



# The Children's House

## Policy on Sick Children and Infection Control

This policy should be reviewed annually and as required by legislation.		
Action	Reviewer	Date
Review	AS	Nov 2025
Approved by Chair of COM	BDB	Nov 2025
Date for next internal review		Nov 2026

## POLICY ON SICK CHILDREN AND INFECTION CONTROL

### Introduction:

This Policy provides guidelines to parents and staff at The Children's House for the control of potential and actual spread of infection and communicable diseases and for preparing for and in the event of an outbreak of infection such as pandemic influenza or norovirus.

### Responsibility:

The Headteacher has responsibility for ensuring these procedures are carried out. In their absence, responsibility will rest with the Deputy or Assistant Head at the Early Years site.

The Headteacher will raise awareness of hygiene procedures through:

- Informing all attending adults of existing policy and procedures
- Including this information in induction for new members of staff or work experience students.
- Providing visual instructions where possible for ease of understanding.

### Principles:

Everyone has a duty of care to protect themselves and others. They therefore should disclose relevant information/symptoms and take the necessary action as advised by the UK Health Security Agency (UKHSA). Adherence by everyone to policies, record-keeping, hand washing routines, cleaning and prompt exclusion, will help to limit the transmission of germs.

Good pastoral care includes promoting healthy living. School staff will give children positive messages about health and well-being through lessons, circle times, assemblies, special events and through daily conversations with the children.

### Useful Information:

[How long should you keep your child off school - checklist poster \(text version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/How_long_should_you_keep_your_child_off_school_-_checklist_poster_(text_version).pdf)

### Children who have a temperature or are generally unwell:

Children with a temperature of 38°C should be kept at home until their temperature returns to normal without the paracetamol or ibuprofen being administered.

[Is my child too ill for school? - NHS](#)

Children who are generally unwell should be kept at home to keep them more comfortable, help them recover more quickly and to avoid transmission of infection to other children and staff.

**Children who become ill at school:**

If a child becomes unwell at school (ie. headache, sore throat, raised temperature), the child's parents or carer will be contacted and asked to collect the child if they are too unwell to be at school. Staff will care for the child in the medical area or somewhere quiet and comfortable until the child's parent or carer arrives, providing isolation if medically required. The child may return to school once the parent/carer is sure that they are well enough and no longer contagious.

**Children with vomiting or diarrhoea:**

A child who has vomiting or diarrhoea must not return to school until 48 hours have passed since the last episode.

**A medical emergency:**

In the event of a medical emergency in School, staff will follow the procedure in the [First Aid Policy](#).

**Administration of Prescribed Medication:**

If a parent requires the school to administer prescribed or over-the-counter medication to a child then the necessary permission form must be signed. This is available in the School office and will be signed and witnessed by staff, then scanned onto the pupil's iSAMs record.

**Exclusion of a sick child:**

The school has a duty to control the spread of infection and communicable diseases. As they recover in the comfort of their own homes, children may appear well enough to return to school but they may quickly lose energy, tire or see a renewal of symptoms if they return to the hustle and bustle of school life too early. This Policy sets out below the [minimum exclusion periods advised by The UK Health & Security Agency \(UKHSA\)](#). These procedures are outlined in the Parent Handbook, but we also encourage parents to seek prompt medical advice if unsure.

**Children who may have a notifiable disease:**

In line with [The Health Protection \(Notification\) Regulations 2010](#), certain diseases are notifiable and must be reported to the UKHAS giving:

- The name of the disease
- Name and date of birth of the children affected
- Whether the school has informed the UKHSA and what advice has been given.

Follow-up in writing within 3 days. In this instance, children must not attend school for the recommended period. In some cases, a doctor's note stating that the child is fit to return may also be required. A record of the child's sickness will be kept in the child's file.

Please see Appendix 1 below for information on infection control and notifiable diseases for schools and nurseries.

