



# Little Ladybird Creche & Montessori

## Policy #10

### ILLNESSES AND IMMUNISATION

## Introduction

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The aims of this policy are:

- To promote and maintain the health of the children and staff of this service.
- To provide guidelines to parents/carers as users of the service about the attendance of sick children and to keep the incidence of infectious illnesses reduced to a minimum.
- To help differentiate between minor (does not require home care) and more significant (should not remain in the childcare setting) infections and to give guidance in the prevention and management of infectious disease.

We also want to encourage and support parents/carers to maintain their children's immunisation schedule.

## Definitions/Glossary

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An **infectious disease** is an illness in which the symptoms and signs of illness are caused by germs. These germs can be any of a number of different types – bacteria, viruses, fungi, protozoa and parasites. For example, strep throat is caused by a bacteria called *group A streptococcus* and impetigo, a common bacterial skin infection in children, can be caused by this or other bacteria, whereas measles, mumps and chickenpox are all caused by viruses.

Not all infectious diseases are **contagious**. Any illness caused by germs is an infectious illness, but that which can pass from one person to another is contagious. Ear infections are caused by germs, but are not passed from child to child. Therefore, although an ear infection is an infectious disease, it is not a contagious disease. On the other hand, chickenpox rapidly spreads from person to person and is an example of a highly contagious infectious disease.



## Policy Statement

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In general the aim of this policy is not to be exclusionary but rather to provide an environment whereby children are safe and staff may safely fulfill their duties. Children should be excluded only if they are actually ill, present a danger or a risk to other children and staff or are unable to benefit from the service's normal activities.

There are some illnesses where exclusion is justified – staff members are required to stay away and parents/carers are asked to keep children away if any of the following are evident.

- Diarrhoea<sup>1</sup> and vomiting
- A temperature of 101°F / 38°C or above
- Eye discharge
- Thrush
- Infectious skin disorders
- Outbreak of a vaccine-preventable disease when the child/adult is not vaccinated
- Strep throat
- An earache or a bad cough
- Any child with recognised Rubella
- **Any ill child with fever, headache and vomiting should be sent home as soon as their parent/s can be contacted and referred to their doctor.** If there is any significant delay in contacting the parents/carers, the child will be brought directly to the local hospital Accident and Emergency room (A&E). **A child with fever, headache and vomiting must not be allowed to wait indefinitely in the centre.**
- Adults and children with active TB disease must be excluded until they are no longer infectious.

Parents/carers must be included in the team approach to infection control. A co-operative approach between parents/carers and the service will ensure a healthy environment for the child.

Parents/carers who feel their child is too ill to participate in outdoor activity are advised to keep them home for an extra day to ensure a complete recovery.

Parents/carers are encouraged to inform the service of infectious illness in their children. This is of particular importance if the illness might affect other children, e.g. if their child develops chickenpox or is known to have Hepatitis etc.

Parents/carers will be informed if there are any outbreaks of infection in the centre. *The service should have a standard notification letter for some of the common conditions (See Appendix III of **Infection and Schools, A Manual for School Personnel South Eastern Health Board (now HSE), 2003 for these**)*

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<sup>1</sup> Note: Diarrhoea can be due to infectious and non-infectious causes. Common non-infectious causes include antibiotic use or food intolerance. Other diseases such as coeliac disease and cystic fibrosis can have diarrhoea as one of their symptoms. With these situations, the diarrhoea is not usually associated with symptoms such as vomiting and fever. This type of diarrhoea is not contagious and will not spread to other people.



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Parents/carers of children with chronic infectious conditions such as HIV infection or Hepatitis will be encouraged to share such information with the service.

All female staff members should know whether or not they are immune to Rubella. A simple blood test can tell if someone is susceptible to infection. All parents/carers and staff members will be notified about Rubella.

## Procedures & Practices

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### Hygiene

Good hygiene practices and effective hand-washing are the most effective ways to prevent the spread of infection.

Staff and children should wash their hands after any contact with blood, nasal secretions, saliva, vomit, urine, stool, skin sores or genital secretions.

