

Sunnybank Nursery Guidance on Infection Control

To minimise the risk of transmission of infection to other children and staff

CHILDREN WHO ARE UNWELL WITH AN INFECTIOUS DISEASE SHOULD NOT BE AT NURSERY.

Once they are better they should return unless they pose a risk of infection to others. They should not return to nursery until the risk has passed. This chart gives some quick guidance on the control of the commoner and more important infections encountered in nursery. It is not intended to act as a guide to diagnosis. This should only be undertaken by an appropriately qualified health professional. Whenever there is any doubt about the management of a particular illness, advice should be sought from one of the contacts listed below.

Manager.....Kerry Kiwacz.....

Telephone.....01246 555952.....

Deputy Manager.....Elaine Handley.....

Telephone.....01246 555952.....

Health Protection Agency

Telephone.....0844 225452.....

Immunisations

By the age of two all children should have received three doses of diphtheria/tetanus/whooping cough/Hib and polio immunizations and at least one dose of measles, mumps and rubella (MMR) immunization.

By age 5 all children should, in addition, have had a booster of diphtheria, tetanus and polio, and a second dose of MMR.

Hand washing and good hygiene procedures

Effective hand – washing is an important method of controlling the spread of infections, especially those that cause diarrhea and vomiting.

Always wash hands after using the toilet and before eating or handling food using warm, running water and the liquid soap provided. Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered. Rinse hands under warm running water and dry hands with a paper hand towel. Discard disposable towels in the bin.

(Toilets must be kept clean).

Cleaning up body fluid spills – precautions

Spills of body fluids: Blood, Faeces, nasal and eye discharges, saliva and vomit, must be cleaned up immediately.

Wear the disposable gloves and aprons provided and be careful not to get any of the fluid you are cleaning up in your eyes, nose, mouth or any open sores you may have.

Clean and disinfect any surfaces on which body fluids have been spilled. An effective disinfectant solution is the Killlex spray provided, (diluted 1 in 10) but it must be used carefully. Alternatively use household bleach (diluted 1 in 10).

Discard fluid – contaminated material in a plastic bag along with the disposable gloves. The bag must be securely sealed and disposed of carefully.

Mops used to clean up body fluids should be cleaned in the shower tray in the children's bathroom (not in any sinks), rinsed with a disinfectant solution and dried.

Ensure contaminated clothing is hot laundered (minimum 60oc).

Vulnerable Children

Some children may have medical conditions that make them especially vulnerable to infections that would rarely be serious in most children.

Parents must inform staff about any medical condition their child may have when registering, as they would be more vulnerable to Chicken - pox or measles.

If a vulnerable child is exposed to either of these the parents/carers should be informed promptly so that they can seek further medical advice as necessary.

Soiled Clothing

Soiled clothing should be returned to parents upon collection in a sealed bag. Excessively soiled or stained clothing should be placed in the washing machine, separately on a 90 degree cycle and returned to parents.

Female staff in Nursery – Pregnancy

Some infections if caught by a pregnant woman can pose a danger to her unborn baby. Staff, parents and visitors to the nursery should be informed of an outbreak before entering the premises.

Chickenpox can affect the pregnancy of a woman who has not previously had the disease. If a pregnant woman is exposed early on in the pregnancy, (the first 20 weeks), or very late in the pregnancy, (the last three weeks before birth), she should promptly inform her GP and whoever is giving her ante-natal care, who can do a blood test to check she is immune.

If a woman who is not immune to German Measles (Rubella) is exposed to the infection in early pregnancy her baby can be affected. Female staff should be able to show evidence of immunity to Rubella or, if that is not available, have a blood test and, if appropriate, immunisation. If a woman who may be pregnant comes into contact with Rubella she should inform her GP promptly.

Slapped cheek disease (Parvovirus) occasionally can affect an unborn child. If a woman is exposed early in pregnancy (before 20 weeks) she should promptly inform whoever is giving her ante-natal care.

Animals in Nursery (permanently or visiting)

Animals may carry infections, especially gastroenteritis, so staff must follow these guidelines:

Animal living quarters should be kept clean. Waste should not be accessible to the children and must be disposed of regularly.

