Exclusion (if required) applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for 2 weeks following last episode of diarrhoea.**

Respiratory Infections

'Flu' (influenza)	**Until recovered.**	
Tuberculosis*	**Always consult with HPU.**	**Not usually spread from children. Requires quite 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. HPU will organise any contact tracing necessary.**
Rashes/Skin		**Comments**
Athletes foot	**None.**	**Athletes foot is not a serious condition. Treatment is recommended.**
Chicken pox	**5 – 7 days from onset of rash.**	
Cold sores, (herpes simplex)	**None.**	**Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.**
German measles (rubella)*	**5 days from onset of rash.**	**Preventable by immunisation (MMR x 2 doses).**
Hand, foot & mouth	**None, however, whilst the child is unwell he/she should be kept away from the setting.**	**Contact HPU if a large number of children are affected. Exclusion may be considered in some circumstances.**
Impetigo	**Until 24 hours after the start of treatment. I there is an outbreak, stop the use of sand, water, playdough and cooking activities and wash all 'dressing up' clothes. (An outbreak is 2 or more cases of the same infectious organism in a setting).**	**Antibiotic treatment by mouth may speed healing and reduce infectious period.**
Measles*	**5 days from onset of rash.**	**Preventable by vaccination (MMR x 2).**
Molluscum contagiosum	**None.**	**A self limiting condition.**
Ringworm	**Children need not be excluded but spread can be prevented by good personal hygiene, regular handwashing and use of seperae towels and toilet articles. Parents should be encouraged to seek treatment.**	**Treatment is important and is available from pharmacist. N.B. For ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets**
Roseola (infantum)	**None.**	**None.**
Scabies	**Not necessary, but treatment should be commenced.**	**Two treatments 1 week apart for cases. Contacts should have one treatment; include the entire household and any other very close contacts. If further information is required contact your local HPU.**
Scarlet fever/ Scarletina*	**Once a patient has been on antibiotic treatment for 24 hours they can return, provided they feel well enough.**	**Antibiotic treatment recommended for the affected child.**
Slapped cheek / fifth disease. Parvovirus B19	**None.**	
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 chicken pox. It is spread by very close contact and touch. If further information is required contact your local HPU.**
Warts and Verrucae	**None.**	**Verrucae should be covered in swimming pools, gymnasiums and changing rooms.**

Other infections

Conjunctivitis	**None.**	**If an outbreak/cluster occurs consult HPU.**
Diphtheria *	**Exclusion is important. Always consult with HPU.**	**Preventable by vaccination. HPU will organise any contact tracing necessary.**
Glandular fever	**None.**	**About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.**
Other infections	**Recommended period to be kept away from school, nursery, or childminders**	**Comments**
Head lice	**None.**	**Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.**
Hepatitis A*	**Exclusion may be necessary. Always consult with HPU.**	**Good personal and environmental hygiene will minimise any possible danger of spread of hepatitis A.**
Hepatitis B* and C*	**None.**	**Hepatitis B and C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of both hepatitis B and C.**
HIV / AIDS	**None.**	**HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV.**
Meningococcal meningitis* / septicaemia*	**Until recovered.**	**Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics.**
Meningitis* due to other bacteria	**Until recovered.**	**Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the HPU who will give advice on any action needed and identify contacts requiring antibiotics.**
Meningitis viral*	**None.**	**Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.**
MRSA	**None.**	**Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU.**
Mumps*	**Five days from onset of swollen glands.**	**Preventable by vaccination. (MMR x 2 doses).**
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.**

* denotes a notifiable disease. It is a statutory requirement that Doctors report a notifable disease to the proper officer of the Local Authority. In addition organisations may be required via locally agreed arrangements to inform their local HPU.

Regulating bodies (e.g. Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease they should inform their Health Protection Unit (HPU).

Children who are prescribed with antibiotics should not attend GAPA until they have been taking them for a minimum of 48 hours. Evidence of prescription date must be provided.

We will actively promote the use of the 'Catch it, Bin it, Kill it' initiative to teach children about good hygiene practices by promoting:

- The use of tissues for cough's and olds
- Ace to bins to dispose the used tissues
- Hand washing in warm soapy water as soon as possible, before eating, preparing food and after toileting.

GOOD HYGIENE PRACTICE
For more advice contact East Midlands Health Protection Unit.

- **Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting and respiratory disease. The recommended method is the use of liquid soap, water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with water proof dressings.

- **Coughing and Sneezing** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash your hands after using or disposing of tissues. Spitting should be discouraged.