Children should wash hands:

- Upon arrival
- Before eating
- After toileting
- After using hankies or tissues
- After wiping noses or sneezing
- After playing in sandboxes
- After direct contact with animals

Adults should wash hands:

- Before beginning work each day
- Before preparing food, eating or helping children eat
- After toileting or helping a child at the toilet
- After handling body secretions or using hankies or tissues/helping a child to do so
- After nappy changing
- After handling rubbish

It is better that children do not share food within the service.

- Children should be taught how to use tissues and how to dispose of them.
- They should be shown how to sneeze into a tissue or towards the floor but not into the face of another person.
- Open sores should be covered up.
- Children should never share hats, combs or hairbrushes.

At least once a day, even in winter, the children's playrooms and staff-rooms should be aired and the windows opened.

A box of tissues should be readily available to the children and staff.

Extreme care should be taken in cleaning up bodily fluids.



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It should be assumed that blood is infectious, regardless of its source. Avoid direct contact with blood or bloody fluids. Gloves should be worn whenever contact with blood is anticipated, e.g. going to dress a cut, helping a child with a nosebleed. However, should blood come in contact with skin the likelihood of transmission of infection through intact skin is very remote. **DO NOT PANIC.**

Wash the area with soap and water. If blood splashes into the eye or mouth, rinse with water.

**First Aid should not be withheld if gloves are not available. There have been no recorded cases of casual transmission of HIV within households or school settings due to handling potentially infectious fluids, and while due care and caution is important in handling potentially infectious fluids, fear of infection should never prevent First Aid being given.**

## **Illness**

If a parent/carer is unsure if a child is ill, we will accept the child. However, if the child's condition deteriorates we expect the child to be collected from the service within 30 minutes, where possible.

Staff will do their best to keep a sick child separate from well children.

If all attempts at contacting a parent/carer are unsuccessful, the next action may be to transfer the child to Hospital by ambulance.

**Any ill child with fever, headache and vomiting should be sent home as soon as their parent/s/carers can be contacted and referred to their doctor.**

**If there is any significant delay in contacting the parents/carers, bring the child directly to the local hospital Accident and Emergency Unit. Do not allow a child with fever, headache and vomiting to wait indefinitely in the service. In addition to these symptoms, children with meningococcal infection often develop a rash that starts as red spots but will progress to purple freckles and splotches, and even frank bruising. If this occurs CALL AN AMBULANCE, GET MEDICAL ATTENTION first and then contact the parents.**

## **Impetigo**

If a child has impetigo, bring this to the parents' attention at the end of the day. Advise them to visit their doctor and get treatment. The child should remain out but can return as soon as they have received 24 hours of treatment.

## **Bites**

Human and non-human bites are common among children. Most are not serious. The first step is to look at the area and see if the skin is broken. If the skin is not broken, then reassurance and washing with soap and water is all that is necessary. If the skin is broken, the wound should be cleansed with an antiseptic and covered with a band aid.

If there is anything more than a superficial abrasion the child should be referred to the local GP or A&E department for further treatment. If the biting child is known to be Hepatitis B infected, the bitten person should be immediately referred to their doctor. (See Behaviour Guidance and Discipline Policy)



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## **Vomiting**

If a child or staff member vomits on site, cover the vomit thoroughly with plenty of paper towels. A responsible member of staff with household rubber gloves should clean this into a plastic bag and then wash the areas of contamination thoroughly with hot water.

## **Head lice**

If active head lice infestation is noted during service hours, all possible head and hair contact between the affected child and other children should be avoided. At the end of the day, the parents/carers should be notified and advised to treat the child before returning him/her to the service.

Children can return as soon as they have been treated. It is impractical to require removal of all nits before return to the service. If the lotions have been properly used the nits will be dead and should not pose a risk to others.

- Parents/carers will be notified if nits are seen in the child's hair and advised to treat the child before they return.
- Parents/carers of all children will be notified if there has been a case in the service so that they might be vigilant in checking their own children.
- Sharing of hats, brushes and combs is discouraged.