Young children should not play with animals unsupervised and children must wash their hands after handling animals, cleaning cages, etc.

Precautions for Nursery visits to farms

- Check that the farm is well managed and that the grounds and public areas are as clean as possible. Note that manure, slurry and sick animals present a particular risk of infection and animals must be prohibited from any outdoor picnic areas.
- Check that the farm has washing facilities adequate and accessible for the age of the children visiting with running water, soap (preferably liquid) and disposable towels or hot air dryers. Any drinking water taps should be appropriately designated in a suitable area.
- Explain to the children that they cannot be allowed to eat or drink anything, including crisps or sweets, etc., whilst touring the farm, or put their fingers in their mouth, because of the risk of infection.
- If children are in contact with, or feeding, farm animals, warn them not to place their faces against the animals or taste the animal feed.
- Ensure all children wash and dry their hands thoroughly after contact with animals and particularly before eating and drinking.
- Meal breaks or snacks should be taken well away from areas where animals are kept, and the children should be warned not to eat anything that may have fallen on the ground.
- Any crops produced on the farm should be thoroughly washed in drinking water before consumption.
- Staff must ensure that no children consume any unpasteurised produce, for example milk or cheese.
- Staff must also ensure that all children wash their hands thoroughly before departure and that footwear is as free as possible from faecal material.

Sunnybank Nursery Illness Policy

The below policy is written in line with current guidance from the Health Protection Agency and is subject to change.

<u>Infection/ Illness</u>	<u>Incubation Period</u>	<u>Exclusion From Nursery</u>	<u>Additional Information</u>
Chickenpox	14-21 days	5 days from first appearance of rash until well enough and spots healed/crusted	pregnant women who have not had chickenpox should contact their G.P.
Conjunctivitis (Pink Eye)	1-3 days	None	
Diarrhoea/ Vomiting		48 Hours free of either/both	no child should attend nursery with Diarrhoea/Vomiting
Glandular Fever	33-49 days	until well if feeling unwell	
Hand, Foot and Mouth Disease	2-10 days	none (only mild disease)	not related to foot and mouth disease in cattle.
Meningitis	varies according to type (2-10 days)	return on medical advice	Consultant in Communicable Disease Control will co-ordinate any further action if necessary
Threadworms	1-3 months	none according to type	family contacts must be treated
'Flu' (Influenza)		until recovered	most infectious just before and at start of symptoms
Tuberculosis		CCDC advice on action	needs prolonged close contact to spread
Whooping Cough (Pertussis)	7-10 days	5 days from start of antibiotics or 21 days from onset of illness if no antibiotics	treatable with antibiotics, cough may last for many weeks

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Herpes Simplex (Cold Sores)	None	none	
Shingles	none	exclude if rash is weeping And cannot be covered.	
Headlice (Nits)	7-10 days	none	treatment needed if live lice are present
Impetigo	4-10 days	Until lesions have Crusted or healed or 48 hrs after antibiotic treatment	antibiotic treatment by mouth may speed healing
Ringworm of body/scalp (Tinea)	none	until treatment has commenced.	scalp ringworm needs antifungal treatment by mouth
Scabies	none	until 1st treatment	family contacts must be treated
E coli 0157		48 hours from last episode of diarrhoea. Furthur exclusion may be required for children under 5.	
Typhoid		48 hours from last episode of diarrhoea. Furthur exclusion may be required for children under 5.	
Shingella (Dysentry)		Exclusion May apply to some children contact CCDC	
Roseola (infantum)		None	

German Measles (Rubella)	14-21 days	6 days from onset of rash	innoculation (MMR) only prevention
Measles	10-15 days 12-illness 16-rash	4 days from onset of rash	innoculation (MMR) only prevention
Scarlet Fever		24 hours after starting antibiotics	treatment advised for the affected child
Slapped Cheek (Parvovirus)		none	exclusion ineffective as passed on before child is unwell
Tonsillitis		none	many causes, most due to viruses and don't need antibiotic
Mumps	18-21 days	5 days from onset of swollen glands	most infectious before diagnosis can be prevented with MMR vaccination
Molluscum Contagiosum		None	
Warts and Verrucae		None	should be covered over when barefooted
Diphtheria		Exclusion is essential Contact (CCDC)	preventable by vaccination
Hepatitis A		Exclusion until 7 days after onset of Jaundice (or 7 days after symptom onset if no Jaundice)	good hygiene will Minimise spread.
Hepatitis B and C		None	good hygiene will Minimise spread.
HIV/AIDS		None	good hygiene will Minimise prevention of spread
MRSA		None	good hygiene will Minimise prevention of spread

