

Common Illnesses Policy

Little Miracles encourages and promotes good health and hygiene for all children within our care

Aims

The Nursery will put into place measures to ensure that children are in good health, and following the correct procedures if signs and symptoms appear.

The following outlines the common illnesses within a nursery environment this is not an exhaustive list however if an illness arises a notice will be written to inform all parents.

If an illness is defined as a “communicable disease” the Consultant for communicative Disease will have been advised by the hospital and they will liaise directly with the Manager and /or the Deputy Manager.

If a child falls ill during their day at nursery we will contact the child’s parents, guardian or a named contact and ask for the child to be collected as soon as possible. This is not only for the child’s welfare but also to minimise the spread of infection. For this reason we ask you please to insure your contact numbers are kept up to date.

Guidance

The following is for information purposes only. Medical guidance from the Childs GP or medical practitioner should be sought at all times by parents.

1. Chickenpox and Shingles

Chickenpox is a highly infectious but mild, common childhood illness. Adults may also get Chickenpox and the disease can be more severe than in children. One attack of chickenpox usually gives protection against the disease for life.

EXCLUSION: until all blisters dry and the child’s general health is normal.

2. Cold Sores

Many healthy children and adults excrete this virus at some time without having a ‘sore’.

EXCLUSION: Management discretion.

3. Common Cold

There are over 200 viruses that can cause a cold. Most infants and children will have several mild upper respiratory infections each year. Symptoms may include runny or stuffy nose, irritability, restlessness, poor appetite, decreased activity level, dry cough, sudden, slight fever, head/chest congestion and vomiting.

EXCLUSION: Management discretion.

4. Conjunctivitis

This is an infection of the covering of the eyeball and the inside of the eyelid. The white of the eye becomes reddened and there may be a discharge. The eye usually feels very itchy and bright light may hurt. Although it can get better by itself, antibiotic eye drops are given for bacterial infections.

Where spread within the nursery is evident or likely to occur (e.g. in the baby room), it may be necessary to recommend exclusion of affected children until they recover or until they have had antibiotics for **twenty four hours**. Conjunctivitis usually affects both eyes simultaneously. If there is concern about unilateral (one sided) red eye (for which there are many causes), a doctor's opinion should be sought immediately. Staff are not expected administer eye drop to children.

EXCLUSION: Management discretion - depending of severity.

5. Diarrhoea and/or vomiting, Gastroenteritis or Food Poisoning

This takes many forms, but the main symptoms are vomiting, diarrhoea and abdominal pain which may occur singly or in combination. The illness usually lasts only a short time and may range from mild to severe. Often rest and fluids are the main stay of treatment. All staff members including those employed in the nursery kitchen will also apply to this exclusion.

EXCLUSION: Where a child has one bout of diarrhoea/vomiting the parent/guardian will be contacted to collect their child without delay. The child must have been clear of symptoms for 48 hours e.g. 48 hours since the last loose stool.

If the Nursery Manager is not satisfied that the child is well within him/herself the Nursery Manager has the discretion to further exclude the child.

Note: Practitioners must feel confident that a loose stool does not constitute diarrhoea and that there is no other reason for the sickness i.e. coughing

EXCLUSION: 48 hours since the last loose stool.

6. German Measles (Rubella)

The symptoms of German measles are mild. Usually the rash is the first sign, although there may be a mild headache or vomiting at the start. The rash takes the form of small pink spots all over the body.

It is recommended that the child is excluded for five days from onset of rash, although the child is most infectious before the rash appears.

Rubella occurring in a woman in the early months of pregnancy may cause congenital defects in the unborn child.

Female staff or mothers who are pregnant when a case occurs should consult their GP or ante natal clinic (regardless of their immune status) so that an antibody test can be performed if necessary.

EXCLUSION: 5 days from onset of rash

7. Hand, Foot and Mouth Disease.

In this mild illness, caused by the Coxsackie's b16 virus, a fever is common with vesicles (blisters) in the mouth and red, raised rash on the hands and feet. As time goes on, the rash develops into small blisters. No treatment is necessary. Younger children are more susceptible to infection due to close contact.

EXCLUSION: Until blisters are dry and the children's general health is normal.

8. Head Lice

Head lice are a perennial and emotive problem. Spread in nurseries occurs much less frequently than is popularly supposed. The reservoir of infestation is frequently amongst the children's adult contacts. Wet combing and treatment with chemical lotions are the main

methods of control and treatment. Either treatment is only needed when live lice are seen. Involvement of parents in treatment and control is important.

