

# ACTIVITY CAMPS



# Illness and Infections Policy

<b>Company Name</b>	Le Mourier Swim/Sea/Save
<b>Company Address</b>	Inverness Lodge, Le Mont au Meunier, St Lawrence, Jersey, JE3 1FQ
<b>Author Name</b>	Stuart Diack
<b>Contact Telephone</b>	01534 869050
<b>Contact Email</b>	stuart@lemourier.co.uk

## Monitoring and Review

This policy will be reviewed annually to ensure they remain correct and are fit for purpose. However, the policy may be reviewed and updated at any time to reflect any changes made by Le Mourier or the regulatory authorities or government legislation

<b>Version:</b>	5/11.23
<b>Policy Launch date</b>	February 2019
<b>Next review date</b>	November 2024

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## Policy

This policy provides guidance on infection prevention and control for staff working within Le Mourier Swim/Sea/Save. This guidance should also be used by all staff involved in all our activities for children. Le Mourier staff have a 'duty of care' to provide a safe environment for children. Infection prevention and control in our settings involves carrying out risk assessments and putting measures in place to manage any risks identified and these should be reviewed and updated regularly. The Health & Safety at Work Act 1974 legislates that employers must provide adequate protection against the risks associated with the task undertaken (for example, Personal Protective Equipment (PPE) must be provided for dealing with blood or bodily fluids).

## Infection Risk

Infection risk in the childcare setting can be reduced by;

- Training all staff in Standard Infection Control Precautions (SICPs)
- Planning when arranging days out or activities.
- Ensuring Staff and/or children with symptoms of an infectious disease do not attend camp.
- Seeking advice from Public Health on infection prevention and control issues e.g., exclusion criteria if an outbreak of infection is suspected.

Excluding a child from a childcare setting when not necessary can be a burden on parents or guardians. However, failing to exclude a child (with signs or symptoms of infection) could lead to an outbreak of infection in the setting.

## Actions to prevent spread of infection.

It is important that we know the children in our care and whether they are at greater risk of getting or spreading an infection. Some medical conditions place children at higher risk of infection that would not usually be serious in others. It is therefore important that we ask parents/guardians whether their children have any specific health issues, and we will record this appropriately and sensitively within the child's care plan or record. Children at higher risk of infection include those being treated for leukaemia or cancer, on high doses of steroids, and with conditions which seriously reduce their immunity are particularly vulnerable to infections such as chickenpox or measles. If your child is exposed to either of these, we will tell the parent or carer quickly so they can get medical advice. If a pregnant staff member encounters a child or adult in our setting who has an infectious disease (such as chickenpox, measles, slap cheek (parvovirus) or German measles), or if they develop an unexplained rash, they should contact their midwife or GP as soon as possible.

## Hand Hygiene

Washing hands thoroughly, at the right time, using appropriate facilities and products will help prevent the spread of common infections such as colds, flu, thread worms and stomach bugs. We will ensure children understand why it is important to wash their hands and be taught how to wash, rinse, and dry their hands correctly.

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## *Good Practice.*

- Use warm water.
- Never share water in a communal bowl when washing hands.
- Use liquid soap (there is no need to use soaps advertised as antibacterial or antiseptic).
- Dry hands thoroughly using paper towels. A designated, lined bin that the children can operate easily should be provided for disposal of hand towels.
- When away from the facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity).
- All visible cuts and abrasions should be covered with a waterproof dressing.

Alcohol hand rub should be available for use by staff (hands should be washed with liquid soap and water if visibly soiled). The wearing of wrist jewellery (including watches), false nails and nail products are not recommended for staff performing hand hygiene.

## **Respiratory and Cough Hygiene**

To stop respiratory germs spreading, children and adults should cover their mouth and nose with a tissue when coughing or sneezing, putting their tissue in the bin immediately and washing their hands.

## **Cleaning the Environment**

There are many areas in our settings with a high risk of germs being present e.g. toilets, nappy changing areas, food areas. To minimise the spread of germs, the environment will be kept as clean and dry as possible and staff will understand their responsibilities in ensuring the environment and equipment are safe, clean, and ready for use.

All toys and equipment is safe for use and well maintained to reduce the risk of spreading harmful germs and staff will not let children take toys into toilet areas.

## **Dealing with spillages of blood and bodily fluids.**

All staff will follow the information regarding the cleaning and disposal of contamination caused by bodily fluids in Le Mourier's Biological Contamination policy.

