**Health**

**2. Ill or infectious children**

**Aim:**

We provide care for healthy children and promote this by adopting the following procedure if a child becomes unwell during the session. If staff feel that a child is too unwell to attend setting or is informed of an infectious illness by parents in the morning they will refuse admittance of the child to the setting.

**Procedure:**

**Child ill at home**

* Parents are provided with a list of infectious diseases prior to their child starting at the setting. This outlines the name, possible signs and symptoms, the duration of the illness and how long they need to stay away from the setting. (See Appendix 1)
* If a child is to be absent from the pre-school parents are asked to phone and inform staff of their child’s absence and the nature their illness.
* If appropriate (infectious illness) staff will inform other parents of the illness, via an information poster being displayed in the entrance foyer. This will detail the illness the signs and symptoms and the exclusion period.
* Staff will be aware of illness ‘going around’ and inform parents as soon as possible.

**Children who become unwell within setting**

* If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the supervisor will call the parents and ask them to collect the child, or send a known carer to collect on their behalf.
* If a child has a temperature, they will be kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
* Their temperature will be taken using a ‘fever scan’, kept near to the first aid box.
* If needed, the supervisor will call an ambulance for the child and the parents will be informed of where their child is being taken.

**Notifiable diseases**

* If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (infectious diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
* When the setting becomes aware, or is formally informed of the notifiable disease, the supervisor informs Ofsted and acts on any advice given by the Health Protection Agency. For a list of notifiable diseases see Appendix 2.

**HIV/AIDS/Hepatitis procedure**

* The HIV virus, like other viruses such as Hepatitis (A, B and C), is spread through bodily fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
* Single use vinyl gloves and aprons are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
* Protective rubber gloves and aprons are used for cleaning/sluicing clothing after changing.
* Soiled clothing is then bagged for parents to collect - faeces are flushed down the toilet.
* Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
* Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using disinfectant and then washed at 90 degrees.

**Nits and head lice**

* Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.
* On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.

Appendix 1

Guidance on infection control in school settings and other child care settings.

This information has been taken from the Health Protection Agency

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene practice, particularly hand washing, and maintaining a clean environment.

|  |  |  |
| --- | --- | --- |
| **Diarrhoea and vomiting illness** | **Recommended period to be kept away from school, nursery, or child-minder’s** | **Comments** |
| Diarrhoea and/or vomiting | 48 hours from last episode of diarrhoea or vomiting. | Exclusion from swimming should be two weeks from last episode of diarrhoea. |
| E. coli | Exclusion is important for some children. Always consult with Health Protection Unit (HPU). | Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for two weeks following last episode of diarrhoea. |
| Typhoid (and paratyphoid) (enteric fever) | Exclusion is important for some children. Always consult with HPU. | Exclusion applies to young children and those who may find hygiene practices difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for two weeks following the last episode of diarrhoea. |
| Shigella | Exclusion may be necessary. | Exclusion (if required) applies to young children and those who may find hygiene practises difficult to adhere to. Local HPU will advise. Exclusion from swimming should be for two weeks following the last episode of diarrhoea. |
| **Respiratory infections** |  |  |
| Flu (influenza) | Until recovered. |  |
| Tuberculosis | Always consult with HPU. | Not usually spread from children. Requires quite prolonged, close contact for spread. |
| Whooping cough (Pertussis) | Five 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. HPU will organise any contact tracing necessary. |
| **Rashes / skin** |  |  |
| Athlete’s foot | None. | Athlete’s foot is not a serious condition. Treatment is recommended. |
| Chickenpox | Five days from onset of rash. |  |
| Cold sores (herpes simplex) | None. | Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease. |
| German measles (Rubella) | Five days form onset of rash. | Preventable by immunisation. |
| Hand, foot and mouth | None. | Contact HPU if large number of children are affected. Exclusion maybe considered in some circumstances. |
| Impetigo | Until lesions are crusted or healed. | Antibiotic treatment by mouth may speed healing and reduce infectious period. |
| Measles | Five days from onset of rash. | Preventable by immunisation. |
| Molluscum contagiosum | None. | A self-limiting condition. |
| Ringworm | Until treatment commenced. | Treatment is important and is available from pharmacist. N.B for ringworm of scalp treatment by GP is required. Also check and treat symptomatic pets. |
| Roseola (infantum) | None. | None. |
| Scabies | Child can return after first treatment. | Two treatments one week apart for cases. Contacts should have one treatment; include the whole house and any other very close contact. If further information is required contact your HPU. |
| Scarlet fever | Five days after commencing antibiotics. | Antibiotic treatment recommended for the affected child. |
| Slapped cheek / fifth disease | None. |  |
| Shingles | Exclude only if the rash is weeping and cannot be covered. | Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required contact your HPU. |
| Warts and verrucas | None. | Verrucas should be covered in swimming pools, gymnastics and changing rooms. |
| **Other infections** |  |  |
| Conjunctivitis | None. | If an out break/ cluster occurs consult HPU. |
| Diphtheria | Exclusion is important. Always consult HPU. | Preventable by vaccination. HPU will organise any contact tracing necessary. |
| Glandular fever | None. | About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it. |
| 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 | Exclusion may be necessary. Always consult the HPU. | Good personal and environmental hygiene will minimise any possible danger of spreading both hepatitis B and C. |
| HIV/AIDS | None. | HIV is not infectious through casual contact. There have been no reported cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV. |
| Meningococcal meningitis/ septicaemia | Until recovered. | Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The HPU will give advice on any action needed and identify contacts requiring antibiotics. |
| Meningitis due to bacteria | Until recovered. | HIB meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Always contact the HPU who will give advice on any action needed and identify contacts requiring antibiotics. |
| Meningitis viral | None. | Milder illness. There is no reason to exclude siblings and other close contacts. Contact tracing is not required |
| MRSA | None. | Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required contact your local HPU. |
| Mumps | Five days form the onset of swollen glands. | Preventable by vaccination. |
| Threadworms | None. | Treatment is recommended for the child and the household contacts. |
| Tonsillitis | None. | There are many cases, but most cases are not bacterial viruses and do not need an antibiotic. |

**Appendix 2**

**Notifiable diseases**.

In the event of a notifiable disease being confirmed Little Drummers may be required to inform the HPU, although this would usually be done by the GP. You will need to inform Ofsted and Chris Bird.

Diseases notifiable (to local authority proper officers) under the public health (infectious diseases) regulations 1988

* Acute encephalitis
* Acute poliomyelitis
* Anthrax
* Cholera
* Diphtheria
* Dysentery
* Food poisoning
* Leptospirosis
* Malaria
* Measles
* Meningitis, meningococcal, pneumococcal, heamophilus influenza, viral.
* Meningococcal septicaemia (without meningitis)
* Mumps
* Ophthalmia neonatorum
* Paratyphoid fever
* Plague
* Rabies
* Relapsing fever
* Rubella
* Scarlet fever
* Smallpox
* Tetanus
* Tuberculosis
* Typhoid fever
* Typhus fever
* Viral hepatitis, hepatitis A, hepatitis B, hepatitis C
* Whooping cough
* Yellow fever

Leprosy is also a notifiable disease, but directly to the HPA