

**First Friends**

**Exclusion Periods for Contagious Diseases in Childhood**

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**Reviewed by:**

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**Principles:**

First Friends work extremely hard to ensure the safety and well-being of all the staff, children and families who attend our settings. We understand that children have multiple infections throughout childhood; most of these are self-limiting and minor. There are frequent opportunities for the spread of infection, particularly gastrointestinal or respiratory infections, in environments where children mix together such as nurseries.

First Friends seek guidance from the NHS and Gov.uk publications on the control of infectious diseases. However, as a private setting we have the authority to set exclusion periods at our own discretion for the best interest of the children. These exclusion periods are reviewed with national updates and where the company feel the exclusions need to be adjusted, they will be done so.

It is extremely important that all parents and carers adhere to these exclusion periods to minimise the spread of infection and for the best interest and well-being of all children and staff. It is the responsibility of all parents and carers to ensure that their children are fit and healthy when attending the setting.

Below are two links which First Friends have used to help contribute towards the agreement of these exclusion periods:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/spotty-book-1.pdf>

 **Aims and objectives:**

* To ensure the health of all staff, children and their families.
* To identify the specific situations where children should be excluded from attending the setting, ensuring that they are excluded for the recommended period of time.
* To identify the specific situations where staff should be excluded from the setting, ensuring that they are excluded for the recommended period of time.
* To ensure that all staff maintain a safe, healthy environment.
* To ensure that good health and hygiene practices are to be maintained at all times.
* To recognise the signs and symptoms of illness in children and staff while in the setting.
* To inform parents at the earliest possible point if their child becomes ill, and arrange for them to be collected at the earliest opportunity.
* To eliminate or reduce so far as reasonably practicable the amount of contact that a sick child has with other children until they can be collected. This **MUST** be carried out in a sensitive manner ensuring that the child’s well-being takes first priority.
* To prevent the spread of infection by adhering to the setting’s Health and Safety Policy, Personal Hygiene Policy and Food Safety Policy and Procedures.
* To report any incidences of illness and infections to other parents/carers and members of staff whilst maintaining the anonymity of all children and members of staff involved.
* If there was to be an outbreak of an infectious disease within the setting all staff members must be able to identify this and act accordingly.
* To ensure that all infectious diseases are reported to relevant Bodies.
* All staff members are to be First Aid trained.
* To promote vaccinations.

**When a child becomes ill in the setting:**

At First Friends we take every precaution to prevent the spread of infection. Children will not be admitted into the setting if they are showing signs of having an ailment that could be contagious or could affect the settings ability to care for the child and the other children in attendance. This also applies to staff members, if any member of staff attends work showing signs of an ailment that may affect their ability to carry out their duties they will be sent home. In this instance, replacement staff will be used to ensure that ratio’s are continued to be met.

Children who become unwell during their time in the setting will be made comfortable while they are being cared for by a member of staff. The child’s parents/carers will be contacted and asked to collect their child. A member of staff will care for the child until they are able to be collected. Staff members must ensure to minimise the risk of the illness spreading, this must be done sensitively ensuring that the child’s well-being is a priority.

In any instances that medication is needed to treat an illness or infection, medication will be administrated in accordance with the ‘The Administrating Medication and Medicines Policy’. Medication will only be administered with the permission of the child’s parent/carers. Any and all administration of medications will be recorded in medication book. All parents/carers are asked during the admissions process to provide the setting with permission to seek medical advice if it were needed, only in exceptional circumstances are medical professionals to be contacted before parents/carers.

In the event of the setting being unable to reach a parent/carer, the emergency contact provided on the registration form will be contacted and asked to collect the child. The person collecting the child will be asked to sign the relevant medication forms and the medication book.