Sunnybank Nursery's Guidance on common childhood illnesses / infections

- **Chicken Pox**

Chicken Pox is a very common viral illness. It is usually spread by droplets released from the nose and mouth by sneezing and coughing. The infection develops in the nose and throat before spreading to the rest of the body. The incubation period is between 10 and 21 days which means susceptible people will develop the symptoms of the illness about 2-3 weeks after contact with someone with Chicken Pox. A person incubating Chicken Pox is infectious from 2 days before the first spots appear until the last spot has crusted over.

The illness usually starts with a mild fever and headache for about 3 days and after a day or two spots will appear mostly on the torso and face. The rash will develop into tiny itchy red spots which gradually fill with a clear fluid to form blisters. The fluid becomes cloudy and then the blister crusts over. The scabs fall off within 10 days. The rash comes in crops so that clear blisters are seen next to older spots that have turned cloudy or crusted over.

Any scratching should be avoided as it can lead to a bacterial infection under the skin and permanent scarring, so nails must be cut short and hands kept clean.

Paracetamol (Calpol) will help to reduce the fever symptoms. Cool baths with Baking Soda and calamine lotion may help with the itching. If necessary a sedative antihistamine such as Chlorpheniramine (Piriton) which is available over the counter from the chemist may help with the itching and sleep at night.

Children with Chickenpox should stay away from nursery until the last spot has crusted over when they are no longer infectious (about 1 week after the first spots appear). One attack of Chickenpox gives protection against the disease for life. It is very unusual to have two episodes of Chickenpox. However, Shingles, another form of the disease caused by the same virus, may occur later in life.

Measles

Measles is caused by a virus. It usually begins with one or more of the following symptoms: Conjunctivitis, a cough and/or spots on the cheek or in the mouth. Later a red blotchy rash appears which spreads from the face. This takes 4-7 days. The illness can be confirmed by a saliva or blood test.

Measles is highly infectious from one day before the first spot appears until 4 days after the onset of the rash. It is spread by direct sneezing or coughing. The incubation period is about 10 days (varying from 7-14). There is no specific treatment for someone with measles but it is advisable to see a doctor anyway. An infected child should avoid contact with newborn babies and other children under the age of 13 months and also those that have not been immunized against the disease.

Whilst infectious it is best to stay away from nursery at least until 4 days after the rash first appeared and until they feel well. If they get a fever they can be kept cool by reducing the amount of bedding and by taking Paracetamol as prescribed on the bottle. Children should be encouraged to cover their mouths when coughing and cover their nose when sneezing to limit the spread of infection.

- **German Measles**

German measles (also known as Rubella) is an infectious illness caused by a virus. There is no connection between German measles and Measles, which is caused by a totally different virus.

Rubella is passed from person to person, by direct contact as well as through droplets in the air from coughing, sneezing and talking. Individuals can spread the disease without being ill themselves.

Rubella only causes symptoms in people who do not have antibodies against the virus. Which is why it is commonest in children aged between 4 and 10.

The incubation period is between 2 and 3 weeks, so the first symptoms can take up to 21 days to appear after exposure to the virus. Rubella is catching for at least 11 to 12 days - from about 4 days after it appears.

Typical symptoms are:

- A rash on the face and neck.
- Slight fever, sometimes with a runny nose and sore throat.
- Enlarged lymph nodes, usually at the back of the neck just below the hairline.
- Red eyes, in some cases, from conjunctivitis.

Rubella can occasionally cause joint pain affecting the knees, wrists and hands. However it usually goes within 28 days without any long term effects.

