POLICY AND GUIDELINES FOR CHILDREN WHO ARE UNWELL

It is the nursery policy to have the Health and Wellbeing of every child in our care as paramount. Should the staff at any time become concerned about a child they must report this to the room senior and to a member of the management team.

At this point steps will be taken to assess the child and decide the appropriate action necessary. The child will be taken to a quiet area away from the other children and a further assessment with monitoring will take place.

We will make a decision based on the child's symptoms. Dependent on the outcome we may do the following -

- Seek permission for infant paracetamol/ibruprofen and monitor child at nursery.
- Request parent/carer collect child and take to the local pharmacy or doctor.
- Take the child to hospital directly or support parent/carer in taking the child to hospital.

Management can be called upon to step onto the nursery floor to advise and support ratios. An ill child must not be left alone at any time.

Parents/carers are always notified if their child is showing symptoms of illness. If the parent/carer is uncontactable then the emergency contacts will be called and a senior staff member will re-attempt parents/carers until such times as they can be reached.

Staff must strictly follow the nursery Medication Policy when administering medicines of any kind. Parents must be aware of their responsibility in the administration of medicines as stated in the Medication Policy which is located in the main hallway.

Parents/carers must follow nursery policy regarding exclusion periods. There are notices in both the main hallway of the nursery and beside the babyroom telephone, regarding this.

Please note, that sickness/diahorrea bugs have a 48 hour exclusion period from the very last episode. This will support infection control procedures within the nursery.

All equipment and resources are cleaned within the cleaning and sterilisation programmes tied into each playroom. COSHH guidelines, risk assessments and all other infection control procedures are tied into separate area policies. The nursery cleaner also has responsibilities in supporting and following these.

Benchmarks are taken from "The National Care Standards" –

Standard 2 – A safe environment (Standard 2.1 and 2.4)

Standard 3 – Health and Wellbeing (Standard 3.1 and 3.6)

Guidelines are also taken from Health Protection Scotland and NHS standards – "Infection Prevention and Control in Childcare Settings"

The nursery also uses the recommended periods of absence as follows:

Health Protection Scotland

HPN HEALTH PROTECTION NETWORK Coordinating Good Practice

NHS National Services Scotland

Exclusion Criteria for Childcare and Childminding Settings

Recommended time to be kept away from daycare and childminding

Main points

- Any child who is unwell should not attend, regardless of whether they have a confirmed infection.
- Children with diarrhoea and/or vomiting should be excluded until they have had no symptoms for 48 hours after an episode of diarrhoea and/or vomiting.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the local Health Protection Team should be contacted.

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and childminding settings) http://www.hps.scot.nhs.uk/haiic/ic/guidelinedetail.aspx?id=47103

Information on current immunisation schedule for children can be found at http://www.immunisationscotland.org.uk/index.aspx

If you have any questions please contact your local Health Protection Team (HPT)

Name: .....

Telephone Number: .....

Infection/Virus	Exclusion period	Comments
DIARRHOEA AND VOMITING ILLNESS		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: • young children; • those who may find hygiene practices difficult to adhere to; • those who prepare or handle food for others. Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
Common Infections		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Nursery
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
Less common infections		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli O157	Your local HPT will advise.	
Shigella (Bacillary Dysentry)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
RESPIRATORY INFECTIONS		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
RASHES/SKIN		
Athletes foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment; include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.
Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox is those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
OTHER INFECTIONS		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	If unwell.	
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	Your HPT will advise.
Hepatitis B and hepatitis C	None.	Blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action needed.
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea http://www.who.int/topics/diarrhoea/en/

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