**During an outbreak:**

An outbreak is the circumstance in which there is a greater incidence of the illness or disease occurring than would normally be expected.

During an outbreak of an infectious illness such as pandemic influenza the school will seek to operate as normally as possible but will plan for higher levels of staff absence. The decision on whether school should remain open or close will be based on medical evidence. This will be discussed with the UKHSA. It is likely that the school will remain open, but we recognise the fact that both the illness itself and the caring responsibilities of staff will impact staff absence levels. The school will close if lessons cannot be staffed or there is not adequate supervision for the children. Children will be asked to complete work at home.

During an outbreak of diarrhoea and/or vomiting, the following will take place:

- The use of sand and playdough will be suspended for 48 hours after the symptoms end and will be disposed of and replaced by fresh supplies.
- Use of water in the water tray will be suspended for 48 hours after the symptoms end and the water tray and toys will be thoroughly cleaned and fresh water supplied prior to use.
- Children who have had diarrhoea and/or vomiting should not be included in cooking for 48 hours since symptoms ended.

## **Good Hygiene Practice**

### **Handwashing:**

Handwashing is one of the most important ways of controlling the spread of infection, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm 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 waterproof dressings.

Remember to: keep nails short; do not use a single cloth or bowl of water to clean a group of children's hands; check children have washed their hands before eating.

### **Coughing and sneezing:**

Coughing and sneezing easily spread infections. Children and adults will be asked to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissue. Spitting is not allowed. Children to be taught to dispose of used tissues into bin with a lid.

### **Personal protective equipment:**

Disposable gloves and aprons must be worn where there is a risk of splashing or contamination with blood, body fluids (eg. nappy changing) and when handling cleaning chemicals.

### **Cleaning and ventilating the environment:**

- Floors to be cleaned daily with disinfectant fluid.
- Carpets/rugs to be hoovered daily and steam-cleaned 3 times per year
- Any spillages on these surfaces during the day will be cleaned and immediately disinfected
- Colour coded cloths/mops to be used for designated areas.
- Lavatory cleaning to include handles on door and loo, and taps, minimum of once a day and more often if soiled.
- Windows and doors are often opened to ensure good ventilation into the hall, classrooms, offices and meeting rooms.
- Rubber/plastic gloves will be used for general cleaning and disposed of when there is evidence of peeling, cracking and tears. Hands will be washed after use.

- Recommended cleaning agents: disinfectant spray; detergent and hot water; cream cleaner. Bleach not for use on metal surfaces.
- General surfaces to be manually cleaned and dried between use and at end of day using general purpose detergent and hot water. Use disposable cloths and dry with paper towels. Disinfect if known infection risk, then rinse (Note: disinfectant will not work on dirty surfaces).
- Bins: empty daily. Clean inside with hot water and detergent if contaminated.
- Environment cleaning cloths will be disposable and colour-coded for specific areas (kitchen, loos, general).
- Soiled Clothing: do NOT manually rinse/soak soiled items. Flush any solid material into loo, carefully avoiding splashing. Put items in sealed plastic bag for the parent to collect and wash at home.
- Ad hoc 'deep cleans' are conducted at both sites, including more regular rug cleaning.
- Soft furnishings are cleaned regularly, and children eat snacks and lunch at tables which are cleaned before and afterwards.

#### **Toys and Equipment:**

- Establish cleaning rota and use water detergent or Milton followed by a rinse and dry.
- Decontaminate or dispose of any toys contaminated with blood or body fluids.
- Water play equipment must be cleaned with detergent and dried after use.
- Sandpit must be changed regularly (4 weekly).
- Play-doughs to be replaced weekly or more often if they become dirty.
- Children must not take toys into lavatory with them.

#### **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 disposable gloves and apron. Changing mats must be covered by paper towels and washed with disinfectant and dried with paper towels after use.

When spillages occur use a product that combines both a detergent and a disinfectant. Use as per manufacturer's 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. Wash hands thoroughly afterwards.

