

Nursery Sickness Guidelines and Policy

If your child is suffering from any of the following infectious illnesses, please inform the nursery as we need to make immediate preventative measures to ensure infection does not spread further.

Illness	Early Symptoms	Incubation Period	When Infectious	End of Exclusion Period
Chicken Pox	May be a slight fever, headache, nausea. Spots appear on the 2nd day starting usually on the trunk.	14-21 days	From 1-2 days before the spots appear until last spot has crusted over.	Not less than 5 days after the onset, dried lesions are not infectious.
Conjunctivitis	Sore eyes, inflamed with discharge & watering.	1 day	Highly contagious, spread by hand & objects touched.	24 hours after treatment has commenced.
Diarrhoea and/or Vomiting	Very loose stools and watery consistency.	48 hours	Contagious	48 hours from last episode of diarrhoea and or vomiting.
Hand, Foot & Mouth (<i>Not Related to Foot & Mouth</i>)	Sudden onset of fever, sore throat, small greyish blisters in the mouth, which may also occur on the palms, fingers & soles.	3-5 days (usually)	A child with hand foot and mouth disease is highly contagious, which lasts around a week after symptoms begin.	It is normally safe to return to school once the symptoms have passed and any blisters have dried over. 48 hours off if open blisters
Head Lice	Itching of the head.	7-10 days from hatching to reproducing.	Contagious until treated.	Once treated.
Impetigo	Blisters spreading at the edges that are raised, thick, yellow crusts when they break.	4-10 days	Contagious spread by hand & objects touched.	Once skin has completely healed.
Meningococcal Meningitis Septicaemia (bacterial)	Not all symptoms have to be present. Stiff body with jerky movements or very floppy. Irritability or dislike of being handled. Refusal to eat. Pale, blotchy skin. Rapid breathing. Fever/vomiting. Drowsiness/impaired consciousness. Severe headache, stiff neck and dislike to bright lights.	Depending on the type of bacteria causing the Meningitis 2 – 7 days.	Contagious spread by direct or indirect respiratory secretions/wounds and other anatomic sites.	Doctor's signed confirmation note of complete recovery. There are vaccines to prevent some kinds of Bacterial Meningitis.
Respiratory Syncytial Virus (RSV) Common virus colds and pneumonia	Runny or stuffy nose, decreased appetite, cough, sneezing, fever, wheezing, sore throat and earache	2- 8 days	Highly contagious spread by nose and throat discharges.	When recovered.
Ringworm	Round red areas with raised edges.	10-11 days	Contagious spread by scratching & material under fingernails.	24 hours after treatment has commenced providing area can be completely covered.
Scarlet Fever	Sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic fine red rash develops (if you touch it, it feels like sandpaper).	1-7 days	Highly contagious spread by direct or indirect respiratory secretions from nose and throat and from sharing towels, baths, clothes or bed linen.	24 hours after starting antibiotics.
Scabies	Caused by a tiny mite (half the size of a pinhead) which burrow into the surface of the skin causing visible	2 – 6 weeks	Infestation caused by prolonged hand to hand contact or contamination	48 hours after first application of medical creams.

	raised lines or small red spots or blisters. Usually on the wrists and hands		from clothing, bedding, towels, etc.	
Slapped Cheek Syndrome	High temperature (fever) of 38C (100.4F), although your child's temperature will not usually rise above 38.5C (101F). Sore throat, headache, upset stomach, feeling tired, itchy skin. In many cases these	N/A	During the first stage of symptoms, your child will be most contagious.	When the rash has disappeared, children are able to come back to school after day 2 of this rash appearing.
Threadworm	Irritation around rectum at night	10-11 days	Contagious, spread very rapidly by contact with clothing.	24 hours after treatment has commenced.

Note to parents

In a nursery environment, we are naturally open to all kinds of diseases and as the majority of germs are air-borne, we do appreciate that children will pick-up illnesses. We are trying to prevent outbreaks and would appreciate parents helping us in this endeavour by keeping sick children at home until they have completely recovered.

Children who are not given time to rest and recover from one illness are more likely to be susceptible to catching a second in succession.

If your child has '**recovered**' from an illness, but is still taking a course of antibiotics, we can administer medication at the nursery. Please give us clear instructions of the dosage and when you would like it to be given.

Temperature

- * The average temperature of a child is generally between 36 degrees to 37.2 degrees.
- * Parents will be called if the child has a temperature over 38 degrees and asked to pick up their child immediately.
- * If a child's temperature is extremely high, over 39 degrees, the child may be at risk of a febrile convulsion. Febrile convulsions are generally rare, however, can happen If a child has a very high temperature or has had a previous convulsion.
- * If your child has had a convulsion at any time, please inform the Nursery Reception.

Calpol (adol) Children's Ibuprofen

- * If the child has a high temperature, we will immediately cool the child down with a damp cloth and medication is given if we have authorisation from the parents.
- * Parents will be called prior to administering medication.
- * If we are unable to contact parents or any of the listed emergency contacts, we will use our discretion as to whether we administer medication.

Antihistamine

- * Antihistamine will only be administered to a child if parents have given their consent.
- * Exceptions to the above, would be if a child has an insect bite, whether in the playground or on an outdoor excursion, and has a severe reaction or reacts to unknown allergens, we will administer antihistamine at the staff's discretion (speed being of the essence in this case).

Cuts and Bruises

- * If a child enters the nursery with a bruise, cut or any other visual injury, parents and carers will be asked about the injury; the injury will also be shown to the Manager.
- * If the injury was only seen after entering the classroom and the parents or carers have left, a photo will be taken with the time and date recorded.
- * If a child bumps a part of his or her body at Nursery, we will place a cold compress on the area.
- * If the wound presents itself as a cut and the skin is split and bleeding, antibacterial solution or cream will be used to clean the area and a plaster will be used to cover the area.

Head Injury

- * A child's parents will be called with any bump or injury to the head or face.
- * A close eye is kept to see if there is any anomaly of the child's disposition or appearance, parents will be called if staff feel any concern.
- * Staff will take a photograph of any visual bump or facial injury to show parents.