Polasaithe
Naíonra Céimeanna Beaga

Polasaí 33: Illness and Exclusions

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1. Illness and Exclusion

This service has been entrusted by parents/guardians to care for their children. We aim to provide as healthy an environment as possible for children and Staff. We will endeavour to minimise your child's exposure to infection by excluding sick children/adults. We will encourage parent's uptake of vaccinations. We will inform parents/guardians and the Health Service Executive where necessary of any infections in the service.

Our children's welfare is the first and most important consideration. In the event of sudden illness, we will contact our parents/guardians immediately about our concerns regarding their child's health and well-being.

Policy and Procedure:

- Parents/guardians will be informed of our concerns and procedures we are taking.
- If a parent cannot be reached, the next name on the emergency list will be contacted.
- The child's temperature will be monitored and recorded.
- If the Manager feels that a child needs medical attention, the parents/guardians will be notified and with their permission, we will contact the doctor on call. Parents/guardians will be responsible for the doctor's fees.
- If a child requires "one to one" attention and we cannot facilitate this at the time, parents/guardians will be asked to collect their child.
- Parents/guardians will be required to take their child home immediately in the case of vomiting or diarrhoea.

- We request that parents/guardians inform us if their child is unable to attend due to illness, stating details.
- We advise that sick children must be kept at home (see exclusions list).
- Children attending the service suffering from any contagious infections must have a doctor's clearance certificate before returning to the service
- In the event of an outbreak of any infectious disease, all parents/guardians will be verbally informed. A dated notice informing all parents/guardians of any infectious disease outbreak will be displayed on the notice board.
- We advise all persons to inform the manager if they have come in contact with an infectious or contagious disease.
- The HSE recommends that all children in Naíonrareceive the appropriate vaccinations. This acts as a safeguard for your child as well as protecting other children. See Appendix 2: Signs and Symptoms of Abuse.

Exclusion:

In order to ensure the safety and health of all our children and staff those who have any of the following conditions will be excluded from the service:

- Acute symptoms of food poisoning/gastro-enteritis.
- An oral temperature of over 38 degrees which cannot be reduced.
- A deep, hacking cough.
- Severe congestion.
- Difficulty breathing or untreated wheezing.
- An unexplained rash (see exclusion list also).
- Vomiting (48 hours from last episode).
- Diarrhoea (48 hours from last episode).
- Lice or nits - see Head Lice Policy and Procedure.
- An infectious /contagious condition.
- A child who is on an antibiotic and/or steroid for less than 48 hours.
- A child that complains of a stiff neck and headache with one or more of the above symptoms.

Infectious Disease Control

- Hand washing is considered extremely important and will be monitored constantly by staff.
- Nose Blowing will be carried out as follows to prevent spread of infection. Tissues are available at all times and children will be taught the following etiquette for nose blowing.
    - Get a tissue
    - Fold it in half

- Blow nose gently
- Wipe nose clean
- Throw tissue away in bin
- Wash hands
- Staff supporting children to clean their nose must wash their hands before and after helping them

- Children/adults with infectious diseases should not attend the service.
- Employees suffering from a contagious illness should not work with children, i.e. gastro-enteritis, etc. and must inform the Management immediately.
- All children must provide up to date record of immunisations (see immunisation programme).
- Should there be an outbreak of any infectious disease or incident, a dated notice clearly stating the situation must be posted on the Parents/guardians Notice Board. Parents/guardians should also be informed verbally and in writing. This notice should be updated when relevant.
- Any children of staff who are ill should not accompany their parents/guardians to work in the service.
- Head lice are a contagious condition and, if a case is noticed, it should be brought to the attention of Parents/guardians immediately. A child is not permitted to attend the service until the condition has been successfully treated.
- Observation of children following immunisation is essential - parents/guardians should inform staff of immunisation. It is good practice to encourage two-way communication on all health issues.
- The staff in the service will be immunised against infectious diseases.

