

Westside Day Nursery
Exclusion Periods for Illness and Infection

Please do not try to rush your child back to the nursery -some children will seem fine quite quickly while others tend to take longer to recover. We must adhere to the exclusion times so please do not ask us to bring a child back early.

Illness	Exclusion from Nursery	Notes
Chickenpox	Until all spots have crusted and formed a scab - usually five-seven days from onset of rash	Chicken pox causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off.
Cold Sores	Until treated and dry	No exclusion period, younger children are more likely to catch it as babies put items in their mouth.
Conjunctivitis	Until treated and there is no discharge	Once treatment has been started the gung usually clears.
Diarrhoea and Vomiting	Until diarrhoea and vomiting has settled (neither in last 48 hrs)	Usually there will be no specific diagnosis and for most conditions there is no specific treatment. A longer period of exclusion may be appropriate for children under age 5 and older children unable to maintain good personal hygiene
Diphtheria*	Exclusion until clear ALWAYS NOTIFIABLE	
E. Coli *	Exclusion until clear ALWAYS NOTIFIABLE	
German Measles (rubella)	7 days from onset of rash -this time will be extended when there is no record of immunisation, or the child appears unwell. Medical confirmation will be asked for	The child is most infectious before the diagnosis is made, and most children should be immune due to immunisation so that exclusion after the rash appears will prevent very few cases. (Important: see <u>female carers</u>)
Glandular Fever	Until well	No specific exclusion. About 50% of children will get this disease before they are aged 5

Hand, Foot, and Mouth Disease	Until cleared	Children must stay off until spots have cleared up, there is no treatment and usually take a week for the spots to clear.
Ring worm	24 hours of using treatment.	treatment by the GP is important. Scalp ringworm needs treatment with an antifungal by mouth
Head Lice (nits)	Until cleared	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A *	Exclusion until clear ALWAYS NOTIFIABLE	
Impetigo	Until lesions crusted/healed	Antibiotic treatment by mouth may speed healing. If lesions can reliably be kept covered, exclusion may be shortened
Measles German Measles*	5 days from onset of rash - this time will be extended when there is no record of immunisation or the child still appears unwell. Medical confirmation will be asked for	Measles is now rare in the UK. (Important: see <u>vulnerable children</u>)
Meningitis*	Until well	All types of meningitis are notifiable
Mumps*	7 days from onset of swollen glands ALWAYS NOTIFIABLE	The child is most infectious before the diagnosis is made, and most children should be immune due to immunisation
Scabies	Until treated -can return after first treatment	Outbreaks have occasionally occurred in schools and nurseries. Child can return as soon as properly treated. This should include all the persons in the household.
Scarlet Fever*	7 days from commencing antibiotics	Treatment recommended for the affected child
Salmonella	Until diarrhoea and vomiting has settled and no episodes for previous 48 hours	if the child is under five years or has difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control.

Slapped Cheek Syndrome	None	Exclusion is Ineffective as nearly all transmission takes place before the child becomes unwell.
Whooping Cough (Pertussis)*	7 days from commencing antibiotics This time may be extended where there is no record of immunisation, or the child still appears unwell. Medical confirmation will be asked for.	Treatment (usually with erythromycin) is recommended though non-infectious coughing may continue for many weeks.
Coronavirus	5 days	If a child/staff test positive, they must stay away from nursery for 5 days.
Shigella (Bacillary dysentery)	Until diarrhoea has settled (for the previous 24 hours)	If the child is under five years or had difficulty in personal hygiene, seek advice from the Consultant in Communicable Disease Control.
Tonsillitis	None	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
Threadworms	None	Transmission is uncommon in schools, but treatment is recommended for the child and family.
Flu (Influenza)	None	Flu is most infectious just before and at the onset of symptoms.

Important Notes

- DENOTES A NOTIFIABLE DISEASE AND WE SHOULD INFORM OFSTED ABOUT ANY INSTANCES OF THESE DISEASES AND ALSO THE LOCAL HEALTH PROTECTION UNIT IN HULL. ADVICE CAN BE SOUGHT ALSO FROM THE LOCAL SCHOOLS HEALTH SERVICE.

Ofsted –you can email Ofsted details about number of suspected cases but do not include identification of people involved. Also include actions taken to avoid unnecessary spread of the disease

Immunisations

By the age of two, all children should have received 3 doses of diphtheria/tetanus/whooping cough/Hib and Polio immunisations and at least one dose of measles, mumps, rubella (MMR) immunisation. By the age of five, all children should, in addition, have had a booster of diphtheria, tetanus and polio and a second dose of MMR. Immunisation against Group C Meningococcal infection ("Men C") has recently been introduced. From the end of November 1999, babies will receive three doses of Men C (at 2, 3 and 4 months of age). See the separate Department of Health site on the meningococcal C vaccination campaign.

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Hand-washing and Good Hygiene Procedures

Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting.

Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid, soap. Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered. Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper). Discard disposable towels in a bin. Bins with foot-pedal operated lids are preferable. If a food handler has diarrhoea or vomiting, the CCDC's advice should be sought urgently.

Cleaning up of Body Fluid Spills - "Universal Precautions"

Spills of body fluid - Blood, faeces, nasal and eye discharges, saliva, and vomit - must be cleaned up immediately. Wear disposable gloves. Be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth, or any open sores you may have.

Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is household bleach solution diluted 1 in 10 with water, but it must be used carefully. Discard fluid-contaminated material in a plastic bag along with the disposable gloves. The glove once securely sealed can be disposed of as normal "household" type waste. Mops used to clean up body fluids should be cleaned in a cleaning equipment sink (not a kitchen sink), rinsed with a disinfecting solution and dried. Ensure contaminated clothing is hot laundered (Minimum 60 degrees centigrade)

Vulnerable Children

Some children have medical conditions that make them especially vulnerable to infections that would rarely be serious in other children. Such children include those being treated for leukaemia or other cancers, children on high doses of steroids by mouth (not inhalers) and children with conditions which seriously reduce immunity. Usually schools or nurseries are made aware of such children through their parents, or carers, or the school health service. These children are especially vulnerable to chickenpox or measles. If a vulnerable child is exposed to either of these infections, the parent or carer(s) should be informed promptly so that they can seek further medical advice, as necessary.

Female Carers - Pregnancy

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

Chickenpox can affect the pregnancy of a woman who has not previously had the disease. More than 95% of the adult population are immune to chickenpox, but if a pregnant woman is exposed early in pregnancy (the first 20 weeks) or very late in pregnancy (the last 3 weeks before giving birth) she should promptly inform her GP and/or midwife so that a blood test can be arranged to check her immune status.

If a woman who is not immune to German Measles (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 possible, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant meets rubella, she should inform her GP or midwife promptly.

Slapped Cheek Disease (Fifth Disease, Parvovirus) Occasionally, this infection can affect an unborn child. If a woman is exposed in early pregnancy (before 20 weeks) she should promptly inform whoever is giving her antenatal care.

Coronavirus

If you have tested positive for coronavirus you must not attend nursery, inform the nursery manager as soon as you have your test results back. Anyone with symptoms must isolate until they receive a negative test result, a positive test result you will need to isolate for 10 days and can return to nursery once you are well. If someone in your house hold or someone you have has had close contact with has a positive case of coronavirus you must isolate for 14 days and if symptoms start you must get tested only if symptoms start.