EXCLUSION: We will not exclude children from the nursery with head lice; however we ask that parents are vigilant when signs are put up in the nursery and treat their children's hair as appropriate. We will discreetly tell a parent if we think their child's hair needs to be checked however, we will not check children's hair.

9. Impetigo

Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered exclusion may be shortened.

EXCLUSION: Until lesions are crusted or healed.

10. Measles

Measles starts with what appears at first to be an ordinary cold, sore eyes, sneezing, coughing and a runny nose. These symptoms are accompanied by a fever. They are usually present for about four days before the rash appears and during this period the child is very infectious, so if measles is suspected it is wise to keep the child away. The rash occurs three to four days after the onset of symptoms

EXCLUSION: 5 days from onset of rash

11. Meningitis and Meningococcal Septicaemia

Meningitis is a serious illness involving inflammation of the membranes covering the brain and spinal cord. It can be caused by a variety of different germs. Bacterial meningitis is less common but usually more serious than viral meningitis and needs urgent treatment with antibiotics. The illness occurs most frequently in young children and adolescents, usually as isolated cases.

Further cases may very occasionally occur in families or in boarding establishments but are very unusual in other types of settings. The signs and symptoms may include severe headaches, fever, vomiting, drowsiness, discomfort from bright light, neck stiffness and a rash of small red-purple spots or bruises. The rash does not blanch (go white) under pressure from a glass rolled over it (this is known as the glass test). This last sign is evidence of the serious blood-poisoning (septicaemia) form of infection. Immediate treatment at this stage with antibiotics has been shown to save lives and reduce the handicapping conditions which occasionally arise after this type of infection.

Urgent medical treatment is required for any case of bacterial meningitis. To help stop any spread, antibiotics may be given to close household contacts. A vaccine may also be given subsequently to those same contacts when more information on the type of the germ is known. The treatment depends on the cause of the meningitis. The CCDC will liaise with nurseries closely in confirmed or probable bacterial meningitis cases.

There are two meningitis charities in the UK that provide free support and information. They have twenty-four-hour free help lines:

Meningitis Research Foundation 080 8800 3344 (www.meningitis.org)

National Meningitis Trust 0845 6000 800 (www.meningitis-trust.org)

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It is vital to report cases promptly and discuss the above issues with the HPU in order that accurate information can be given, and appropriate action taken.

12. Mumps

Mumps is relatively rare now, and many suspected cases turn out not to be mumps when laboratory tests are carried out. The first symptoms of mumps are usually a raised temperature and general malaise. Following this there is stiffness or pain in the jaws or neck. Then the glands in the cheeks and the angle of the jaws swell up and are painful. The swelling may be confined to one side or affect both sides.

EXCLUSION: 5 days from onset of swollen glands

13. Roseola

This is contagious and spreads through tiny drops of fluid from the nose and throat of infected people.

These drops are expelled when the infected person talks, laughs, sneezes or coughs. If other people breathe the drops in or touch them and then touch their own noses or mouths, they can become infected as well.

EXCLUSION: Management discretion

14. Scabies

The most common symptom of scabies is severe itching of the skin. This itching is aggravated by warmth and moisture and is especially bad at night or after a hot shower. Visible scratch marks can be seen on the skin, and these may become infected. Treatment and the co-ordination of it is necessary for both the case and household contacts to prevent spread. All those with scabies should be seen by their GP and be excluded from nursery until properly treated – usually a day after treatment has begun. It may take up to three weeks after treatment for the itching to stop. This does not mean that treatment has failed but can be a result of an allergic reaction to the mites.

EXCLUSION: Until treated

15. Scarlet Fever

Scarlet Fever is another sign of strep throat. Scarlet Fever is a childhood disorder that usually occurs between the ages of 2 and 10. The rash is caused by a toxin that is present in some strep bacteria. Symptoms include sore throat and fever; rash (tiny speckled pink dots) appears on chest and abdomen but is more apparent in skin folds; rash feels rough and sandpapery and rash will cover whole body within 24 hours.

EXCLUSION: 48 hours after starting antibiotic treatment

16. Slapped Cheek Syndrome (Parvovirus/ Fifth Disease)

This viral infection usually occurs in outbreaks every few years. A red rash appears on the face giving a 'slapped cheek' appearance. The rash may also involve the arms, legs and trunk. Often the child may have a runny nose and cough. A few children, but mostly adults, have mild joint pains.