## **Management of Waste**

### *Waste created will be managed as follows:*

- Ensure that there are lined bins in each of the areas where waste is produced e.g., food areas, changing areas.
- Open lidded waste bins in indoor play areas can be used for non-hazardous waste only.
- Ensure waste bins are never overfilled i.e. once three-quarters full, tie them up and put into the main waste bin.
- Ensure the bins are emptied at the end of the day, and during the day if needed.
- Keep the main waste bin in a secure area away from play areas (ensure animals cannot get into this area).
- All bins should be cleaned according to the specified cleaning schedule.

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- When collecting waste and emptying bins, wear PPE (i.e. disposable gloves and disposable apron).
- When you are finished, remove PPE and wash your hands with liquid soap and running water.

## Early warning signs and symptoms of infection

Staff must report immediately to the Activity Camp Leader if any child has the following signs or symptoms:

- Appears unwell (feels hot or looks flushed) or complains of feeling ill for example cough, sore throat, runny nose, muscle aches and headaches.
- Diarrhoea and/or vomiting
- Blood in their faeces.
- An unexplained rash.

If any one child has any of these signs or symptoms, or a member of staff, staff should:

- Ensure the person is moved to an area at least 2 metres away from other people
- Find a room or area where they can be isolated behind a closed door.
- Open a window for ventilation (unless otherwise instructed not to)
- Contact the local public health phone line
- If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate restroom where possible.
- Ask the parent/guardian to collect the child and suggest they seek advice from GP if symptoms continue or get worse

***In any of the above circumstances the staff member should complete an accident/incident form detailing their concerns.***

## Pandemic Outbreaks

Le Mourier will follow advice given / supplied to us by Children and Early Years Services (CEYS) and or the States of Jersey Emergency Council.

Where a pandemic has been declared, all staff must ensure that hygiene routines are fully completed and that all areas where staff and children congregate are thoroughly cleaned and disinfected to ensure, where possible, the spread of any virus is prevented. This includes personal hygiene and those of the children in their care.

Where a child or parent/guardian of a child who attends the camps has been diagnosed with a current virus, the infected person and their children or children in their care must be excluded from entering the premises and advised to stay at home and contact any helpline available for the current threat.

All waste that has been in contact with someone who may be infected, including tissues and masks if used should be:

1. Put in a plastic bag and tied when full.
2. Placed in a second bin bag and tied closed.
3. Put in a separate safe area and marked for storage until the infected persons test results are available.

If the person tests negative this waste can now be put in the normal waste.

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If the person tests positive, public health guidelines will be followed for its disposal.

Staff must inform management of any declaration of infection and ensure those in their care who could be at most harm of contracting any virus are kept away from any possible cross infection where practicable.

- Ensure the person is moved to an area at least 2 metres away from other people
- Find a room or area where they can be isolated behind a closed door.
- Open a window for ventilation (unless otherwise instructed not to)
- Contact the local public health phone line
- If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate restroom where possible.
- Ask the parent/guardian to collect the child and suggest they seek advice from GP if symptoms continue or get worse

***In any of the above circumstances the staff member should complete an accident/incident form detailing their concerns.***

Where a case of a spreadable disease has been disclosed, Le Mourier will contact all participants on the Activity Camps to inform them of the possibility of cross infection and to look for any obvious signs and symptoms.

Le Mourier will then inform public health and ensure that all recommendations from them are put in place and followed.

## Appendix 1 - Illness/Infection exclusion information

Infection or Symptom	Recommended Exclusion
Chickenpox	Until all vesicles have crusted over
German Measles	6 days from the onset of the rash
Impetigo	Until lesions are crusted or healed or 48hrs after starting antibiotics
Measles	4 days from onset of rash
Scarlet Fever	Return 24hrs after starting appropriate antibiotics
Slapped cheek - parvovirus	None once rash has developed
Diarrhoea and or Vomiting	48 hours after the last episode of diarrhoea or vomiting

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E.Coli	48 hours after the last episode of diarrhoea or vomiting
Cryptosporidiosis	48 hours after the last episode of diarrhoea or vomiting
Flu	Until recovered
Whooping Cough	5 days from starting antibiotic treatment
Hepatitis A	Until 7 days after the onset of jaundice.
Meningococcal Meningitis	Until fully recovered
Meningitis - viral	Until fully recovered
Mumps	5days after onset of swelling
Corona Virus	Until recovered - 2 negative tests in 24hrs

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## Document Control

Version	Published	Changes
Draft	Feb 2019	New Document
1.2/19	Feb 2019	New Document
2.6/19	Jun 2019	Addition of last point on page 6
3.3/20	Mar 2020	Addition of Pandemic outbreaks
4.11/22	Nov 2022	Removal of Virus Facts
5.11/23	Nov 2023	Review - No Changes