**Reporting infections to parents/carers and staff members:**

Infections and illnesses must be reported to parents/carers and staff members. This is so all children and staff can be monitored to ensure that if they begin to show any signs and symptoms of illness or infection it is recognised at the earliest point. Examples of some infections and illnesses that would be reported to parents/carers and staff members are:

* Head lice
* Measles
* Chicken Pox
* Mumps
* Meningitis
* Whooping Cough

**Reporting illness and infection to the appropriate Bodies:**

Some serious or unusual illnesses are notifiable to the Local Registering Body and the Local Health Team. This should be carried out by telephone at the earliest possible convenience. Some of the examples of this are:

* Escherichia coli (VTEC) (also called E.coli 0157) or E.coli VTEC infection
* Food poisoning
* Hepatitis
* Measles, mumps and rubella (also known as German measles)
* Meningitis
* Scarlet fever
* Tuberculosis
* Whooping cough (also known as pertussis)

A full list of notifiable diseases can be found at [www.gov.uk](http://www.gov.uk)

Notifiable illnesses and infections must be reported to:

Public Health England (PHE), The Local Health Protection Team (HPT):

PHE East Midlands Health Protection Team on 0344 2254 524

**What is an outbreak?**

An outbreak is defined as the sudden appearance of an infectious disease at a higher rate than is usually expected. Within our setting this would include:

* Two or more people (children or adults) experiencing similar symptoms or a proven infection after common exposure to a potential source of germs. For example them both eating the same food.
* A single case of a serious or notifiable infection.

There are several ways in which the setting may become aware of an outbreak:

* Staff and/or children may show symptoms of infection whilst at the setting (this must be recorded).
* There may be a sudden increase in the number of absent children or staff.
* Parents/carers may inform the setting of their child having and infection.

The Local Health Protection Team (HPT) should be contacted if an outbreak is suspected, if the setting is unsure if it is an outbreak the HPT will be called and asked for advice.

**Vulnerable children and adults:**

Some people have impaired immune defence mechanisms in their bodies, these people are at a higher risk of contracting illnesses and infections. Not only are they at a higher risk of contracting an illness or infection, but the consequences of them having it could be much more severe and life threatening than the illness would normally be.

The cause of a person having an impaired immune defence mechanism could be treatment for an illness such as cancer, or taking a high dosage of steroids. There are also some rare diseases, which can reduce the ability of a person to fight off infection. Usually we would be made aware if a child or staff member suffered from any of the above. Extra measures would be put into place to ensure these people have minimised expose to illnesses, like you would a nut allergy. An agreement / procedure would be made with the family or staff member.

Pregnant women are also at a greater risk from infection, if a pregnant woman has come into contact with any of the following they must contact their midwife immediately:

* Chicken pox
* Measles
* Rubella
* Slapped cheek disease

If it is thought that a vulnerable person has been exposed to a communicable disease in the setting they or parents/carers should be informed promptly so that they can seek further medical advice.

**Vaccinations:**

At First friends we understand the importance of vaccinations and promote them with our families. All families are asked about their child’s vaccinations when registering for admission; this is to support the setting in identifying anyone who may be at a higher risk of infection. More information on the vaccination schedule can be found at: www.nhs.uk

**Exclusion periods:**

**CHICKEN POX** **-** Exclusion until all blisters have dried and scabbed over. Approx. 5-7 days however this may vary depending on the child and the severity.

**CONJUNCTIVITIS -** Medical advice and treatment can be now sourced via a chemist, we may advise this depending on the severity to continue attending nursery. This is for the comfort of the child.

**DYSENTERY -** Exclusion until 48 hours after the symptoms have stopped.

**HAND, FOOT AND MOUTH** **-** Excluded whilst the child is unwell, and the nursery reserve the right to exclude a child that still has blisters for up to 5 days from symptoms appearing. If the child still has blisters but is no longer unwell then they can return.

**\* HEPATITIS A -** Exclusion for at least 7 days after the jaundice appears or 7 days after symptom onset if no jaundice.

\***HEPATITIS B, C, HIV -** No exclusion is required as these are blood borne viruses that are not infectious through casual contact. However, the relevant nursery staff must be made aware so that the correct emergency care can be given to the child if needed.

**IMPETIGO -** The nursery reserves the right to exclude children without treatment and they can return 48 hours after treatment has started, when the lesions are crusted/healed. Children will be asked to seek medical advice or continue exclusion whilst the area is yellow and weeping.

