

Abacus Nursery - Guide to Childhood Ailments and Illnesses

At Abacus Nursery, every child's and staff member's welfare and good health is of paramount concern to us. We are very aware of the heightened chances of infection spreading among young children due to their immature immune systems and although often the incubation period of an illness goes undetected, we strongly feel that exclusion periods from Nursery during the infectious stage of an illness are necessary to lessen the risk of an infection spreading any further. In most cases, of course, you will know when your child is not well enough to attend Nursery. There are occasions however when children appear to have recovered but are still infectious and should not be in the company of others. If exclusion periods are not enforced or adhered to, correct ratios may not be maintained due to staff also falling ill (they also follow the same exclusion periods). In extreme cases where a number of staff are ill, Nursery closure may result. For these reasons, we ask all parents to adhere to our exclusion periods as set out below (see 'Infectious Period') and thank you in anticipation of your cooperation with our aims to provide the best care for all of our children and uphold our high health and safety standards.

The table below is not intended to act as a guide to diagnosis, this should always be undertaken by an appropriately qualified health professional.

* denotes a notifiable disease. It is a statutory requirement that notifiable diseases are reported to the Health Protection Unit and OFSTED.

Illness	Incubation Period	Infectious Period	Initial Symptoms	Action to be Taken
Chicken Pox (Varicella-Zoster virus)	10-21 days	2 days before rash appears until roughly 5 days after. For the wellbeing of all of the children at Abacus, we ask that children do not return to nursery until all of the blisters have dried out.	Slight fever with flu-like symptoms. A rash of small, itchy red spots that turn into fluid filled blisters then appears in patches usually behind the ears, under the arms, on the chest and stomach, and the arms and legs. The spots will dry out to form scabs in a day or two. Patches of spots continue to appear for up to 6 days.	Control temperature and relieve fever with Calpol and plenty of fluids. Calamine lotion dabbed onto the rash may ease very itchy spots. For the first couple of days, warm baths (without soap) every three to four hours. Keep away from pregnant women or anyone trying, as virus can cause miscarriage, fetal damage and heightens risk of pneumonia to mother.
Cold Sores (Herpes Simplex virus Type 1)	Herpes simplex viruses are highly <u>contagious</u> . Around 80% of the UK population carry the herpes simplex viruses, but for the majority of the time they lie dormant (inactive) in the nerves at the junction of skin and mucous membranes. Every now and then in some people, dormant viruses become active and cause cold sores.	Cold sores are usually passed on when someone is kissed by a person, with an active cold sore. Most cold sores disappear within a week or so, and they generally heal without scarring. Cold sores do not usually appear until after puberty, although children may experience the primary infection with a <u>fever</u> and sore throat.	Usually starts with tingling around the mouth, chin, nose, or other areas of the face. Small fluid-filled blisters then appear, which grow in size and cause irritation and <u>pain</u> . They may weep, and eventually grow a crust or scab.	The most common treatment for cold sores is acyclovir, available as a cream. It stops the virus from reproducing by interfering with its DNA. You can give Calpol for pain. Don't pick cold sores because this may spread the virus to other parts of the body, or allow the sore to become infected.

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Conjunctivitis	2 to 7 days	Conjunctivitis caused by the common cold is very infectious and can spread rapidly between people, especially children in close contact with each other. If antibiotics are prescribed children can not return to nursery for 48 hours. If no treatment is prescribed children can attend after diagnosis as long as well in themselves.	Reddening of the affected eye, watering eyes, scratchy, gritty feeling in the eyes, swollen eyelids, sticky feeling - it may be hard to open your eyes in the mornings, slight soreness. These may accompany a cold which could be the initial cause of contracting the infection.	Wash your eyes with tepid (lukewarm) water, using a clean piece of cotton wool or gauze for each wipe. Clean your eyes from the bridge of your nose to the outer eye. Do not share towels or flannels until the infection has cleared. It is usually medically treated with <u>antibiotic</u> drops or ointment in the affected eye. You should report <u>pain</u> or loss of vision urgently to your GP.

