



Illness and Infection Control Policy

Puddle Ducks Nursery has a duty of care to minimise the risk of illness and infection within the setting to protect the health, safety and welfare of all children, visitors and families. This is maintained through the use of high hygiene standards and exclusion criteria timescales to establish a safe, healthy environment. The team at Puddle Ducks Nursery has the right to refuse entry to any children, parents, carers, staff and visitors who are deemed contagious. In this scenario, they will be made aware of any suitable exclusion periods.

Staff Responsibilities

Viruses and infections can easily be spread from person to person by air, direct contact or touching a contaminated surface. To reduce the risk of illness and infection, staff at our nursery will:

- Ensure good hygiene procedures, such as handwashing and catching coughs or sneezes with tissues, are covered as part of daily practice within the setting and curriculum through visual guides and modelling.
- Encourage hand washing throughout the day, particularly around meal times, after blowing noses, playing with susceptible materials, after playing outdoors or after contact with animals.
- Ensure used tissues are disposed of appropriately and that hands are washed after.
- Wear appropriate personal protective equipment (PPE) when changing nappies and dealing with bodily fluids. This will then be disposed of appropriately and hands washed immediately.
- Clean and sterilise potties and changing mats before and after each use.
- Clean toilets daily and check throughout the day. These will be cleaned using appropriate PPE on an as-needed basis.
- Use appropriate PPE when conducting toileting support and first aid.
- Dispose of used nappies appropriately. Clean all toys, resources and equipment regularly using appropriate cleaning materials, such as antibacterial disinfectant. This includes immediately cleaning toys that have contact with bodily fluids, such as blood or saliva.



- Allocate labelled bedding to a single child and wash it weekly.
- Store individual children's dummies in their bags or separately in a hygienic manner.
- Immediately clean and sterilise dummies and bottles that make contact with the floor or are picked up by another child.
- Dispose of grey water immediately.
- Follow the food health and safety policy for food storage and preparation.
- Follow the exclusion timetable for any illnesses and infections for themselves, children, parents, carers and visitors. They will stay at home if they are contagious.
- Regular audits to ensure policies and procedures are followed appropriately.
- Ensuring there is an adequate supply of tissues, handwashing equipment, cleaning materials and sterilisers at all times.
- Ensure that any children, parents, carers or visitors who arrive at our nursery unwell, speak to a senior member of staff before they are allowed entry.

In the event of an infection or illness outbreak, we will follow government health guidelines. Each specific circumstance will be acted on and reported appropriately.

Managing Cases of Infections Diseases

If a child arrives at our setting unwell, contagious or affects our ability to care for others, they will not be permitted into the setting.

If staff at Puddle Ducks deem that a child is not contagious and allow them entry into the setting, they will need to know any signs, symptoms and medications.

Children who become unwell during their session will be made as comfortable as possible and be cared for by a member of staff until a parent or a carer can collect them. The parent or carer will be contacted via phone call to collect the child or make suitable arrangements for collection as soon as possible. If the parent cannot be contacted, we will contact the child's emergency contact.



Notifiable Illness

Under The Children Act 1989, will follow guidelines from the Health Protection Agency on when to report notifiable illnesses or diseases. Notification will be made as soon as is reasonably practical.

Infection	Exclusion Period	Comments
Athlete's foot	None	Individuals should not be barefoot at their setting (for example in changing areas) and should not share towels, socks or shoes with others.
Chicken Pox	At least 5 days from onset of rash and until all blisters have crusted over.	Pregnant staff contacts should consult with their GP or midwife.
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores.
Conjunctivitis	None	If an outbreak or cluster occurs, consult your local health protection team (HPT).
Respiratory infections including coronavirus (COVID-19)	Individuals should not attend if they have a high temperature and are unwell. Individuals who have a positive test result for COVID-19 should not attend the setting for 3 days after the day of the test.	Individuals with mild symptoms, such as runny nose and headache, who are otherwise well can continue to attend their setting.
Diarrhoea and vomiting	Individuals can return 48 hours after diarrhoea and vomiting has stopped.	If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A.



Diphtheria*	Exclusion is essential. Always consult with your UKHSA HPT.	Preventable by vaccination. For toxigenic diphtheria, only family contacts must be excluded until cleared to return by your local HPT.
Flu (influenza) or influenza like illness	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.
Head Lice	None	
Hepatitis A	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures.
Hepatitis B, C, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.
Impetigo	Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles	4 days from onset of rash and well enough.	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Meningococcal meningitis* or septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.



Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.
Meningitis viral	None	Milder illness than bacterial meningitis. Siblings and other 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 UKHSA HPT for more information.
Mumps*	5 days after onset of swelling	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff.
Ringworm	Not usually required	Treatment is needed.
Rubella* (German measles)	5 days from onset of rash	Preventable by vaccination with 2 doses of MMR. Promote MMR for all individuals, including staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.
Scabies	Can return after first treatment.	Household and close contacts require treatment at the same time.
Scarlet fever*	Exclude until 24 hours after starting antibiotic treatment.	A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
Slapped cheek/Fifth disease/Parvovirus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment 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 treatment.
Tuberculosis* (TB)	Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB). Exclusion not required for non-pulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers, and students.	Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms.
Whooping cough (pertussis)*	2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.