The illness is often very mild, particularly in young children, with a high proportion having no rash and very few other symptoms. However, the disease can become more severe in people who have certain blood diseases, such as sickle cell disease, thalassaemia or

leukaemia, or certain anaemias and they may also be infectious for longer. Treatment is not usually necessary, although children may need to see a GP as many other conditions have similar signs and symptoms. The child is most infectious to others before the appearance of the rash.

EXCLUSION: Management discretion

17. Tonsillitis

There are many causes, but most cases are due to viruses and do not need an antibiotic. For one cause, streptococcal infection, antibiotic treatment is recommended.

EXCLUSION: Management discretion

18. Whooping Cough (Pertussis)

This infection is preventable by vaccine and all children should be immunised. Because of this, whooping cough is fortunately now quite rare. The early stages of whooping cough, which may last a week or so, can be very like a heavy cold with a temperature and persistent cough. The cough becomes worse and usually the characteristic 'whoop' may develop. Coughing spasms are frequently worse at night and may be associated with vomiting. The whole illness may last several months. Antibiotics rarely affect the course of the illness but can reduce the period of infectivity.

Children should be immunised against whooping cough as soon as possible after the age of two months. This is the "P" in the DTP vaccine. Immunisation against diphtheria, tetanus and pertussis (DTP) and polio are given at ages 2, 3 and 4 months. If whooping cough is diagnosed, the Nursery must be informed immediately.

EXCLUSION: Five days from commencing antibiotic treatment

19. Worms (threadworms, ringworms etc)

Threadworms are a common complaint and the most common intestinal worm infection in the U.K. Threadworms will mainly infect young children, but adults can be infected (usually as a result of spread from younger children). The most common symptom is itching of the skin around the anus. Threadworms can be seen in the stools. However, occasionally, people can have threadworm without any symptoms.

The spread of threadworm is either by direct person to person contact from hand to mouth, or by indirect contact through clothing, bedding, food or other articles contaminated with the eggs of the worm. The main way to prevent spread is by good personal hygiene and education about the risk of infection, together with prompt treatment of cases. All cases should see their GP for diagnosis and treatment. If another member of the household has threadworm, the whole family will require treatment.

EXCLUSION: Until treated

20. Pregnancy - Female staff, visitors and parents/guardians

Some infections if caught by a pregnant woman can pose a danger to her unborn baby.

20.1. Chickenpox

This can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last three weeks before birth) she should promptly inform

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her GP and whoever is giving her ante-natal care, which can do a blood test to check she is immune.

20.2. German Measles (Rubella)

If a woman who is not immune to rubella is exposed to this infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to rubella or, if that is not available, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant comes into contact with rubella she should inform her GP promptly.

20.3. Slapped Cheek Disease (Parvovirus)

Occasionally, Parvovirus can affect an unborn child. If a woman is exposed early in pregnancy (before 20 weeks) she should promptly inform whoever is giving her ante-natal care.

These are the most common illnesses; however, if there are any additional illnesses that are not listed that you need advice on, please speak to the management team.

In regard to antibiotics of any kind children would have been prescribed the medicine because they are unwell, we understand that they may well be fine in themselves however, children are requested to take them for 48 hrs before they return to nursery. This is in case they have an allergic reaction to the medicine, and this will not be waived under any circumstance.

21. Vaccinations:

The babies/children who have had their vaccinations on a day they are meant to be in the nursery, parents should make arrangements for their baby/child to be kept at home for at least 24 hours before they are allowed back into the nursery. This is due to the high risk of babies/children coming down with various after effects following on from their vaccinations and being unwell in the nursery.

EXCLUSION: 24 hours after the vaccination

In regard to other medicines such as Asthma pumps and creams that are prescribed to children, we ask that you administer them at least once to your child, at least 2 hours before they attend nursery before we administer them to your child.

22. Covid-19:

If your child is showing symptoms of Covid-19, or a member of your family is suffering from Covid-19, please test your child before you bring them to the nursery. Covid-19 is still highly contagious and it can affect child and adults in various ways. Our current policy is exclusion of 3 days from testing positive to Covid-19 and then testing on Day 4 and Day 5 and if both days the result is negative, the child is allowed to come back to the nursery on the 5th day.

EXCLUSION: 3 - 5 days depending on two consecutive negative test result.

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