



## Infection Control Policy

Version	2.0
Review Date	October 2026

### Policy Statement

Play Inclusion Project is committed to protecting the health and well-being of all children, young people, staff, volunteers, and any individuals delivering activities at our sessions. Effective infection control and safe working practices are essential to providing high-quality support and maintaining a safe environment.

### Purpose of the Policy

This policy provides guidance for trustees, staff, volunteers, children/young people, and families in preparing for and managing outbreaks of infections, including pandemic influenza, COVID-19, or other contagious illnesses.

### Key Definitions

**Infection:** Requires a source of the infectious agent, a mode of transmission, and a susceptible host.

**Infection control:** Preventing the transmission of infectious organisms and managing infections when they occur.

**Hand hygiene:** Any action of cleansing hands, including washing with soap and water or using hand sanitizer.

**Respiratory hygiene/cough etiquette:** Practices such as covering mouth/nose when coughing/sneezing, using tissues, and performing hand hygiene immediately afterward.

**Contact transmission:** Spread of infectious agents via direct or indirect contact with an infected person or contaminated object.

**Direct contact:** e.g., a child's blood entering a cut on a staff member's hand.

**Indirect contact:** e.g., touching a contaminated object, then touching face without washing hands.

**Standard precautions:** All blood and body substances are treated as potentially infectious, regardless of perceived risk.

Updated October 2025  
By Joanne Barnes

## **Planning and Preparing**

- Staff, children, or volunteers with infectious illness must report to a GP and inform the local Public Health England (PHE) centre.
- During outbreaks (e.g., COVID-19, pandemic influenza), PIP aims to operate as normally as possible but will plan for higher levels of staff absence.
- Decisions to continue activities are based on medical guidance and staff availability.
- If insufficient staff are available, the Emergency Closure Policy will be followed.

## **Infection Control Measures**

Infections can spread through:

- Respiratory droplets from coughing, sneezing, or close conversation
- Direct contact with an infected person
- Touching contaminated surfaces and then touching face before handwashing
- Viruses surviving longer on hard surfaces

Staff and children are advised to:

- Wash hands regularly, particularly after coughing, sneezing, or blowing their nose
- Minimise hand-to-face contact
- Cover nose and mouth when coughing/sneezing
- Stay home if unwell or displaying infectious symptoms

Preventive measures include:

- Proper handwashing (after toilet use, handling animals, soil, or food)
- Encouraging children to manage their own hygiene (wiping/blowing noses, disposing of tissues)
- Wearing PPE when handling accidents, first aid, or intimate care

## **Cleaning of the Environment**

- Daily thorough cleaning of all areas, toys, and resources
- Immediate cleaning of blood, faeces, saliva, vomit, nasal, and eye discharges using PPE
- Use detergent/disinfectant products suitable for surfaces
- Disposable paper towels are used; mops are not used for body fluid spillages
- Waste is double-bagged and stored in a locked area for 72 hours before disposal

## **Vulnerable Children**

- Children with complex health needs are at higher risk of infection
- Individual care plans and risk assessments are maintained
- Activity Coordinators will inform parents/carers and seek medical advice if exposure occurs
- In serious pandemics, risk assessments and care plans will be reviewed for each vulnerable child

## **Pregnant Staff**

Pregnant staff should take the following precautions if exposed to:

- Chickenpox/Shingles - Consult GP/midwife if exposed
- German Measles (Rubella) - Inform GP/midwife immediately
- Measles: - Risk of early delivery or pregnancy loss; report exposure immediately
- Parvovirus B19 (Slapped Cheek Disease) - Early exposure (<20 weeks) must be investigated
- COVID-19 - Contact midwife, NHS website, or 119 for guidance

## **Procedure if Symptoms Appear at Setting**

- When a child or young person develops symptoms of an infectious illness whilst at a setting they will be isolated from the rest of the group and parents will be contacted immediately to arrange collection.
- Parents will be expected to collect their child within 1 hour
- Staff or volunteer will be sent home immediately on displaying symptoms of an infectious illness
- The individual displaying symptoms will need to stay away until the illness has past and/or the recommended time as advised by Public Health England has past.

## **The following are infectious illnesses that require exclusio**

<b>Infection/complaint</b>	<b>Recommended exclusion period</b>	<b>Comments</b>
Chickenpox	Until vesicles have crusted over	See vulnerable children, female staff – pregnancy

<b>Infection/complaint</b>	<b>Recommended exclusion period</b>	<b>Comments</b>
COVID-19	Whilst symptomatic and/or unwell	See vulnerable children, female staff – pregnancy
E-Coli	48hrs from last bout of diarrhoea	Further exclusion may be required if child cannot practice good hygiene
German measles	4 days from onset of the rash	See vulnerable children, female staff – pregnancy
Hepatitis A	Exclude for 7 days after onset of jaundice	Contact public health England for advice
Impetigo	Until lesions are crusted and healed or 48 hours after starting antibiotics	
Measles	4 days from onset of the rash	
Meningitis	Until recovered	
Mumps	Exclude for 5 days after onset of swelling	
Ringworm	Can return 48 hours after the start of treatment	
Scabies	Can return after 1 <sup>st</sup> treatment	Household and close contacts require treatment
Scarlet fever	24 hours after starting antibiotics	
	Can return once rash has developed	See female staff-pregnancy

Slapped cheek/fifth disease. Parvovirus B19		
<b>Infection/complaint</b>	<b>Recommended exclusion period</b>	<b>Comments</b>
Shingles	Exclude only if rash is weeping and cannot be covered	4 days from onset of the rash
Vomiting/diarrhoea	48 hours after last bout	
Whooping cough	Can return 5 days after start of antibiotic or after 21 days if untreated	