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#### Child and Staff Illnesses

Updated Oct 2016 by Dominika Baran (manager/teacher)

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**Updated Jan 2020 by Dominika Baran and Claude Lebaleur (Advisory Teacher)**

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**CHILD ILLNESSES AND INFECTIOUS DISEASES**

Laurel Farm Kindergarten will have regard for the advice and guidelines from the Health Protection Agency, as well as any seasonal NHS advice.

Parents/carers are discouraged from bringing in their children to the Kindergartens if they are unwell. Children need stamina to participate in kindergarten life and we aim to keep the environment as free from infection as possible.

Parents/carers must inform staff if they suspect an infectious disease. If there has been suspected contact with any infectious disease at kindergarten, all attending children’s parents/carers will be informed, so that they can be aware of emerging symptoms and/or take any necessary precautions.

**Medication & Sickness**

Some of the childhood illnesses specified are chicken pox, conjunctivitis, cryptosporidiosis, dysentery, gastroenteritis, giardiasis, glandular fever, hand, foot and mouth disease, hepatitis, HIV, meningitis, measles, mumps, streptococcal infections, tuberculosis, whooping cough as well as skin conditions such as head lice, impetigo, ringworm,  scabies and verrucae are also listed.

We understand that from time to time unexplained rashes may appear which may accompany temperatures as well as those which do not appear to have any other symptoms, may happen with young children. The kindergarten staff are not medically trained and therefore should your child develop a rash we may ask that parents make an appointment to see their doctor to seek an expert opinion as soon as possible.

Should your doctor advise you that the rash is not serious and it cannot be passed on to other children or adults and that your child is fit and well enough to return to kindergarten, we will require written proof from your doctor.

This letter must be clearly dated and the name and address of your doctor included.

If the kindergarten staffs is at all worried that your child’s rash may be more serious, or if one or more of the symptoms of meningitis are present, an ambulance will be called immediately. We will make every effort to contact you and a member of staff will accompany your child to the local hospital.

Should your child develop a temperature whilst at kindergarten, we will do our very best to contact you and advise you of your child’s condition and how they have been throughout the day so far. If there has been little or no improvement, you will be asked to come to collect them.

**Conjunctivitis**

Should the kindergarten staff suspect your child has contracted conjunctivitis (red eye), you will be asked to collect your child as soon as possible and to get appropriate medication. Your child will not be accepted back into kindergarten without a parent taking measures to treat the condition. Conjunctivitis is extremely contagious and if the spread within a room is evident, it may be necessary to exclude all affected children until they fully recover.

As with any medication for illness, all children are excluded from kindergarten for the first 24 hours of a course of treatment.

**Sickness and diarrhea**

If your child has contracted sickness or diarrhea, they will be immediately excluded until they are fully well. Tummy bugs are highly contagious and can be very dangerous if the spread of infection affects the kindergarten room. Children are not permitted back into kindergarten until a clear 24 hours after their last loose bowel movement or after sickness. This is non-negotiable.

**Sickness and medical requirements**

The Manager is not allowed to admit onto the premises any child who appears to be suffering from an infectious or contagious illness or disease. Any child who has a sore throat, discharge from the eyes or nose, sickness, diarrhea or any contagious/infectious illness should be kept at home until a doctor has certified, in writing, that s/he is fully recovered or 48 hours have elapsed since the last outbreak. Please do not bring children who are unwell into the nursery as they will be sent home upon arrival.

Parents/carers are required to inform the kindergarten where they can be reached in the event of an accident or sudden illness. However, since it may sometimes be impossible to find a parent/carer in emergency, parents/carers are required to provide the Manager with signed permission for her to act in their absence.

Please inform us as soon as possible if you child will be absent for a period of time due to illness.

Local Authority regulations state that parents/carers are required to give the following information to the Manager: name, address and date of birth of each child; name, home address and place of work with respective telephone numbers of the parents/carers of each child (we ask that a copy of the parent/carers current timetable should be left with the Manager to ensure that contact can be made in an emergency); name, address and telephone number of each child’s doctor.

If there has been a diagnosis of a notifiable disease, the administrator will inform the Health Protection Agency

Anyone suffering from diarrhea or vomiting must stay away from kindergarten for 48 hours after the symptoms have ceased. Parents/carers and staff are advised their child should stay away if another member of the family, or people they live with, have suffered these symptoms.

In the event of head lice or nits, all parents/carers will be informed immediately and requested to check every member of their family, and treat as necessary. Long hair must be tied back or covered at kindergarten. Treatment must be repeated according to the product's instructions, so that lice life cycle isn't repeated. Regular checking is advised as good practice.