#### **Chemicals:**

All chemicals must be handled and stored according to manufacturer's instruction in their original containers, in the cleaner's cupboard or an identified dry, well-ventilated place that is lockable and out of reach of children/visitors/public.

Gloves must be worn when handling bleach. Contact with bleach to the skin, eyes, mouth, must be avoided.

Bleach should not be used on urine spillages, carpeted, metal or wooden surfaces and must always be used in a well-ventilated room.

#### **Laundry:**

Disposable gloves and aprons must be worn when dealing with soiled clothing or other fabrics. Children's soiled clothing should be bagged to go home, never rinsed by hand.

#### **Waste:**

Disposable gloves and aprons must be worn when dealing with waste and must be disposed of along with other waste products. Hands must be washed thoroughly afterwards.

Used nappies or pull-ups, gloves, aprons and paper towels used for cleaning spillages of body fluid should be sealed in plastic bags and disposed of in outside bins.

Paper towels and dressings used for dealing with blood spillages must be sealed in a plastic bag and disposed of in the designated waste bin.

Under the waste management duty of care, we ensure that our commercial waste is removed by Islington council and transferred correctly. Sanitary waste is removed by PHS.

#### **Adrenaline Auto Injectors:**

Used sharps from Adrenaline Auto Injectors must be returned to a local pharmacy or handed to an attending ambulance crew.

#### **Food:**

- We will ensure relevant staff have Food Hygiene Certificates or other training in food handling. All Early Years staff and lunch supervisors must be trained.
- We will store food that requires refrigeration, covered and dated within a refrigerator, at a temperature of 5 degrees centigrade or below.
- All foods in fridge to be kept covered.
- Staff must keep raw meat in sealed bag at bottom of fridge.
- Raw or lightly cooked eggs not to be used.
- Wash hands before and after handling food.
- We will clean and disinfect food storage and preparation areas.
- Cloths to be colour coded for kitchen use only.
- Food will be bought from reputable sources and used by recommended date.

#### **Pets and Infection Control:**

Pets in early years settings can be a source of potential infection. All animals naturally carry a range of germs in their gut. Some of these germs may be transmitted to humans and cause illness, even if the animal appears healthy.

It is important to be aware that reptiles and exotic pets can also carry and transmit bacteria such as Salmonella.

#### **Guidelines for introducing pets into the Early Years site or school:**

- Inform parents/carers beforehand.
- Check with appropriate sources that animal/s is safe around children.
- Delegate a member of staff to be responsible for the animal/s.
- Provide suitable housing away from the food or kitchen area.
- Determine where the pet/s are not allowed to go eg food areas.
- Ensure pets are healthy and up to date with immunisations from vet.
- Ensure pets are wormed and treated for fleas.
- Determine how children with allergies or certain medical conditions may be affected by the presence of pets.
- Ensure pets' claws are trimmed to reduce risk of scratches.
- Prevent pets from fouling any areas used by children and ensure that any fouling is cleaned up immediately.
- Ensure pet housing is kept clean and NOT cleaned out in the kitchen sink.
- Ensure everyone washes their hands after handling pets, their bedding or cages.
- Ensure that pet feeding areas are kept clean and that they have their own feeding dishes that are washed and disinfected separately from other dishes and utensils.

- Ensure pet food and bowls are kept separate from kitchen food.
- Throw away any cat or dog food that has not been eaten for 20 minutes.
- Do NOT encourage children to kiss pets or allow pets to lick their faces.
- Ensure children are not allowed to play with pets unsupervised.

### **Outings to Farms and Zoos:**

Serious outbreaks of infections (eg E Coli) have occurred amongst children following outings to zoos and farm parks. The persons in charge of groups of children visiting farms or zoos must be aware of the possibility of transmission of disease by either direct or indirect contact with infected animals.

