

Burgh After School Club



Control of Infections Policy

Parents and staff will be informed whilst maintaining the anonymity of the children and staff involved. The types of infections that may be reported to parents will be,

- Head Lice
- Measles
- Chicken Pox
- Mumps
- Scabies
- Meningitis
- Whooping Cough

Parents will be made aware of the risks especially if their child(ren) have not been immunised as their children will be at a greater risk of contracting infection if there is an outbreak at Burgh After School Club. This is particularly important in cases of the following infections,

- Measles
- Mumps
- Rubella
- Whooping Cough

Exclusion of children, staff and parents with contagious infections from the club until such times as the infection being treated and considered no longer to cause risk to other children or staff in the club, any exclusions will be handled sensitively and in confidence as not to embarrass and break the clubs confidentiality policy.

All cases of infections will be recorded in the Incident/Accident book along with the action taken.

Staff who become ill at work or show any signs of contagious infection will be sent home, the Manager will contact a replacement member of staff to maintain the staff ratios if required.

If a child becomes unwell during the play session the play worker will ensure that the child is treated promptly and appropriately and the risk to other children is minimised.

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A child's parent/carer will be contacted upon a child becoming unwell and asked to make arrangements for the child to be collected as soon as possible. In cases where the parent/carer cannot be contacted the emergency contact stated on the Childs registration form will be contacted. Upon the collection of the child the parent/carer will be asked to sign the Incident/Accident book.

In cases where a child, parent or member of staff is known to have contracted a contagious infection that could affect other children or adults, Burgh After School Club will implement the following exclusion procedures:

- A child who has an illness that results in a greater need for care than staff can provide will be excluded until such times as the child is feeling better and treatment has been received.
- Any staff member who has an illness that affects their ability to properly care for the children will be excluded until such times treatment has been received and they are feeling better.
- Any child or staff member showing signs of fever, lethargy, or difficulty breathing or any other signs of possible severe illnesses.
- Gastric upsets – exclusion being 24/48 hours after the last attack of vomiting or diarrhoea.
- Rashes or behavioural changes – exclusion until the child's/adults doctor has determined whether or not the illness is infectious.
- Fever/throat infections – can return 24 hours after the fever has gone down.
- Shingles – exclusion until lesions is crusted.
- Impetigo – exclusion for at least 48 hours after treatment has commenced and spots are no longer weeping fluid.
- Head lice – exclusion until full course of treatment has been given.
- Scabies – exclusion until first treatment has been initiated.
- Ring worm – those who have the infection on exposed area will be excluded for 1 week and allowed to return only after treatment has commenced, those who have infection on an area that can be covered can return within 24 hours of treatment commencing.
- Threadworm – can return once treatment has started.
- Hand, foot and mouth disease – exclusion until treatment has been given and the last lesion has disappeared.
- Influenza – excluded until feeling better.
- Chicken pox – exclusion until lesions have dried and crusted (usually 6 days).
- Rubella – exclusion until 7 days after onset of the rash.
- Measles – exclusion until 4 days after onset of the rash.
- Mumps – exclusion until 9 days after first appearance of the swelling.
- Whooping cough – exclusion for 5 days as long as a course of antibiotics has been completed, if no antibiotics are administered 14 days exclusion is needed.
- Meningitis – exclusion until feeling well enough to return to the club

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- HIV – exclusion not necessary. The club should consult with the parent/carer, doctors and any other appropriate person to put into place the necessary health and safety procedures. The child who has HIV should remain confidential in accordance with the clubs confidentiality policy. The child will not be treated any differently in any way, this especially if the child has an accident.