Croup	Usually 2 to 5 days	Onset of cough until fever is gone.	Croup starts like a cold with a stuffy or runny nose and mild <u>fever</u> symptoms. A characteristic 'barking' cough usually develops, caused by <u>inflammation</u> of the vocal chords. The voice may also be hoarse. Inhaling is often difficult and there may be a rasping sound when the child breathes in. Symptoms often get worse at night. Symptoms are usually most severe during the first three days. A mild cough may last for a further week.	In most cases, children with viral croup recover after several days and require no medical treatment. Young children may find croup distressing. Keep them calm and sit them upright to help them to breathe more easily. Warm, clear fluids help the vocal chords relax. Warm, moist air can help breathing. Try sitting the child in a steamy bathroom, using a vaporiser or placing a damp towel near a radiator to create moist air. Avoid smoky environments. Calpol should relieve pain and fever. Do not give cough medicines that cause <u>drowsiness</u> . This will not help a child who may need extra effort to breathe. Medical advice should be sought immediately if the child: is bluish around the mouth, retracting the ribs in attempts to breathe in, drooling or spitting instead of swallowing their saliva.
Diarrhoea	Depending on organism, 1 to 28 days.	Up to 48 hours after stools have returned to normal. Return to Nursery permitted no less than 48 hours after cessation of diarrhoea & stools have returned to normal.	Symptoms can range from slightly watery <u>stools</u> and a brief upset <u>tummy</u> , to longer-term extremely watery <u>stools</u> and can include crampy <u>tummy</u> pains, <u>nausea</u> or <u>vomiting</u> , fever and loss of appetite.	Give lots and lots of fluids to avoid dehydration. If child shows signs of <u>dehydration</u> : <u>drowsiness</u> , passing little urine, few or no wet nappies, a dry mouth, unresponsiveness, or glazed eyes, you should call your GP urgently.
Fevers (unexplained)		Return to Nursery when normal temp maintained.	High temperature	Any child who develops a temperature which remains above normal over a period of 1 hour will be sent home. A child with a temp' of 100deg+ will be sent home immediately. Calpol will reduce fever. Give plenty of fluids.

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Glandular Fever (Epstein-Barr virus)	33 to 49 days	Normally spread in the saliva but difficult to diagnose due to long incubation period. Ill children will be sent home as due course.	Causes swelling of the lymph nodes in neck, armpits and groin. Often, symptoms are few or unnoticeable. Fever, Sore throat, swollen tonsils with white coating, fatigue, loss of appetite, muscle aches and headache.	No treatment or cure. Most people recover within a few weeks. Symptoms are less severe in children so may go unnoticed.
Hand, Foot and Mouth (Coxsackie A virus)	3 to 6 days	One week before symptoms appear. Can also be caught from touching the sores and kissing or hugging infected children. Exclusion from Nursery may be required in some circumstances.	<u>Fever</u> , <u>loss of appetite</u> , sore throat. After 12-36 hours, yellowy-red <u>ulcers</u> develop in mouth, because they are sore the child may not want to eat. Sores (smaller than chicken pox) develop on the palms of the hands, soles of the feet, between the fingers and toes, and sometimes on the buttocks. They last 3-6 days and may be itchy and uncomfortable.	Usually clears up after about a week; no treatment needed, except to relieve symptoms. Give plenty of fluids to drink and Calpol for fever/soreness. Adults and children must wash their hands properly after going to the toilet or handling nappies as the virus stays in the <u>faeces</u> for about four weeks.

Head lice (Nits)		Once lice have matured (10-14 days after hatching) will breed rapidly. Return to Nursery after treatment has started and no lice present.	Excessive itching of scalp or detection of pinhead-sized brown lice. Eggs (nits) are paler, smaller and glued to the base of the hair. Heavy infestation can cause flu like symptoms.	Avoid close head contact (lice can crawl from one person to the next but cannot jump). Can be treated at home by regular programme of wet combing with conditioner and nit comb, or medicated lotions. See pharmacist for latest most effective treatment.
Impetigo	4 to 10 days	Highly infectious whilst producing pus. Return to Nursery when completely cleared.	Small blisters appear, quickly bursting and causing small patches of moist yellow crusts stuck to the skin, sometimes itchy. Most common on the face and hands, but can develop anywhere. Particularly common in young children and babies, who are usually affected in the nappy area.	GP will prescribe antibiotics in the form of a cream. Follow instructions closely. When washing affected area, pat dry with paper towels. Bedding and towels should be washed at a high temperature.
Measles *	6 to 21 days	2-4 days before the red rash appears and for about 5 days after. Return to Nursery 5 days from onset of rash.	Flu-like symptoms (runny nose, watery eyes, swollen eyelids, <u>sneezing</u> , aches and pains, poor appetite, dry cough). Red eyes and sensitivity to light. Fever may remain for several days, reappearing with outbreak of red-brown spotty rash that appears 3-4 days after first symptoms and lasts for up to 8 days. Usually start behind ears, spread around head and neck and after 2-3 days to the legs and rest of body. The spots start small but quickly get bigger and often join up.	Plenty of fluids and rest. Inform doctor. Calpol will ease discomfort and lower temp. Wash crustiness around eyes with warm water. Closing curtains or dimming lights can help with light sensitivity. Place bowl of water in room to raise humidity; cough medicines are of little use. Use Vaseline to moisten dry skin around lips and mouth. Pregnant woman exposed to measles must inform who they are receiving antenatal care from. Risk of early delivery or even loss of the baby.