### **Guidelines for outings to farms and zoos:**

- The teacher carrying out the risk assessment should ensure that the farm or zoo being visited has adequate hand washing facilities and established procedures to prevent spread of infection to visitors.
- Ask whether the farm or zoo will provide an initial talk on hygiene or whether you will have to provide your own guidance to the children and adults on the outing.
- Infection is mainly acquired by eating contaminated material, sucking fingers that have been contaminated or by eating without washing hands. Potential hazards at farms and zoos include animal foodstuffs, raw milk, animal faeces, untreated water, putting fingers in animal's mouths.
- Children must receive a hygiene talk before touring the farm or zoo and they must be constantly supervised during their visit.
- Children must wash and dry hands after contact with animals, before eating, and when leaving the farm/zoo.
- Children must not eat or drink in any building used to house animals or store animal bedding or foodstuffs.

### **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 and with conditions that seriously reduce immunity. These children are particularly vulnerable to chickenpox, measles or parvovirus B19 ("slapped cheek"), and if exposed to any of these, the parent should be informed promptly, and further medical advice sought.

### **First Aid for dealing with an accident involving bleeding:**

- Put on latex gloves
- Stop the bleeding by applying pressure to the wound with sterile dressing
- Dispose of dressing in designated waste bag
- Deal with spillage immediately
- Replace the sterile dressing
- Clean up blood spillages immediately. Wear protective clothing.
- Seal all waste in designated waste bag placed in outdoor bin.
- Wash hands thoroughly
- Document details in Accident Book.

### **First Aid for injuries from needles/sharp instruments or splashes contaminated with blood:**

- Encourage bleeding gently
- Do not suck wounds
- Wash well with soap and warm running water
- Dry and cover with a waterproof plaster

- For splashes into eyes or mouth, rinse freely with water
- Document details in Accident Book
- Seek immediate medical advice from local A&E.

**Staff Health:**

The most common cause of vomiting and diarrhoea is by eating contaminated food or drinking contaminated water. Symptoms can also be spread from person to person by unwashed hands. Strict personal hygiene must apply. Staff must be 24 hours symptom free before returning to school after vomiting or diarrhoea.

**Female Staff/Work Experience Students – Pregnancy:** avoid contact with chicken pox, rubella, slapped cheek syndrome. When situations of exposure occur, or a pregnant woman develops a rash, they must seek advice from their GP who will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox so a pregnant woman without immunity to chickenpox could also be vulnerable through close contact with shingles. Similarly, contact GP or midwife if in contact with German measles (Rubella), slapped cheek syndrome or measles. Members of staff are strongly recommended to be immunised against polio and rubella. Staff are also encouraged to have an annual influenza immunisation.

**Recommended Immunisations:**

UK Health and Security Agency guidance for routine childhood immunisations can be found [here](#). Immunisation Advice from the NHS: [www.nhs.uk/conditions/vaccinations](http://www.nhs.uk/conditions/vaccinations)

**Useful Contacts:**

UKHSA contact numbers can be found [here](#).

**NHS 111:** phone 111

**Health and Safety Executive** [www.hse.gov.uk](http://www.hse.gov.uk)

This Policy was reviewed, amended and agreed by the Council of Management in November 2025. It will be reviewed again in one year’s time or as required by legislation.

Brodie Bibby

Agreed by \_\_\_\_\_ Chair of the Council of Management

Appendix 1

**Guidance on infection control and notifiable diseases for schools and nurseries can be found [here](#):**

**Rashes and skin infections:**

Condition	Recommended period to be kept away from school, Early Years site or childminders	Signs and Symptoms	Other information

