Goslings
Day Nurseries Ltd

Parental Guide to Illness, Sickness & Exclusion

Here is a guide to the nurseries policies & procedures, in relation to common childhood illnesses. The list is by no means exhaustive, but is intended as a handy keep-at-home guide, so you know what to do if your child is taken ill overnight or the weekend. Please report illnesses promptly, in order that we can minimise the risk of infection to other children within the group, especially in the case of contagious infections… even if its not your childs normal day of atendance. It is important that we know this, as we care for some children with reduced immunity and may have pregnant employees or visitors who need to know, in order to keep their unborn baby safe.

Name	Symptoms	How spread	Is it contagious	Reportable	Exclusion period	Treatment
Chicken Pox	Red rash, itchy spots that turn into fluid filled blisters. Can crust over & form scabs later.	Virus. Coughs or sneezes of someone who is already infected	Yes. Virus. From 1-2 days before the rash appears	Yes. **Risk assessment:** Pregnant ladies under 20 weeks	After all **spots crusted over** (no liquid) **Minimum 1 week**, but can be upto 2 weeks!	No cure but calamine lotion will ease itching.
Hand, foot & Mouth	Cold like symptoms, loss of appetite, cough with a high temperature. An itchy red rash that appears on the hands or feet, can develop into painful blisters.	Cough or sneeze, poor handwashing, touching surfaces	Yes. Virus. Highly contagious for a week after the symptoms begin.	Yes. **Risk assessment:** pregnant ladies in first 20 weeks. Cannot be washed from fabric easily so we need to know ASAP to clear room.	**Minimum 1 week** exclusion period from time symptoms start. Longer if they are still unwell or in pain.	No medical attention, but can last 7 days. Can be painful to eat too. No GP proof needed.
Sickness	Vomiting.	The spores that are airborne as a child vomits spreads infection rapidly to all who breathe it in.	Yes.	Yes. **Risk assessment:** cover vomit with cover or bucket to stop spores for 30 mins before clearing up. Open doors & windows. Staff are at high risk of catching sickness.	**48 hours from last bout of vomiting.** If a child has reflux or multiple food intolerances their file will be noted and exclusion is at the sole discretion of the room leader.	Sip plenty of fluids and watch out for signs of dehydration.
Diarrhoea	Diarrhoea or loose/watery stools.	As the nappy is opened the bacteria is airborne. Lots of children being changed on shared nappy changing facilities are at risk (plus staff!)	Yes.	Yes. **Risk assessment:** Open bathroom windows. Staff are at high risk of catching diarrhoea.	**48 hours from last bout of diarrhoea**. Teething and diagnosed food intolerances will be considered first. In which case, exclusion is at the sole discretion of the room leader.	Drink plenty of fluids and watch out for signs of dehyfration, which can be severe. Rehydration fluids recommended.
Slight raised Temperature	Temperature of upto 38.5°C or above, but otherwise well	Temperature of up to 38.5° C, but no other symptoms of any other illness. May be an indicator of the start of an illness or infection.	No	No. However, if your child has been given paracetamol overnight or before nursery, please tell us on arrival so we can care for them.	**None.** We cannot administer medication without prescription, but will call you to visit & administer yourself, then monitor.	Paracetamol and ibuprofen to reduce temperature, but if persist for 24 hours, contact doctor.
High Temperature	Temperature of over 38.5°C or above and showing signs of illness or discomfort.	Temperature of up to 38.5° C (may be an indicator of the start of an illness or infection. Over 40° would put child at risk of fibrile convulsion.	Yes	Yes. If your child has been given medication overnight or before nursery, please tell us on arrival so we can monitor them. **Risk assessment:** monitor regularly as child at risk of fibrile convulsions.	**None.** But if your child is unwell and in need of one-to-one care, please keep them at home. We will NOT care for children with temperature over 40°	Paracetamol and ibuprofen to reduce temperature, but if persist for 24 hours, contact doctor.
Cough or common cold cold	Cough. High temperature, pain in throat, pain or swelling in the face.	Coughing	Yes	No **Risk assessment:** Child to have extra warm clothing as we always go outside. Monitor temperature regularly.	**None.** As long as the child is well and does not require 1-to-1 care.	Prescribed paracetamol for temperature. We cannot give over-the-counter cough medicines.