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Meningitis * (bacterial)	2 to 10 days		Key early warning signs in children: (also signs of septicaemia, often associated with Meningitis) cold hands and feet, leg pains, abnormal skin colour. This is a medical emergency and needs urgent treatment.) Other symptoms may appear hours later; high temp, fever, vomiting, refusing feeds, high pitched moaning/whimpering cry, blank staring expression, pale itchy complexion, floppiness, dislike being handled, fretful, neck retraction, arching of back, convulsions, lethargic and difficult to wake, tense/bulging fontanel.	Urgent treatment with <u>antibiotics</u> and appropriate hospital management is essential for someone with bacterial meningitis. The sooner they are diagnosed and treated, the greater chance there is they will make a full recovery. Anyone who has been in direct, close, prolonged contact with the infected person (normally family members and those deemed to be at an increased risk) should be given appropriate protective <u>antibiotics</u> if necessary. Can still attend Nursery.
If you suspect your child has meningitis do not wait for a rash to appear but seek medical advice immediately				
Meningitis * (viral)	Up to 3 weeks		A less severe illness but, very rarely, can progress from headache, <u>fever</u> and <u>drowsiness</u> , to deep <u>coma</u> . In severe cases there may be weakness of the muscles, paralysis, speech disturbances, <u>double vision</u> or partial loss of the field of vision, and epileptic fits. Most people make a full recovery within one to two weeks.	Viral meningitis can not be helped by <u>antibiotics</u> and treatment is based on good nursing care. Recovery is normally complete, but headaches, tiredness and <u>depression</u> may persist for weeks or even months. Siblings can still attend Nursery.

Molluscum Contagiosum		Molluscum C'm is neither serious nor easily spread, but it can spread through skin to skin contact and sharing towels, etc when the mollusca rupture.	Small, firm, round, wart-like lumps (mollusca) appear on the trunk and upper arms and legs. They are usually pinky-white in colour with a smooth surface. There is often a tiny dimple on the top. When they rupture (split), a white, gungy fluid escapes. This is the infected part. Over 6 to 8 weeks, they will crust over and heal. Usually appear in clusters, sometimes over different parts of the skin. Rarely more than 20 mollusca.	To avoid passing on, where possible, keep infected areas covered and do not allow sharing of towels. Bathe ruptured mollusca with cotton wool and warm water to wash away infected fluid and dispose of cotton wool carefully. Wash hands thoroughly after coming into contact with the infected fluid. Usually clears up in 12 to 18 months without any treatment. There are various treatments available, which can be carried out by a GP or Nurse but these can leave scarring and cause soreness.
Mumps *	14 to 25 days	Up to one week before the swelling is visible and for 5 days afterwards. Return to nursery once swelling subsides.	Begins with a headache and fever for a couple of days before the disease is obvious. Followed by the swelling of the glands below the ears. Both or one side may be swollen. The testes in boys may be swollen. Mild tummy ache can occur and the mouth can feel dry and uncomfortable.	Give plenty of fluids but not fruit juice as this stimulates the production of saliva which can be painful. Calpol can reduce pain and fever. The best prevention is the MMR vaccine. Please consult you GP.

