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## ILLNESS and INFECTIONS

### ILLNESS

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

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

- Reassure, comfort, and monitor the child
- Pass on information about the child's condition to the Room Leader and then onto the Manager
- The Room Leader or Manager will contact parents to inform them of the situation and to request arrangements be made to remove the child from Setting.
- 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 by following the current NHS guidance <https://www.nhs.uk/symptoms/fever-in-children/> Parents will be notified by telephone. If the child's temperature becomes dangerously high, parents will be asked to come to setting to collect the child. In this situation, parents may be asked for consent for setting staff to administer Calpol to prevent a possible febrile convulsions, while parents are on their way to collect the child.
- If staff feel that the condition is life-threatening, an ambulance will be called. Parents would be asked to meet setting staff at the Accident & Emergency Department, York Hospital.
- Room Leaders are required to record all illnesses on Ovivio.

### INFECTION CONTROL

The setting must be informed of any illness/infection contracted by any child who attends.

If a child is ill s/he must not attend setting 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 setting and cope with an active day.

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

Parents/carers must inform the setting if their child will not be attending the setting.

The following information is based on the "Health protection in children and young people settings, including education" issued by the UK Health Security Agency (UKHSA) and is accepted as part of YC's Infection Control Policy.

| <b>DISEASE/ILLNESS</b>      | <b>EXCLUSION PERIOD</b>                                                                                                                                                                                                                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Athletes Foot               | Children should not be barefoot at their setting and should not share towels, socks or shoes with others.                                                                                                                                                                                                     |
| Chicken Pox                 | At least 5 days from onset of rash and until all blisters have crusted over. Pregnant staff/contacts should consult with their GP or midwife                                                                                                                                                                  |
| Cold sores (herpes simplex) | None. Avoid kissing and contact with the sores.                                                                                                                                                                                                                                                               |
| Conjunctivitis              | None. If an outbreak or cluster occurs, consult your local health protection team (HPT).                                                                                                                                                                                                                      |
| Diarrhoea and vomiting      | Children and staff can return 48 hours after diarrhoea and vomiting have stopped. If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E. coli STEC and hep A. For more information, see <a href="#">Managing outbreaks and incidents</a> |
| Diphtheria*                 | Exclusion is essential. Always consult with your UKHSA HPT. Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT. Flu (influenza) or influenza like illness Until recovered Report outbreaks to your local HPT. For more                                    |



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|                                           |                                                                                                                                                                                              |
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|                                           | information, see Managing outbreaks and incidents.                                                                                                                                           |
| Flu (influenza) or influenza like illness | Until recovered. Report outbreaks to your local HPT. For more information, see Managing outbreaks and incidents.                                                                             |
| Glandular fever                           | None                                                                                                                                                                                         |
| German Measles (Rubella)                  | 5 days from onset of rash. Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff/contacts should seek prompt advice from their GP or midwife. |
| Hand foot and mouth                       | None. Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances.                                                                  |
| Head Lice                                 | None. Chemical treatment is recommended only in cases where live lice have been seen. Combing may be more effective.                                                                         |
| Hepatitis A                               | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice). In an outbreak of hepatitis A, your local HPT will advise on control measures.                  |
| Hepatitis B, C, HIV                       | None. Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your UKHSA HPT for more advice.                                              |
| Impetigo                                  | Until lesions are crusted or healed, or 48 hours after starting antibiotic treatment. Antibiotic                                                                                             |

|                                            |                                                                                                                                                                                                                                           |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | treatment speeds healing and reduces the infectious period.                                                                                                                                                                               |
| Measles                                    | 4 days from onset of rash and well enough. Preventable by vaccination with 2 doses of MMR. Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife.                              |
| Meningococcal, meningitis* or septicaemia* | Until recovered. Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.                                                                                                                   |
| Meningitis* due to other bacteria          | Until recovered Hib and pneumococcal meningitis are preventable by vaccination. Your UKHSA HPT will advise on any action needed.                                                                                                          |
| Meningitis viral                           | None. Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.                                                                                                                         |
| MRSA                                       | None. Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your UKHSA HPT for more information.                                                                                  |
| Mumps*                                     | 5 days after onset of swelling. Preventable by vaccination with 2 doses of MMR. Promote MMR for all children and staff.                                                                                                                   |
| Ringworm                                   | Not usually required. Treatment is needed.                                                                                                                                                                                                |
|                                            |                                                                                                                                                                                                                                           |
| Scabies                                    | Can return after first treatment. Household and close contacts require treatment at the same time.                                                                                                                                        |
| Scarlet fever*                             | Exclude until 24 hours after starting antibiotic treatment. Individuals who decline treatment with antibiotics should be excluded until resolution of symptoms. In the event of 2 or more suspected cases, please contact your UKHSA HPT. |



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|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Slapped cheek/Fifth disease/Parvovirus B19 | None (once rash has developed) Pregnant contacts of case should consult with their GP or midwife.                                                                                                                                                                                                                                                                                                     |
| Threadworms                                | None. Treatment recommended for child and household.                                                                                                                                                                                                                                                                                                                                                  |
| Tonsillitis                                | None. There are many causes, but most cases are due to viruses and do not need or respond to an antibiotic treatment.                                                                                                                                                                                                                                                                                 |
| Tuberculosis* (TB)                         | Until at least 2 weeks after the start of effective antibiotic treatment (if pulmonary TB. Exclusion not required for nonpulmonary or latent TB infection. Always consult your local HPT before disseminating information to staff, parents and carers. Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Your local HPT will organise any contact tracing. |
| Warts and verrucae                         | None. Verrucae should be covered in swimming pools, soft play areas etc.                                                                                                                                                                                                                                                                                                                              |
| Whooping cough (pertussis)*                | 2 days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.                                                                                                                                                    |

To see the UKHSA summary sheet please go to:

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<https://khub.net/documents/135939561/735696704/HPECS+guidance+Exclusion+table.pdf/7829f6cb-6040-c703-b938-fb764683aaec>

\*If a child has been prescribed antibiotics, they are not permitted to attend the setting until 4 hours after the commencement of medicine, and only then at the discretion of the Manager/Room Leader