Slapped cheek	High temperature (upto 38°). sore throat. Upset stomach. Feeling tired. 3-7 days later your child will develop a bright red rash on both cheeks.	Coughs, sneezes of contaminated saliva that is breathed in by others.	Yes. Difficult to prevent spread, as already infectious before rash develops.	Yes	**None.** As no longer infectious by time the rash appears.	None.
Whooping Cough	Cough that sounds like a dog-bark. Intense bouts of phlegm producing coughs. Runny nose, watery eyes, raised temperature and vomiting after coughing.	Droplets in the air through coughing & sneezing	Yes. Contagious bacterial infection of the lungs & airways.	Yes	Minimum of **5 days**. Or for whole course of antibiotics, whichever is soonest.	5-day antibiotics. Cough can last for around 3 months.
Scarlet Fever	High temperature, flushed face & red, swollen tongue. Swollen neck glands & loss of appetite. The rash appears 12-48 hours later.	Breathing in bacteria in airborne droplets from the infected persons cough or sneeze.	Yes. Bacterial illness.	Yes **Risk assessment:** water play, shared towels & linen	**48 hours** after antibiotics commence.	Anti-biotic tablets for 10 days, although most children recover within 5 days.
Ear infection	Poor feeding, cough, runny nose, high temperature, pulling or tugging of their ear. Possible yellow discharge in severe cases.	Coughing, sneezing and coming into contact with the discharge from the ear.	Virus.	No Risk assessment: those children with gromits fitted in their ears are prone to recurring ear infections.	**No exclusion period** unless the ears are discharing yellow fluid, then **48 hours.**	Paracetamol or ibuprofen. If severe or prolonged, may require antibiotics.
Chest infection	Cough or cold that is so severe that it spreads to infect the chest.	Breathing in bacteria in airborne droplets from the infected persons cough or sneeze.	Yes. But the original cold itself, rather than chest infection.	Yes Only so we can keep an eye on any possible breathing difficulties.	**None.** Its just a common cold that has spread to their chest. Please keep your child away from nursery if in need of one-to-one care though!	Anti-biotocs are usually required, but no exclusion will apply.
Teething	Oral pain or sore gums. Slightly raised temperature. Possible green-mucus nappies (with strong acidic smell).	N/A	N/A	No	**None.** We will not exclude a child for diarrhoea where obvious signs of teething are present.	Paracetamol, teething gel, herbal 'Teetha' powders. Nursery cannot administer Teetha, but, will administer any gels for you.
Nappy rash	Broken, sore or inflamed skin around the genitals. Can be especially bad if skin becomes broken,	N/A	N/A	No	**None.**	For severe cases see your GP for timodine or canesten HC. Bring in over-the-counter cream
Molluscum contagiousum	Small dome-shaped skin coloured spots. Firm, raised, possibly itchy. Some spots may have tiny grey heads in the centre, looks pearly. If the head ruptures a thick yellowy white substance will be realesed (which is highly infectious).	Sharing towels, linen & fabric. In water play activities.	Viral infection that affects the skin.	Yes: **Risk assessment:** No group water play for affected child. Eczema sufferers are more susceptible to catching it.	**None.** Takes 6-12 weeks to crust over. 12-18 months to go completely.	None unless spots become aggravated or infected, in which case anti-biotics are needed.
Conjunctivitus	Redness and inflamation of thin layer of tissue on the front of the eye.	Touch surfaces and coming into contact with the discharge (fingers, tables, touch surfaces, fabric toys)	Yes. Bacterial infection.	Yes. If there are more than 3 cases the health protection agency take over and exclusion may be considered. **Risk assessment:** staff not to bathe eyes as highly contagious to spread to others in our care.	**None.** However, we will not bathe childrens eyes. So your child should be kept off nursery if the eyes are regularly discharging. You will need to visit them throughout the day to bathe their eyes.	Sometimes GP's prescribe antibiotics (take the whole course), but often just recommend regular bathing with water & cotton wool.
Impetigo	Bullous impetigo: large painless fluid-filled blisters. Non-Bullous impetigo: more contagious. Causes sores that quickly burst to leave yellow. -brown crust.	Touch surfaces, touching affected skin, burst blisters & sharing linen. Lots of handwashing required using a separate towel. Eczema sufferes more likely to contract seconday impetigo.	Yes. Highly contagious skin infection	Yes. Will spread rapidly in a nursery environment.	**48 hours** into antibiotic cream treatment (as this means the child is no longer contagious) or once sores have dried & healed, whichever is soonest.	Antibiotic creams from GP. Paracetmol for the pain.