If a child becomes unwell whilst at Kindergarten or Afternoon Care, the manager will decide the severity and if the parent/carer needs to be informed prior to pick up time, and whether arrangements need to be made to pick them up early.

STAFF ILLNESSES

Staff are required to inform the kindergarten office as soon as they realize that they are unable to work because of illness, so that other arrangements can be made to cover their post appropriately.

Staff who consider that they are ill with any illness that may be infectious, have a high temperature, any sort of rash, should not come into work. It is essential that staff consider any possible effects on children and other staff.

Any member of staff suffering with diarrhea, winter vomiting disease, or any other symptoms, which may be infectious, it is requested that they do not return until 48 hours after the symptoms have ceased.

See below NHS guidelines which the Kindergarten follows in the case of illness.

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| Illness | Signs and Symptoms | Exclusion | Treatment |
| Chicken pox-VaricellaIncubation: 2.3 weeks | Red/pink spots turn to blister. Fever.Abdominal pain, sore throat and headache. Overall unwell  | 5 days from onset of rash | Paracetamol for feverCalamine lotion and cooling gel (Aleo Vera for example) to ease itching |
| German MeaslesIncubation: 2-3 weeks | Rashes and red/pink tiny spots which are not itchy | 6 days from onset of rash | Paracetamol for feverChildren to be kept away from pregnant women |
| MeaslesIncubation: 10-14 days |  Tiny grey spots in mouth and throatCold and cough with sore throat, watery eyes and fever After few days, blotchy red, raised rashes behind the ears and spreads to the face, neck and rest of the body. Overall unwell Sensitivity to light | 4 days from onset of rash | Paracetamol for feverChildren rest in darker room Plenty of fluids |
| Hand, foot and mouthIncubation: 3-5 days | High feverCoughsMouth ulcerLoss of appetiteSore throat | None | Plenty of fluidsEating soft foods |
| Impetigo bullousIncubation:4-10 days | Fluid-filled blisters appear on chestBlisters spread, not painful or itchy | Until lesions are dried and healed or after 48 hours of commencing antibiotics | Antibiotic cream or tablets |
| Impetigo non bullous | Red sore around nose and mouthSore burst laving yellow brown crusts | None |  |
| Ear infection | FeverOverall unwell Pulling or rubbing ear | None | Antibiotic if necessary |
| Influenza | Sudden onsetFever-ChillsHeadacheOverall very unwell Aching musclesDry chesty cough | Until recovered | Paracetamol for fever-chillsPlenty of fluidsRest |
| Common cold | Some feverSneezing, running nose | None | Paracetamol if feverPlenty of fluids |
| Scarlet feverIncubation: 2-5 days | Sore throatRash red blotches turning into reddish pink rash like sand paper | 24 hours after start of antibiotics2 to 3 weeks if no antibiotics given after the first set of rashes | AntibioticsParacetamol for fever |
| Whooping cough Incubation: 6-20 days | Cold like at firstOverall very unwell Some fever-chillsLater symptoms: bouts of cough with thick phlegmVomiting with coughing. Tiredness and exhaustion as the result of coughingBreathing difficulty, whooping noise after coughing  | 5 days from start of antibiotic treatment or 21 days from onset of illness | Antibiotics |
| Diarrhoea Vomiting | Diarrhoea and vomitingFood poisoning | 48 hours from last episode of vomiting or diarrhoea | Plenty of fluids, no juice or sodas Starchy foodsSeek medical advice if vomiting continues, if there is blood in stool and diarrhoea continues after 7 days  |
| Tonsillitis | Sore throatWhite pus filled spots on tonsilsHigh feverHeadache | None | Paracetamol for feverSoft foods and fluids |
| Scabies | Tiny rash caused by the parasiteVery itchyMight develop into blisters | None | Insecticidal creamFamily members treatment |
| Meningitis bacterial and viral | This is a very serious diseaseEarly:Severe headacheFeverCold hands and feet-shiveringLater symptomsNausea-vomitingdrowsiness and unresponsivenessUnusual cryingRapid breathing Purple rash that does not fade under pressure High fever Unable to tolerate bright lightBlotchy red rash which does not fade | Bacterial: until recoveredViral: none | AntibioticsParacetamol for feverHospitalisation with bacterial with antibioticsAnti-viral drugs with possible hospitalisation |
| Mumps | Headache Mumps Swelling Joint acheFever Followed by swelling of glands | 5 days from onset | Plenty of fluidsParacetamol for feverSoft foods if needed |

REFERENCES

Health and safety: advice for schools <https://www.gov.uk/government/publications/health-and-safety-advice-for-schools>