**\* MEASLES -** Exclusion for 4 days after rash appears.

**\* MUMPS -** Exclusion for 5 days after the appearance of the swelling.

**THREADWORM -** Medical advice and treatment can be now sourced via a chemist, children in Butterflies 2 ½ years to Preschool can return immediately after treatment is sourced from the chemist, as they can help towards the management of their own personal hygiene due to their age. Children under 2 years may need to see a doctor before taking the medication. Children in the Ladybirds room 0-2 ½ years will be asked to remain off nursery until 24 hours after treatment has been given. This allows the medication to start working. The management of hygiene can be much more difficult due to babies/toddlers exploring through the mouth – this is a normal stage of development and cannot be prevented. The exclusion period of 24 hours in the Ladybirds room will remain to allow staff to deep clean. The whole family must be treated.

**RINGWORM -** Exclusion not usually required however, treatment is required. The nursery reserves the right to ask you to seek medical advice.

**RSV -** Exclusion until symptoms disappear.

**RUBELLA (German measles) -** Exclusion for 5 days after rash appears.

**SCABIES -** Exclusion until treatment has started. They can return after the first treatment has been given. The whole family must be treated.

**SLAPPED CHEEK SYNDROME / Fifth disease / Parvo virus B19** **-** No exclusion is needed if the child is not unwell however the nursery reserves the right to exclude if the child has a high temperature or becomes unwell.

**\* SCARLET FEVER -** Exclusion for 24 hours of appropriate antibiotic treatment. A person is infectious for 2-3 weeks without antibiotics. In the event of 2 or more cases please contact local health protection

**\* WHOOPING COUGH (Pertussis) -** Exclusion for 48 hours from starting antibiotic treatment or 21 days from the onset of symptoms if no antibiotics are taken. Preventable by vaccination, after treatment non-infectious coughing may continue for many weeks.

**THRUSH** **-** Children will be excluded if treatment is not received. Treatment can now be sourced from the pharmacy at the chemist. Children with persistent or reoccurring thrush will be asked to seek further advice. This is for the comfort of the child.

\***LEGIONNAIRES DISEASE** **-** Exclusion until treated with antibiotics.

**\* E. COLI** **-** Exclusion until 48 hours after the bowel has returned to normal or the sickness has stopped.

**GLANDULAR FEVER** **-** Nursery reserve the right to exclude a child who is too unwell to attend.

**DIARRHOEA & VOMITING -** Exclusion until free of symptoms for at least 48 hours.

**ATHLETE’S FOOT -** No exclusion required this is not a serious condition.

**COLD SORES (Herpes simplex) -** No exclusion required, cold sores are usually mild and heal without treatment. However, the nursery reserves the right to exclude if the sores are weeping and will ask you to seek medical advice.

**\*DIPHTHERIA -** Exclusion is essential to control the spread of infection.Always consult your local HPT. Preventable by vaccination. Family contacts must be excluded until cleared by your local HPT.

**FLU (Influenza)** **-** The child must remain off nursery until recovered.

**HEADLICE** **-** The child will be excluded whenever there is live (crawling) louse. Children can return once treatment has started and no live lice are present. If chemist brought treatment is used a repeat treatment may need to be used 7 days later. To prevent reoccurring live louse, comb through hair daily and treat the whole family.

**\*MENINGOCOCCAL MENINGITIS / SEPTICAEMIA -** Until recovered. Meningitis ACWY and B are preventable by vaccination. Your local HPT will advise on any action needed.

**\*MENINGITIS (Due to other bacteria) -** Until recovered. HIB and pneumococcal meningitis are preventable by vaccination. Your local HPT will advise on any action needed.

**\*MENINGITIS VIRAL -** No exclusion required. Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.

**MRSA -** 24 hours from the point of diagnosis. Good hygiene is a must, hand washing and environmental cleaningto prevent the spread of infection. 24 hours exclusion allows the nursery to do a deep clean.

**TONSILLITIS** **-** No exclusion required unless your child is too unwell to attend. The nursery reserves the right to ask your child to recover at home before returning to nursery.

**TUBERCULOSIS** **-** Always consult your local HPT before disseminating information to staff/ parents/carers. Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread.

**WARTS AND VERRUCAE** **-** No exclusion required. Verrucae’s should be covered in swimming pools, gyms and changing rooms. Treatment can be sourced from the chemist.

\*Denotes a notifiable disease. It is a statutory requirement that the doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). There are many more on the list but are not commonly found in nursery age children (see above).

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London