Head Lice Policy:

Head lice can be a common problem in Naíonrachildren. Head lice crawl and require head-to-head contact for transmission. It is our policy to be proactive and manage the treatment. Parents/guardians have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents/guardians have the primary responsibility for the detection and treatment of head lice.
- Parents/guardians must check their child's head regularly, even if they do not suspect their child has head lice.
- All cases must be reported to the Manager. Parents/guardians must state when appropriate treatment was commenced.
- Parents/guardians will be informed and advised on the correct procedures to take.
- Notification will be displayed on the parent's notice board and information given if required.
- Confidentiality will be adhered to in every case reported.
- Children will not be accepted into the service with untreated head lice.
- We suggest children with long hair should have it tied back.

- There are a variety of effective preparations, shampoos and lotions available. It is vital that parents/guardians follow instructions accurately.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to nature of how they play. Head lice do not reflect standards of hygiene either in the home or in preschool environment.

Meningitis and Meningococcal:

Both these diseases are most common in children, there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months. Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord.

The most common germs that cause meningitis are viruses and bacteria.

Viral Meningitis is rarely life threatening, although it can make people unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet.

A rash that does not fade under pressure (see ‘The Glass (tumbler) Test’ below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

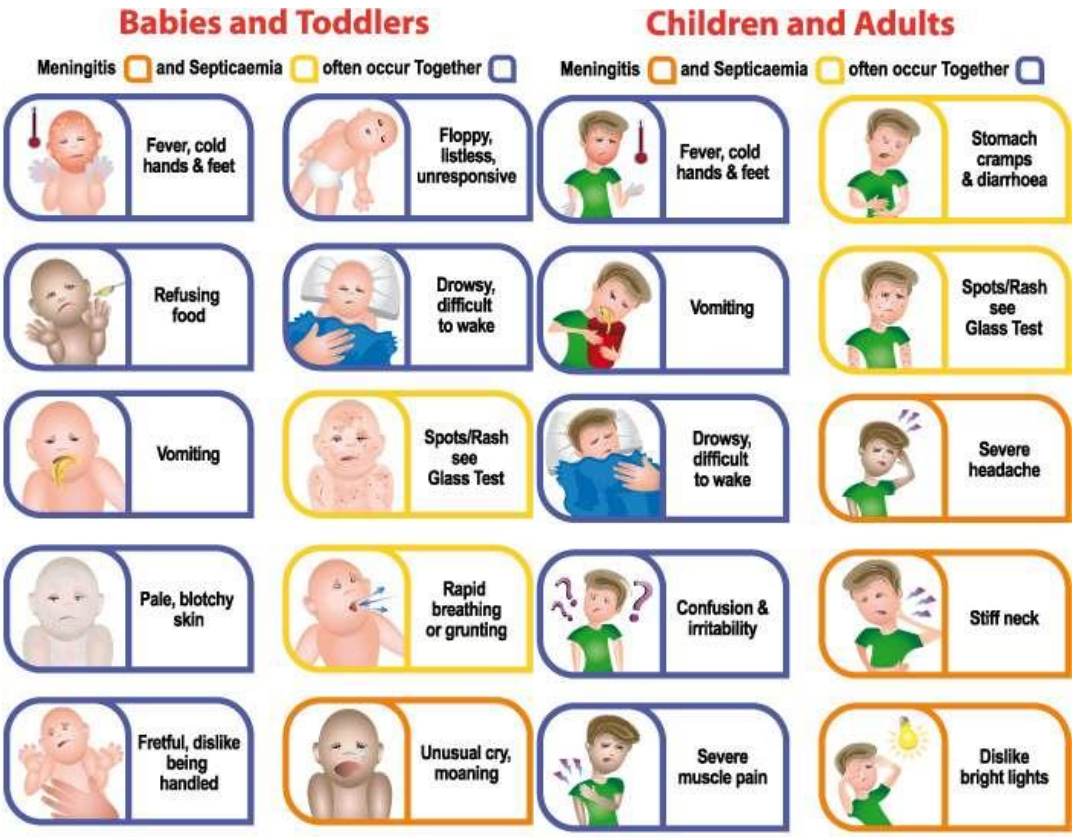
The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.