Athlete's Foot	None	Cracked, peeling or itchy skin between the toes. Inflamed, burning or itchy skin on the feet.	Not a serious condition. Treatment recommended and caution around barefoot activities such as swimming or dance wear shoes or socks where possible until it has cleared up.
Chickenpox	Until all vesicles have crusted over	Rash or blisters on skin	Standard letter sent to class Exclusion is 5-6 days from onset of rash. <b>ALERT: vulnerable children and female staff/pregnancy</b>
Cold sores	None		Avoid kissing and contact with the sores. They are generally mild and self limiting.
German measles (Rubella)	5 days from onset of rash (as per "Green Book") although child most infectious before rash appears	Rash is usually first sign although there be may mild catarrh, headache or vomiting at the start. The rash is small pink spots all over the body.	<b>NOTIFIABLE DISEASE</b> Preventable by immunisation (MMRx2) Standard letter sent to pupils not immunised <b>ALERT: female staff/pregnancy</b>
Hand, foot and mouth	None Exclusion may be considered in Early Years site until spots have gone from hands	Fever, blisters in mouth and red raised rash on hands and feet. As time goes by the rash develops into small blisters. No treatment necessary.	Contact your local Public Health Authority if a large number of children are affected. Prevent spread by rigorous hand washing and wearing protective clothing to cover extremities.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment		Antibiotic treatment speeds healing and reduces the infectious period. Keep lesions covered.
Measles	4 days from onset of rash until 4 days after, where the date of rash onset is day 1.	Starts with apparent cold, sore eyes, sneezing, coughing, runny nose, fever for 4 days followed by rash. Child very infectious during this period.	<b>NOTIFIABLE DISEASE</b> Preventable by immunisation (MMRx2) <b>ALERT: Vulnerable children and female staff/pregnancy</b>
Mpox	Exclude until rash has scabbed over	Starts with flu like symptoms.	<b>NOTIFIABLE DISEASE</b> <b>Contact local health authority</b>

	and fallen off and a fresh layer of skin has formed underneath, which may take several weeks.		
Molluscum contagiosum	None		A self-limiting condition
Ringworm	Exclusion not usually required or required until treatment has commenced	Fungal infection of skin or scalp spread through direct contact via combs, hairbrushes, hats etc. Scalp lesions start as small papules which spread outwards leaving scaly areas of hair loss.	Treatment is required
Roseola (infantum)	None		None
Scabies	Child can return after first treatment	Spread by direct skin contact with infected person, especially via hands. Symptoms are severe itching of skin especially at night or after hot shower.	Household and close contacts require treatment. Consult GP. Exclusion until one day after treatment has begun. It may take 3 weeks after treatment for itching to stop. School to contact UKHSA for advice in the event of an outbreak.
Scarlet fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Sore throat, headache, fever, nausea, vomiting, followed by fine red rash (feels like sandpaper) on chest and stomach then spreading. Strawberry tongue, flushed red face, swollen glands in neck. Peeling skin on fingertips, toes and groin area as rash fades.	<b>NOTIFIABLE DISEASE</b> Highly infectious spread by sneezing, coughing, exhaling. Antibiotic treatment recommended for the affected child
Slapped cheek syndrome/fifth	None (once rash has developed as no	Red rash on face, may also involve arms, legs and	Child should have disease confirmed by GP but

disease. Parvovirus B19	longer infectious then)	trunk. Child may have runny nose, cough, mild joint pains.	treatment not usually necessary. <b>ALERT: Vulnerable children and female staff/pregnancy</b>
Shingles	Exclude only if rash is weeping, cannot be covered or is on face or hands		Can cause chickenpox in those who are not immune ie have not had chickenpox. It is spread by very close contact and touch <b>ALERT: vulnerable children and female staff/pregnancy</b>
Warts and verrucae	None		Verrucae should be covered in swimming pools, gyms and changing rooms