- **Cleaning of the environment**, including toys and equipment should be frequent, thorough, and follow national guidance e.g. use colour coded equipment, COSHH, correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to Personal Protective Equipment PPE (see below)

- **Cleaning of blood and body fluid spillages**. All spillages of blood, faeces, saliva, vomit, nasal, and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product which combines both a detergent and a disinfectant. Use as per manufacturers instructions and ensure it is effective against bacteria and viruses, and suitable for use on the affected surface. NEVER USE mops for cleaning up blood and body fluid spillages use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

- **Personal Protective Clothing (PPE).** Disposable non powdered vinyl or latex free CE marked gloves and disposable plastic aprons, must be worn where there is a risk of splashing or contamination with blood/body fluids. (E.g. nappy or pad changing) Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

- **Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash fabric will tolerate. Wear PPE when handling soiled linen. Soiled children's clothing should be bagged to go home, never rinse by hand.

- **Clinical waste**. Always segregate domestic and clinical waste in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than 2/3rds full and stored in a dedicated, secure area whilst awaiting collection.

- **Crockery And Cutlery**. Crockery, cutlery and utensils should be washed with hot soapy water or in a dishwasher.

- **Accidents Involving External Bleeding**. Normal First Aid procedures should be followed which should include firm pressure maintained over the wound for five to ten minutes with a sufficient pad of clean absorbent material. If a surgical dressing is not immediately available a folded paper towel or clean handkerchief may be used. When bleeding has stopped blood on surrounding skin should be washed with soapy water away from the wound. Splashing of blood into eyes or mouth should be washed out immediately using plenty of water. After accidents resulting in bleeding, contaminated surfaces eg table and floors should be cleaned with suitable disinfectant.
NB Protective gloves/aprons should be worn when treating external bleeding. If bleeding persists, seek medical assistance immediately.

- **Mouth To Mouth Resuscitation.** It is recommended for care setting with personnel qualified in first aid that an 'airway' with special plastic 'apron' should be kept available in first aid boxes and used in mouth to mouth resuscitation. In an emergency direct mouth to mouth should not be withheld. Delay in resuscitation can lead to death or irreversible damage through lack of oxygen.

- **Accidents and Injuries**. Accidents or injuries covered by RIDDOR should be reported in the normal way in consultation with the Manager. Any accident in which it is thought that anyone could have been contaminated with an infected person's blood through a cut or abrasion in the skin or splashing in the eyes or mouth should be reported to their GP.
NB RIDDOR '95 means the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, which came into force on 1 April 1996.
RIDDOR '95 requires the reporting of work-related accidents, diseases and dangerous occurrences.

SHARPS INJURIES AND BITES
If skin is broken make wound bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to Accident and Emergency immediately. Contact HPU for advice if unsure.

ANIMALS
Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

- Animals at GAPA (permanently or visiting). Ensure animals living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary

advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets as all species carry salmonella.

- Visits to farms. Ensure the farm is well managed, with grounds and public areas as clean as possible and animals prohibited from outdoor picnic areas. Check handwashing facilities are adequate and accessible with running water, liquid soap and disposable towels. (If necessary discuss with local Environmental Health Department or HSE). Ensure children wash and dry hands thoroughly after contact with animals, animal faeces, before eating or drinking, after going to the toilet and before departure. Ensure children understand not to eat or drink ANYTHING while touring the farm, not to put fingers in mouths, eat anything which may have fallen on the ground, or any animal food. Children should only eat in the places they are told to, and after washing hands well. Use waterproof plasters to protect any cuts or grazes not covered by clothes.

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. Schools and nurseries and childminders will normally have been made aware of such children. 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. It may be advisable for these children to have additional immunisations e.g. pneumococcal and influenza.

NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

FEMALE STAFF – PREGNANCY

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.

• Chickenpox can affect the pregnancy if a woman has not already had the infection. If exposed early in pregnancy (first 20 weeks) or very late (last three weeks), the GP and ante-natal carer should be informed promptly and a blood test should be done to check immunity. NB. Shingles is caused by the same virus as chickenpox virus therefore anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.

• German measles (Rubella). If a pregnant woman comes into contact with German Measles she should inform her GP and ante-natal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy. All female staff under the age of 25 years, working with young children should have evidence of two doses of MMR vaccine.

Slapped cheek disease (Parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks) inform whoever is giving ante-natal care as this must be investigated promptly.

• Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed immediately inform whoever is giving ante-natal care to

ensure investigation. All female staff under the age of 25 years, working with young children should have evidence of two doses of MMR vaccine.

IMMUNISATIONS

GAPA should encourage parents/carers to ensure that immunisations that have been missed should be given and further catch-up doses organised through the child's GP. For the most up to date immunisation advice check on www.immunisation.nhs.uk or the school health service can advise on the latest national immunisation schedule. From September 2006 this is:

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18yrs old	Tetanus, diphtheria, and polio (Td/IPV)	One injection

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies, check with HPU.

Staff immunisations

All staff aged 16 – 25 years should be advised to check they have had 2 doses of MMR.

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly hand washing, and maintaining a clean environment.

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Fact Sheets and further information are also available at www.hpa.org.uk.