Procedure for Managing a Suspected Case of Meningitis:

- If a member of staff suspects that a child is displaying the signs and symptoms of meningitis, the child's doctor or our doctor on call will be contacted immediately and the child's parents/guardians called.
- If a GP is not available the child will be taken straight to the nearest A and E department. A member of staff will escort the child to hospital if the parent is unavailable.

Procedure when a case of Meningococcal Disease (Meningitis and /or Septicaemia) Occurs within an Early Years Service:

- The public health team will usually issue a letter to other parents/guardians to inform them of the situation. The aim of this letter is to give information about, reduce anxiety and prevent uninformed rumours.
- Meningitis literature (out-lining signs and symptoms) will be provided for parents/guardians by the public health team. The Meningitis Trust can provide further information and support free of charge.
- Antibiotics will be offered to persons considered to be 'close contacts'. These are usually immediate family members or 'household' contacts. Antibiotics are given to kill off the bacteria that may be carried in the back of the nose and throat: this reduces the risk of passing the bacteria on to others. In certain situations, a vaccine may also be offered. These actions are coordinated by the public health team.
- There is **no reason** to close the Childcare Service.
- There is **no need** to disinfect or destroy any equipment or toys that the child has touched.

The likelihood of a second case of meningococcal disease is extremely small. However, it two or more suspected cases occur within four weeks in the same childcare facility, then antibiotics may be offered to all children and staff, on the advice from the public health doctor. During this time, staff and parent s should remain vigilant. Parents/guardians are advised to contact their GP if they are concerned or worried that their child is unwell.

For more information www.meningitis-trust.ie or 24 hour helpline 1800 523196

Hand, Foot and Mouth

Hand, Foot and Mouth (HFMD) is a viral illness that causes fever, painful blisters in the throat and mouth, and sometimes on the hands, feet and bottom. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease.

The viruses that cause it are called Coxsackie viruses that live in the human digestive tract. Several types of this family of viruses can cause Hand, Foot and Mouth so unfortunately you can get it more than once. These viruses are usually passed from person to person through unwashed hands and via surfaces that have viruses on them. They can also be spread by coughing. It is more common to catch them from someone when they are in the early stages of their illness. Although anyone is at risk of becoming infected, children are generally more susceptible. HFMD is more common in summer and autumn and there is no immunisation.

Symptoms:

- The disease usually begins with a fever, poor appetite, malaise (feeling vaguely unwell), and often with a sore throat.
- One or 2 days after fever onset, painful sores usually develop in the mouth. They begin as small red spots that blister and then often become ulcers. The sores are usually located on the tongue, gums, and inside of the cheeks.
- A non-itchy skin rash develops over 1–2 days. The rash has flat or raised red spots, sometimes with blisters. The rash is usually located on the palms of the hands and soles of the feet; it may also appear on the buttocks and/or genitalia.
- A person with HFMD may have only the rash or only the mouth sores.

How Hand, Foot, and Mouth Disease Is Spread:

- Infection is spread from person to person by direct contact with infectious virus. Infectious virus is found in the nose and throat secretions, saliva, blister fluid, and stool of infected persons. The virus is most often spread by persons with unwashed, virus-contaminated hands and by contact with virus-contaminated surfaces.
- Infected persons are most contagious during the first week of the illness.
- The viruses that cause HFMD can remain in the body for weeks after a patient's symptoms have gone away. This means that the infected person can still pass the infection to other people even though

he/she appears well. In addition, some persons who are infected and excreting the virus, including most adults, may have no symptoms.

- HFMD is not transmitted to or from pets or other animals.

