



Hardmoor Nursery & Early Years Centre Illness and communicable diseases

Policy Statement and Guidelines
September 2024

Mission Statement:

To provide a happy, secure and stimulating environment in which everyone is included, respected and valued, so that they may grow in self-esteem and develop to their full potential.

Procedure for Illness/Communicable Diseases

Guidelines

It is the Centre policy to encourage and promote good health and hygiene for all the children in our care. This includes monitoring the children for signs and symptoms of communicable diseases such as chickenpox, measles, mumps, rubella, meningitis, hepatitis, diarrhoea, vomiting and fevers of **37.9°C (100°F)** or over. If signs and symptoms appear and staff are unsure of them, the Health Protection Duty Room may be contacted to gain advice and guidance. (03442253861 – Public Health)

With the welfare of the sick child in mind, and in the interests of the remaining children in the Centre, if, in the opinion of the staff, a child is ill, then the parent/carer will be contacted and requested to collect him/her as soon as possible.

We are unable to accept sick children into the Centre. No child should attend the Centre with a high temperature **37.9°C (100°F)** or above. Any child that has been unwell and has received paracetamol should not return to the Centre for 24 hours since the last dose was administered. If you are unsure about bringing your child to the Centre, a telephone call to us before the start of your child's session is advisable. It may prevent an unnecessary journey.

Also, by letting the Centre know about your child's illness we can advise if it is a notifiable disease. In these cases, each parent will be informed in writing and provided with recommended guidance. The Centre monitors absence due to illness; both for cause and the number of children/staff affected, and if concerned seeks advice from the Health Protection Duty Room (as per the Guidance on infection control poster).

The staff of the Centre must be convinced that the child has returned to good health before re-admitting him/her.

Guidance on minimal recommended periods of exclusion from the Centre is taken from the following website:

www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in%20schools_poster.pdf

Should you or any other member of your immediate family have any of the below illnesses, please remember that your child, whilst not necessarily showing any symptoms, may be incubating the illness and therefore infecting other Centre users and staff.

In the case of a serious accident or illness occurring, then the parent/carer will be contacted immediately, and the appropriate action will be taken. In the unlikely event of the parent/carer not being available the Duty Manager will assume charge and, if necessary, accompany the child to hospital (in an ambulance) with all the relevant details.

Rashes and Skin Infections

	Recommended period to be kept away from the Centre	Comments
Chicken Pox*	Until all vesicles have crusted over	Chicken Pox can also affect expectant mothers.
German Measles (Rubella)*	Four days from onset of rash	Preventable by immunisation (MMR x 2 doses). Rubella can also affect expectant mothers.
Hand, Foot and Mouth	None	The Centre will contact the Duty Room 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 commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Measles can also affect expectant mothers.
Ringworm	Exclusion Not usually required	Treatment is required
Scabies	Child can return after first treatment.	Household and close contacts require treatment.
Scarlet Fever*	Child can return 24 hours after commencing appropriate antibiotic treatment.	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever then the Centre will contact the Duty Room for advice.
Slapped Cheek	None once rash has developed.	Slapped Cheek can also affect expectant mothers.
Shingles	Exclude only if rash is weeping and cannot be covered.	Can cause chicken pox in those who are not immune, i.e., have not had chicken pox. It is spread by very close contact and touch. If further information is required, we will contact the Duty Room. Can also affect expectant mothers.
Warts and Verrucae	No exclusion. Should be treated and covered.	

Diarrhoea and Vomiting Illness

	Recommended period to be kept away from the Centre	Comments

Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting.	
E.coli 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 may be required for young children under five 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 of cases who may require microbiological clearance. The Centre will consult the Duty Room for further advice.
Cryptosporidiosis*	48 hours from last episode of diarrhoea.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

Respiratory Infection

	Recommended period to be kept away from the Centre	Comments
Flu (Influenza)	Until recovered.	
Tuberculosis*	The Centre will consult with the Duty Room.	Requires prolonged close contact for spread.
Whooping Cough*	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment, non- infectious cough may continue for many weeks. The Duty Room will organise any contact tracing necessary.

Other Infections

	Recommended period to be kept away from the Centre	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, the Centre will consult the Duty Room.
Diphtheria*	Exclusion is essential. The Centre will always consult with the Duty Room.	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary.
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).	The Duty Room will advise on any vaccination or other control measure that are needed for close contacts of a single case of Hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact.
Meningococcal Meningitis*/ Septicaemia*	Until recovered.	Some forms of meningococcal disease are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will advise on any action needed.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings or other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise the spread.
Mumps*	Exclude for five days after onset of swelling.	Preventable by vaccination (MMR x 2 doses)

Threadworms	None.	Treatment is recommended for the child and household contacts.
Tonsillitis	None.	There are many causes, but most cases are due to viruses and do not need antibiotics.

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room. In the case of notifiable diseases, the Centre will inform the Health Protection Duty Room, local authority and Ofsted (Day care) and act on their advice.