**If there is a persistent problem, designate a special head treatment weekend and request that all parents/carers treat their children that weekend.**

## **Scabies**

Parents/Carers of children with a suspicious rash should be advised to bring them to their doctor for evaluation, but do not need to be sent home in the middle of the session/day.

- If a suspicious rash is noted on a child it should be brought to the parents'/carers' attention and advise them to consult their doctor.
- Parents/carers will be notified if there is a case in the service so that they can check their children.
- All clothing and bedding which has been used by the infected person in the 72 hours prior to treatment should be washed in the HOT cycle of the washing machine.
- Items that cannot be readily washed (pillows, stuffed toys) should be stored in tightly closed plastic bags for four days before using again (when off the body, the life cycle of the mite is less than four days, thus items stored in this way will be free of mites when taken out for use).

## **Conjunctivitis**

Children with conjunctivitis with a discharge should be excluded until they have been evaluated by a doctor and deemed fit for readmission. (Cases of bacterial conjunctivitis might be expected to be on treatment as this will shorten the duration of symptoms and decrease the likelihood of spread of infection.)

Children can return once they have been evaluated by their doctor and treatment (if necessary) commenced.

- Careful hand-washing after wiping or touching eyes or any other infectious secretions is essential.
- Children should be reminded to wash their hands after touching their eyes.



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## **Outbreak of an infectious disease**

*In the event of an outbreak of an infectious disease, a contingency plan should be put in place. Areas of responsibility must be clearly defined and proper channels of communication must be established between all childcare staff involved. You will need to agree these in your own service and write them in here.*

- Ascertain the nature and extent of the outbreak.
- Inform the Health Service Executive (HSE).
- Notify parents/carers and send home children who are sick.
- Advise the parents/carers of all children about the outbreak.
- Increase disinfection and cleaning procedures.

## **Immunisations**

All parents/carers must include full details of their child's immunisation record on the Enrolment/Admissions/Registration Form.

Families will be provided with up-to-date information about immunisation via newsletters, displays etc.

Families of children who are **not** immunised will to be notified of the dangers of infectious diseases.

If a child is not immunised, parents/carers will be advised that their children will be excluded from care during outbreaks of some infectious diseases such as Measles, Whooping Cough etc, even if their child is well.

Reasons why a child may not be immunised:

- Medical contraindications
- Conscientious or religious objection
- Natural immunity
- The appropriate vaccine is currently unavailable.

## Communication Plan

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All parents/carers are to be informed of the policy and procedures regarding illness, exclusions and immunisation on registration and made aware that it is applied equally to all children, aimed at maintaining a healthy environment for the children. Staff members will check with parents/carers that they have read and understood the policy and provide any assistance needed.

A summary of this policy will be included in the Parents'/Carers' Handbook. This policy will also be included in staff induction and annual staff training. Handouts re: suspected infection may be given to parents/carers as a guide.<sup>2</sup>

A copy of all policies will be available during all hours of operation to staff members and parents/carers in the Policy Folder located in the main office. Parents/Carers may receive a copy of the policy at any time upon request. Parents/Carers and staff will receive written notification of any updates.



# Little Ladybird Creche & Montessori

## Review Date

Date: .....

Person Responsible: .....

## Related Policies, Procedures and Forms

- First Aid Policy
- Medications Policy incl. Medication Administration Record
- Health and Safety Policy
- Confidentiality Policy
- Records and Record Keeping Policy
- Admissions Policy including Admissions Form
- Behaviour Guidance and Discipline Policy

## References/Supporting Documents/Related Legislation

- Child Care (Pre-school Services) Regulations, 2006 and Child Care (Pre-School Services) (No 2) (Amendment) Regulations, 2006
- **Health and Safety in Childcare** Barnardos and the Border Counties Childcare Network, 2006
- **Infection and Schools: A Manual for School Personnel** South Eastern Health Board (now HSE), 2003

## Contact Information

Name: .....

## Policy Created

Date: .....

## Signatures

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