The main concern with Rubella is its potential to harm an unborn baby. Women exposed to Rubella before ten weeks of pregnancy are at greater risk and the danger is that you can become infected before you know you are pregnant. After 18 weeks of pregnancy the risk of damaging the baby is minimal. However you should still see your G.P for tests.

Rubella gets better on its own within a week or so. There is no specific treatment other than resting, controlling any fever and preventing others from catching the disease.

Rubella vaccine has been used in the U.K since 1970 and is very effective in preventing German Measles. Together with measles and mumps vaccine it is offered in the form of MMR to all infants aged between 12 and 15 months, and a second dose is given at around four years. This is believed to be over 95% effective.

- **Hand Foot and Mouth**

Hand-foot-and-mouth is a common infectious disease. It mostly affects children under five years old. The disease is usually mild, producing a typical rash and occasionally a fever. It has no relation at all to foot-and-mouth, which is a serious disease in cattle.

The disease can be spread from an infected person to others by direct contact or moisture droplets in the air. The virus can also spread from the stools of someone in the early stages of the disease. The incubation period before symptoms appear is between 2-10 days during which time the virus is multiplying.

It is called Hand Foot and Mouth because these are the areas where the rash appears. Children will develop small reddish spots or blisters on the hands, feet and in the mouth. They may also have spots on their bottom, although not all spots appear at the same time.

The spots may be tender but not itchy. Those in the mouth may be painful and make eating difficult.

Children also feel unwell, fractious and feverish. These symptoms can last up to a week; however they can be eased with paracetamol and plenty of fluids. It may also help to give them sloppy foods if the mouth or throat is sore.

Once the child is well there is no need for them to be excluded from Nursery.

- **Impetigo**

Impetigo is a bacterial skin infection. It mostly affects the face especially around the nose. It starts off as red patches, which turn into weeping spots, which then crust over. Children may become quite irritable and feverish and have difficulty in feeding.

Impetigo is mainly infectious whilst the septic spots are discharging and is spread by direct contact with the skin of the infected person or by sharing towels. Transmission can be prevented, by frequent hand washing. The incubation period is between 4 and 10 days. It is best not to cover the infected area as the air will dry up the sores. Paracetamol and frequent fluids will help with any fever and antibiotics will speed up the healing process.

Once the child is feeling well and the spots are dried up they can return to Nursery.

- **Thread Worms**

Thread worms are tiny worms. They are about 1 cm long and look like white cotton threads.

You can catch them by swallowing the eggs. These hatch out in your intestine and develop into adult worms.

The female worms pop out of your anus at night and lay their eggs on the skin around the anus.

The eggs are picked up on fingers and can be transferred back to the mouth and swallowed again.

Eggs on the fingers can be spread to others or drop off and become part of general household dust.

The main symptom is intense itching of the anal area especially at night. This causes scratching and so the eggs are picked up on your fingers which leads to the spread of the eggs.

It is unusual to see the worms except in the toilet. Children commonly get infected as they are in contact with other children. The worms are harmless and do not interfere with digestion or stunt growth. However they are very irritating and lead to disturbed sleep and a sore bottom if scratched a lot, due to the itching.

There are several treatments available. Piperazine is the commonest drug used in the UK and can be bought at a chemist. Often a mild dose of laxative is included.

It is best to treat the whole family on the same day. The treatment can be repeated two weeks later to get rid of any newly hatched worms.

Re-infection is very common so it is best to follow these simple rules:

1. Keep nails cut short.
2. Wear pyjamas or pants in bed.
3. Have a bath each morning, making sure the bottom is thoroughly washed.
4. Do not share towels.
5. Change and wash underwear and pyjamas daily.
6. Wash hands and scrub nails after each visit to the toilet.
7. Wash hands and scrub nails before each meal.
8. Disinfect the toilet seat, handle and door handle regularly.
9. Damp dust and vacuum clean bedrooms daily.

Bronchillitis

This can be contagious, as it is spread by droplets in the air from an infected child coughing or sneezing.

While the virus is active it is recommended that the child stays away from nursery for 1 – 2 weeks

depending on how severe the infection is. This will protect the more vulnerable children from being

infected. Under 1 year olds are especially susceptible as they have a low immunity but under 2 years could be affected also.

Medical

Phone Advice

Book