



PHOENIX MONTESSORI NURSERY SCHOOL

**Rashes and skin infections**

**Children with rashes should be considered infectious and assessed by their doctor.**

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	<b>See: Vulnerable Children and Female Staff – Pregnancy</b>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x2 doses). <b>See: Female Staff – Pregnancy</b>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). <b>See: Vulnerable Children and Female Staff – Pregnancy</b>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None (once rash has developed)	<b>See: Vulnerable Children and Female Staff – Pregnancy</b>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune, ie have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local PHE centre. <b>See: Vulnerable Children and Female Staff – Pregnancy</b>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

**Respiratory infections**

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza) Temperature	Until recovered 24hours	<b>See: Vulnerable Children</b>
Tuberculosis*	Always consult your local PHE centre	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local PHE centre will organise any contact tracing necessary

<p><b>Covid-19 symptoms:</b></p> <p><b>a high temperature</b> – this means you feel hot to touch on your chest or back.</p> <p><b>cough</b> – this means coughing a lot for more than an hour, or 3 more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)</p> <p><b>a loss or change to your sense of smell or taste</b> – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal</p>	<p><b>Stay at home (self-isolate)</b> – do not leave your home For 7 days or have visitors.</p> <p>Anyone you live with, and anyone in your support bubble, must also self-isolate for 14 days if you test positive.</p> <p>Everyone in the group at nursery must also isolate for 14 days</p> <p><b>Get a test</b> – get a test to check if you have coronavirus as soon as possible. Anyone you live with, and anyone in your support bubble, should also get a test if they have symptoms.</p> <p>Staff and children will be separated, staff will be sent home and children will be placed in a designated room until they can be collected. The staff member will wear the necessary PPE to protect themselves. The designated room will be deep cleaned once the child has gone home.</p> <p><u><a href="#">check Caroline's links to the official guidance in her Wednesday emails, or on the Happy Healthy and Ready to Learn website.</a></u></p> <p>All staff and families are required to sign a declaration form declaring they are symptom free when starting nursery, and that they will notify management if they, or anyone in their household develops symptoms. Families and staff are also required to complete a health declaration form prior to returning or starting the nursery.</p> <p>We will require evidence of any tests that are carried out when returning to the nursery environment.</p> <p>Then you should check with your insurer about getting evidence of test results when someone is returning.</p> <p>The setting will also contact our public health team for guidance on how many people might also need to be sent home to isolate and also what constitutes an “outbreak” (where the whole nursery may need to isolate.)</p>	<p><b>Use the NHS 111 online coronavirus service if:</b></p> <ul style="list-style-type: none"> <li>• you're worried about your symptoms</li> <li>• you're not sure what to do</li> </ul> <p>Nursery Risk assessment and operational plan outlines safety precautions.</p>
--	--	--

## Diarrhoea and vomiting illness

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC Typhoid* [and paratyphoid*] (enteric fever) Shigella (dysentery)	Should be excluded for 48 hours from the last episode of diarrhoea. Further exclusion may be required for some children until they are no longer excreting	Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts who may also require microbiological clearance. Please consult your local PHE centre for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

## Other infections

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None,	<b>However you will required to provide fresh daily bedding and cotton wool to clean the eye.</b> If an outbreak/cluster occurs, consult your local PHE centre
Diphtheria *	Exclusion is essential	Always consult with your local HPT Family contacts must be excluded until cleared to return by your local PHE centre. Preventable by vaccination. Your local PHE centre will organise any contact tracing necessary
Glandular fever	None,	If on antibiotics, 48 hours exclusion.
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local PHE centre will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. <b>For cleaning of body fluid spills see: Good Hygiene Practice</b>
Meningococcal meningitis*/ septicaemia*	Until recovered	Meningitis C is preventable by vaccination There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close school contacts. Your local PHE centre will advise on any action is needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local PHE centre will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further

		information is required, contact your local PHE centre
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x2 doses}
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local PHE centre. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

**Outbreaks: if an outbreak of infectious disease is suspected, please contact your local PHE centre.**

**Female staff – pregnancy**

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated according to PHE guidelines by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace. Some specific risks are:

- Chickenpox** can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles
- German measles (rubella).** If a pregnant woman comes into contact with German measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy
- Slapped cheek disease (parvovirus B19)** can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation

**Medication**

The setting will require permission before administering any form of medication, you will be required to complete a medication form, please ensure all sections on the form is fully completed, we will require all medication to be in the correct packaging. We will not administer medication that has not been prescribe for your child. The staff have a duty to check the name and date on the medication before accepting authorisation to administer this to your child.

The setting can administer medication which has been bought over the counter, however the same protocols will be in place in regards to the incubation period. Medication must be age appropriate.

<b>Name of medication</b>	<b>Incubation period</b>
Antibiotics	First 48hours.
Cough mixture	24 hours
Creams and ointments	24 hours
Eye drops	24 hours

**The nursery will not accept any children who have been given Calpol or any form of Paracetamol in the last 24hours. We have a clear policy and will not accept or administrate either medication.**

**The staff have a right to refuse a child entry if they feel that they are not well enough to attend the setting. The staff also have authority to refuse a child who has been given Calpol or any form of Paracetamol the**

**night before. Staff at Phoenix are fully aware of the nursery policies and will reinforce these at any time. Please accept what the staff are enforcing as management will support staff in line with our written policies.**

### **Immunisations**

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP. For the most up-to-date immunisation advice see the NHS Choices website at [www.nhs.uk](http://www.nhs.uk) or the school health service can advise on the latest national immunisation schedule.

#### **Immunisation schedule**

Two months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13) Rotavirus vaccine	One injection One injection Given orally
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C) Rotavirus vaccine	One injection One injection Given orally
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV13)	One injection One injection
Between 12-13 months old	Hib/meningitis C Measles, mumps and rubella (MMR) Pneumococcal (PCV13)  <b>24 hours incubation period- due to recommendation of administrating Calpol after injection.</b>	One injection One injection One injection
Two, three and four years old	Influenza (from September)	Nasal spray or one injection
Three years and four months old or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)	One injection One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Two injections given 6-24 months apart
Around 14 years old	Tetanus, diphtheria, and polio (Td/IPV) One injection Meningococcal C (Men C)	One injection One injection

**Your health visitor / Doctor will recommend you administrate Calpol to your baby after their MMR. Please note that we do not accept children who have been given Calpol therefore you will need to keep your child at home for 24 hours after their injection.**