#### Diarrhoea and vomiting illness:

Condition	Recommended period to be kept away from school, Early Years site or childminders	Signs and Symptoms	Other information
Cryptosporidiosis	48 hours from last episode of diarrhoea		Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting		<b>Exclusion until 48 hours symptom free.</b> School to contact UKHSA in the event of an outbreak and affected children and staff will be excluded and enhanced cleaning of environment and equipment initiated.
E.coli 0157 STEC  Typhoid and paratyphoid (enteric fever)  Shigella (dysentery)	48 hours from last episode of diarrhoea  Further exclusion may be required for some children until they are no longer excreting		<b>NOTIFIABLE DISEASE</b> Further exclusion may be needed for young children aged five and under and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may apply to some contacts who may also require

			microbiological clearance. Consult local UKHSA centre for further advice.
Food Poisoning	48 hours from last episode of vomiting or other symptoms		Exclusion for 48 hours
Norovirus	48 hours from last episode of vomiting or other symptoms		

#### Respiratory infections:

Condition	Recommended period to be kept away from school, Early Years site or childminders	Signs and Symptoms	Exclusion Period and other information
Coronavirus	Exclusion recommended until no longer testing positive.	Temperature, cough, difficulty breathing, flu-like symptoms	<b>NOTIFIABLE DISEASE</b> Contact UKHSA for specific advice, which might be school closure. ALERT: all pupils, parents and staff
Influenza (flu)	Exclusion until recovered		ALERT: Vulnerable children
Tuberculosis	Always consult your local branch of UKHSA 14 days after commencing treatment		<b>NOTIFIABLE DISEASE</b> Requires prolonged close contact for spread
Whooping cough (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Can start like a heavy cold with temperature and persistent cough. Cough becomes worse and adopts characteristic whoop. Illness may last several months.	<b>NOTIFIABLE DISEASE</b> Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local branch of UKHSA will organise any contact tracing necessary.

#### Other infections:

Condition	Recommended period to be kept away from school, Early Years site or childminders	Signs and Symptoms	Other information

Conjunctivitis	None once treatment has begun	White of eye becomes reddened and there may be discharge, itching and bright light may hurt.	If an outbreak/cluster occurs consult local UKHSA centre.  No exclusion from school required.
Diphtheria	Exclusion is essential. Always consult your local branch of UKHSA.		<u>NOTIFIABLE DISEASE</u> Family contacts must be excluded until cleared to return by your local branch of UKHSA. Preventable by vaccination. Your local branch of UKHSA will organise any contact training necessary.
Glandular fever	None		Usually spread by close contact, no exclusion required.
Head lice	none		Treatment is wet combing or treatment with lotions. Standard letter sent to class.
Hepatitis A	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)		In an outbreak of hepatitis A, local UKHSA centre will advise on control measures
Hepatitis B, C, HIV/AIDS	None		<u>NOTIFIABLE DISEASE</u> Hepatitis B, C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills see Good Hygiene Practice.
Meningococcal meningitis/septicaemia	Until recovered		<u>NOTIFIABLE DISEASE</u> Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts.

			Local branch of UKHSA will advise on any action needed.
Meningitis due to other bacteria	Until recovered		<b>NOTIFIABLE DISEASE</b> Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local branch of UKHSA will advise on any action needed.
Meningitis viral	None	Spread by droplets from nose and mouth, symptoms include severe headaches, fever, drowsiness, discomfort from bright lights, vomiting, neck stiffness, rash of small red-purple spots or bruises. This rash will not go white under pressure from a glass rolled over it. Seek urgent medical treatment.	<b>NOTIFIABLE DISEASE</b> Milder illness. There is no reason to exclude siblings or other close contacts of a case. Contact tracing is not required
MRSA	None		Good hygiene in particular hand washing and environment cleaning, are important to minimise any danger of spread. If further information is required contact your local HPA.
Mumps	Exclude child for 5 days after onset of swollen glands	Begins with raised temperatures, general malaise, following which there is stiffness or pain in jaws or neck then glands in the cheeks and the angle of the jaws swell up and are painful.	<b>NOTIFIABLE DISEASE</b> Preventable by immunisation (MMRx2). Standard letter sent to pupils not immunised.
Threadworms	None		Treatment is recommended for the child and household contacts
Tonsilitis	None		There are many causes, but most are due to viruses and do not need an antibiotic