Treatment of HFMD:

There is no specific treatment and antibiotics are not effective as it is a viral infection. Most children with HFMD recover completely after a few days resting at home. Plenty of fluids help. Any fever or discomfort can be helped with a children's pain relief such as Calpol.

Prevention of HFMD:

A specific preventive for HFMD is not available, but the risk of infection can be lowered by following good hygiene practices.

- Hand washing is the mainstay of prevention of transmission and control of outbreaks. Children and carers should wash their hands before eating or preparing food, after using the toilet after contact with an ill child, after contact with animals and whenever hands are visibly soiled. (see Hand Washing and Infection control policies).
- Cleaning dirty surfaces and soiled items, including toys, first with soap and water and then disinfecting them by cleansing with a solution of chlorine bleach (made by adding 1 part of bleach to 4 parts water).
- Avoiding close contact (kissing, hugging, sharing eating utensils or cups, etc.) with persons with HFMD.
- **Children should be kept away from the service whilst unwell. If evidence exists of transmission within the service, exclusion of children until the spots have gone from their hands may be necessary.**

Note: HFMD is communicable immediately before and during the acute stage of the illness, and perhaps longer as the virus may be present in the faeces for weeks.

The incubation period is 3 to 6 days and the condition may last from 7 to 10 days.

EXCLUSIONS:

Antibiotics Prescribed: **Steroid Prescribed:**	**First 48 hours at home:** **First 48 hours at home:**
Conjunctivitis:	Kept at home for two days; thereafter until eyes are no longer weeping.
Diarrhoea:	48 hours from last episode.
Chickenpox:	7 days from appearance of the rash.
Gastroenteritis, **Food poisoning,** **Salmonellas and** **Dysentery:**	Until authorised by GP
Hand, Foot and Mouth **Infective hepatitis:**	Until child well/seek managers' advice 7 days from onset of jaundice.
Measles:	7 days from appearance of the rash
Meningococcal **Infection Mumps:**	Until recovered from illness Exclude child for five days after onset of swelling.
Pertussis **(Whooping cough) :**	21 days from the onset of paroxysmal cough or 5 days from the commencement of antibiotics
Poliomyelitis:	Until declared free from infection by GP
Rubella **(German measles):**	7 days from appearance of the rash
Streptococcal infection **of the throat:**	Until appropriate medical treatment

Scarlet fever:	Child can return 48 hours after commencing appropriate antibiotic treatment.
Impetigo:	3 days from the start of treatment Until the skin is healed
Pediculosis (lice):	Until appropriate treatment has been given
Temperature:	Over 38 degrees
Vomiting:	48 hours from last episode of vomiting

VACCINATION SCHEDULE:

Age to Vaccinate:	**Type of Vaccination:**
At birth	BCG tuberculosis vaccine (given in maternity hospitals or a HSE clinic)
At 2 months Free from your GP	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **PCV (**Pneumococcal Conjugate Vaccine)
At 4 months Free from your GP	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **Men C** (Meningococcal C)
At 6 months Free from your GP	**6 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis)

	• Hib (Haemophilus influenzae B) • Polio (Inactivated poliomyelitis) • Hepatitis B **PCV (**Pneumococcal Conjugate Vaccine) **Men C** (Meningococcal C)
At 12 months Free from your GP	**MMR** (Measles, Mumps, Rubella) **PCV (**Pneumococcal Conjugate Vaccine)
At 13 months Free from your GP	**Men C** (Meningococcal C) **Hib** (Haemophilus influenzae B)
At 4 - 5 years Free in school or from your GP	**4 in 1** • Diphtheria • Tetanus • Whooping cough (Pertussis) • Polio (Inactivated poliomyelitis) **MMR** (Measles, Mumps, Rubella)
At 11 - 14 years Free in school	**Td** • Diphtheria • Tetanus
At 12 years (1st year second level school) Girls only Free in school	**HPV (**Human Papillomavirus)