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Scarlet Fever * (Scarletina)	1 to 4 days	Infection is passed through respiratory secretions and mucous. Return to Nursery 5 days after commencing treatment. Or after 48 hours if on antibiotics and sufficiently well enough.	Starts with sore throat or skin infection. A fine, pinkish-red rash that feels like sandpaper to touch spreads around the body, commonly the ears, neck, chest, elbows, inner thighs and groin. Cheeks become flushed but mouth area stays pale. The rash will turn white when pressed with a glass. Other symptoms may include headache, swollen neck glands, loss of appetite, nausea and/or vomiting, abdominal pain, broken blood vessels in the folds of the body, white coating on the tongue which peels after a few days, leaving the tongue red and swollen.	Treatment in the form of Penicillin or antibiotics will result in recovery after 4/5 days. Drink plenty of fluids and keep the room at a cool temperature. Calpol can be taken to ease discomfort and reduce fever. To prevent spread of infection, until 24 hours after starting treatment, the child's drinking and eating implements, towels and bedding should be kept separate to other family member's, then washed with hot soapy water. Carers should wash their hands frequently.
Slapped Cheek Syndrome (Parvovirus/Fifth Disease)	13 to 18 days	7 days before rash, until rash begins. Children who are not well, should not be at Nursery.	Low-grade mild <u>fever</u> and flu-like symptoms, headache, stuffy or runny nose, sore throat, lethargy, some children may have nausea, abdo pain and diarrhoea. Several days later, a distinctive red, lacy-like rash, may begin on the face and gives the appearance of 'slapped cheeks'. This may also itch, and may spread to the body and limbs, sometimes affecting the palms of the hands and soles of the feet. The rash may take one to three weeks to clear during which it may periodically fade or worsen. It may also recur some time later following exposure to sunlight or heat.	During the first 20 weeks of pregnancy the virus can cause miscarriage. Women who are exposed to the virus during pregnancy should inform their primary antenatal carer. No specific treatment for those infected. Calpol to reduce fever, give plenty of fluids. Children with blood disorders may become more anaemic so discuss with GP.
Thrush	<i>Caused by a fungus/yeast called Candida</i>		White spots on the mouth and tongue which when wiped off may reveal red raw underlying tissue. It is not painful however babies may dribble a lot or refuse to feed properly because of the soreness which sometimes occurs. Can affect the nappy area with a red raw rash.	Keep all dummies, feeding equipment and mouth toys sterilized. Good hygiene can prevent spread and recurrence. Anti fungal medication may be available from GP. Eating live yoghurt will help as the bacteria in it, balances out the yeast and may help to cool sore areas.
Tonsillitis		Return to Nursery after 2 full days of antibiotic treatment and feeling well.	Swollen red tonsils, sore throat or pain on swallowing, fever or chills, swollen neck glands which are tender to touch, spots of pus on tonsils, whitish membrane over surface of tonsils, furry tongue.	GP will provide antibiotics. Plenty of fluids, Calpol to ease discomfort and lower a fever. Keep room warm in case of chills but maintain humidity and fresh air.

Vomiting		Return to Nursery after a period of 48 hours has passed since last bout of vomiting.	Bringing up of stomach contents.	Drink plenty of fluids.
Whooping Cough * (Pertussis)	5 to 21 days	Infectious for approximately two weeks after initial symptoms. Return to Nursery 5 days after commencing a 14 day antibiotic course.	Early symptoms often like a cold. After, coughing attacks will begin, causing difficulty in breathing and discomfort. Whooping sound may be heard upon in-drawn breath. Violence of the cough may cause child to vomit. Coughing bouts will last for up to 3 months, even with antibiotic treatment.	Antibiotics from GP, lots of rest and fluids. Keep away from other children, especially young babies (under 6 months) as most at risk of complications. Clear away excess vomit or mucous to avoid inhalation. Fresh air will help. Provide small meals.
Worms (Various sorts from various sources but most commonly, Threadworm).		Not actually infectious but can be passed from one person to another as eggs transfer under nails and onto fingers from scratching.	Can be seen in stools as small, thin, white moving threads. Itching around anus caused by secretion from female worm as she lays eggs. Area can become sore because of repeated scratching.	Meticulous hygiene; especially hand washing is essential to prevent passing eggs in and re-infecting self. Pharmacist can give advice for treatment. Usually a two stage course which the whole family must take.

Vaccinations:- There are a number of possible reactions after all vaccinations. We ask that your child does not return to Nursery on the same day, following a vaccination for their wellbeing.

Antibiotics:- These are only prescribed by a doctor when your child's natural immune system will not address the symptoms your child is displaying. Again, in case of an allergic reaction and to ensure your child is well rested and can gain the best from these antibiotics, **we ask that your child does not return to Nursery for 48hrs after the first dose has been administered.**

Medication:- Due to current legislation it is not seen as good practice to give non prescribed medication at Nursery. Some children have medical conditions that make them especially vulnerable to infections that would rarely be so serious to a child. Please let us know of such children to allow us to take the correct safety measures.

We will inform parents promptly of any illnesses at the nursery via our notice boards so please take some time to check these when collecting and dropping children at Nursery.

All information here has been obtained from the NHS website and the health protection Agency (September 2019). **This document is for guidance only.** If you are ever unsure about your child's health please contact your doctor or phone the NHS direct (08454647).