



ILLNESS and INFECTIONS

ILLNESS

When children first attend nursery, parents/carers may find that their child is prone to coughs and colds. This is normal!

If a child takes ill whilst at the Nursery, Nursery Staff will:

- Reassure, comfort and monitor the child
- Pass on information about the child's condition to the Room Manager and then onto the Nursery Manager
- The Room Manager or Nursery Manager will contact parents to inform them of the situation and to request arrangements be made to remove the child from nursery, if required.
- If the child has a high temperature, confirmation will be sought using a thermometer. Staff will take steps to reduce the temperature of the child (eg by tepid sponging, removing some clothing and giving fluids. Parents will be notified by telephone.
- If the child's temperature becomes dangerously high, parents will be asked to come to nursery to collect the child. In this situation, parents may be asked for consent for nursery staff to administer Calpol to prevent a possible febrile convulsion, while parents are on their way to collect the child. A parent or their representative must collect their child within an hour of Calpol being administered.
- If staff feel that the condition is life-threatening, an ambulance will be called. Parents would be asked to meet nursery staff at the Accident & Emergency Department, York Hospital.
- Department of Health guidelines requires that Room Managers record all illnesses in a 'Nursery Illnesses Book'.

CONTACTING YOU IF YOUR CHILD BECOMES ILL AT NURSERY

As none of us know when children are going to take ill, it is essential that we have the details of several people who can be contacted, in case this situation arises.

Please ensure that you update these details if any of the phone numbers change (either permanently or temporarily).

As many parents / carers work away from York and it can take longer than an hour to get back, you will need to nominate a trusted adult who could collect your child if this situation arises. We have had situations where three adults identified on a registration form are all 'unavailable' as they are in meetings and cannot be disturbed. Whilst we understand how important your work role can be, we also have a duty of care for your children when they are left with us; therefore, if none of the adults identified on the registration form are available at a time when we need to either contact you or to collect your child from nursery, we may be required to notify social services.

INFECTION CONTROL

The Nursery must be informed of any illness/infection contracted by any child who attends. If a child is ill s/he must not attend nursery until s/he is completely well.



York Childcare (YC) does not exclude children who have a slight runny nose, but would ask for parents' /carers co-operation in ensuring that children are well enough to attend nursery and cope with an active day. Staff can only provide the 'usual' ratio of care and are unable to offer one-to-one care for children who are unwell.

It is important that you inform the nursery if you have given your child Calpol before bringing them to nursery.

Parents/carers should consider the risk to other children (and to staff) in the nursery if they suspect their child may have an illness that could be passed on.

Parents/carers should inform the nursery if their child will not be attending.

The following information is based on the "Guidance on Infection Control in Schools and Other Childcare Settings" issued by the Health Protection Agency (revised 2016) and is accepted as part of YC's Infection Control Policy.

RASHES & SKIN INFECTIONS

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<i>See: Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <i>See: Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <i>See: Vulnerable Children and Female Staff – Pregnancy</i>
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	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child

DIARRHOEA AND VOMITING ILLNESSES

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger 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 also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

RESPIRATORY INFECTIONS

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	<i>See: Vulnerable Children</i>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting 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 PHE centre will organise any contact tracing necessary



OTHER ILLNESSES

Infection or complaint	Recommended period to be kept away from school, nursery or child minders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
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, your local PHE centre will advise on control measures

For more detailed information on “Infectious Disease Control, Food Hygiene and Health and Safety Guidance in Childcare Settings” please go to:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

If you are unable to open this link please contact the Nursery or Head Office for a printed copy.

If a child has been prescribed antibiotics they are not permitted to attend the nursery until 24 hours after the commencement of medicine, and only then at the discretion of the Room Manager/ Nursery Manager