

Contact: Gillian McRobb, Head Teacher
Tel: 0141 570 7040
Fax: 0141 570 7041
Email: schoolmail@busby.e-renfrew.sch.uk
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Department of Education
Busby Primary School
Church Road
Clarkston
G76 8EB

Dear Parent/Carer

Welcome to Busby Early Learning and Childcare Centre

Thank you for choosing Busby ELCC to care for your child. When we welcome new families, we feel it is useful to provide, in writing, some information regarding infection control as this will help limit the spread of infection. If your child attends any other day care settings, please inform a staff member.

- ✓ Please be assured that we follow national guidance to protect the health of all the children in our care; and ask that you support us by following the guidelines below. If you are unsure, please phone us before you bring your child to Nursery
- ✓ If your child is ill, they must not attend the Nursery
- ✓ If your child becomes unwell whilst in our care, we will phone you to agree a time to collect them
- ✓ Please tell us if your child has been ill while they are away from Nursery
- ✓ If your child has had symptoms of vomiting or diarrhoea (or both), it is essential that they do not attend Nursery until 48 hours after the symptoms have stopped

Immunisation

As your child will be mixing more with other children, you should be aware that being up to date with the United Kingdom immunisation schedule will protect your child from a range of illnesses. For advice about immunisation, speak to your health visitor or GP.

We hope your child enjoys their time at Busby ELCC.

Yours sincerely

Gillian McRobb

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Head Teacher



INVESTORS
IN PEOPLE | Gold



Mhairi Shaw DCE, Director of Education, East Renfrewshire Offices, 211 Main St, Barrhead, G78 1SY

INFECTION	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION OF CONTACTS AND SPECIFIC RISKS
Athlete's foot Unknown	As long as skin has not fully healed	None	None
Bronchiolitis 2-8 days	Few days prior to onset of symptoms and up to 1 week after symptoms	Until the child is well	None
Chickenpox* and shingles 15-18 days	5 days before to 5 days after spots develop (7 days for shingles) system, seek medical advice	For 5 days from the onset of the rash and until the child feels well	None If contact is pregnant, new born or has a compromised immune
Conjunctivitis 12 hours to 3 days after contact with infected individual	While symptoms persist	Until treatment commenced	None
Diarrhoea and vomiting / gastro-enteritis "food poisoning" : Campylobacter, Cryptosporidium, Dysentery ♦, E.coli 0157 ♦, viral gastroenteritis, Giardia, Cholera ♦, Salmonella ♦ Varies, few hours to few days	While having symptoms of diarrhoea	Until 48 hours symptom free and the child feels well. In the under 5's or persons with doubtful hygiene, 2 negative stool specimens are required for all diseases marked ♦ before return to nursery or play school (3 for S.typhi or paratyphi)	None except Salmonella typhi or S. paratyphi, when strict exclusion of certain groups is required. E.coli 0157 food handlers excluded until 2 negative specimens are obtained after index case negative. Pay particular attention to personal hygiene (e.g. handwashing) In some instances advice may need to be sought from the Public Health Department at Garden House.
Fifth disease (Parvovirus / Slapped Cheek syndrome) Variable 4-20 days	Infectious before onset of rash	Until child feels well	None If contact is pregnant, seek advice from midwife
Glandular Fever Probably 4-6 weeks	While virus present in saliva	Until child feels well	None
Hand, foot and mouth disease (Coxsackie) 3-5 days	During acute stages of illness	Until child feels well	None
DISEASE AND INCUBATION PERIOD	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION OF CONTACTS AND SPECIFIC RISKS
Head and body lice (Pediculosis) Eggs hatch in week 1	As long as eggs or lice remain alive	None	None Check all contacts and treat if live lice found
Hepatitis A* 2-6 weeks	2 weeks before first symptoms until 7 days after onset of jaundice or symptoms	None – unless poor hygiene is an issue whereby exclusion would be justified for 5 days from onset of jaundice.	None Household contacts should seek advice from their GP. Can cause outbreaks.
Hepatitis B and C* 2 weeks-6 months	Not infectious under normal school conditions	None	None
Herpes simplex (Cold sores) 2-12 days	Until lesions are healed	None	None
HIV infection Variable	Not infectious under normal school conditions	None	None

Impetigo Commonly 4-10 days for Staphylococcus and 1-3 days for Streptococcus	As long as septic spots are discharging pus	Until spots have crusted over	None
Influenza 1-3 days	3-5 days after beginning of symptoms, up to 9 days in children	Until the child feels well	None
Measles* 7-14 days	1 day before first symptoms until 4 days after onset of rash	Until 5 days after onset of rash and until the child feels well	None
Meningitis* 2-10 days depending on causative organism	Not infectious under normal school conditions	Until the child feels well	None Only household and very close contacts may be given antibiotics on advice of the Public Health Department at Garden House.
Molluscum contagiosum 7 days-6 months	As long as rash persists	None	None
Mumps* 2-3 weeks, commonly 18 days	7 days before and up to 9 days after onset of swelling	Until the child feels well	None
Ringworm on body (Tinea Corporis) 4-10 days	As long as rash is present	None once under treatment	None
DISEASE AND INCUBATION PERIOD	PERIOD WHEN INFECTIOUS	PERIOD OF EXCLUSION OF INFECTED PERSON	EXCLUSION CONTACTS AND SPECIFIC RISKS
Roseola 5-15 days	As long as rash persists	Until the child feels well	None
Rubella* (German Measles) 16-18 days	1 week before and at least 4 days after onset of rash	For 5 days after onset of rash and until the child feels well	None If contact is pregnant, seek advice from midwife
Scabies 2-6 weeks on initial infection. 1-4 days after re-exposure	Until mites and eggs are destroyed by treatment	Until the day after treatment	None Household and close contacts should be treated at the same time
Scarlet Fever and Streptococcal Infection* 1-3 days	From when dry sore throat starts until 24 hours after antibiotics started	For 5 days from commencing antibiotics and until the child feels well	None
Threadworm 2-6 weeks for life cycle to be complete	When eggs are shed in the faeces (stools)	None once treated	None Household contacts should be treated at the same time
Tuberculosis (TB)* Usually 4-6 weeks	Depending on site of infection	Until the child feels well	None Prolonged close contacts will need screening
Verrucae (Plantar warts) 2-3 months	As long as wart is present. Cover verrucae if swimming, showering or bathing	None	None
Whooping cough* (Pertussis) 7-10 days	For 7 days before until 21 days after start of coughing. If treated with antibiotics, 5 days after starting course	21 days from onset of paroxysmal coughing or if treated with antibiotics, 5 days after commencing course	None
Winter vomiting disease	From when symptoms start until 2 days after symptoms have resolved	Until child feels well	None Pay particular attention to personal hygiene (e.g. handwashing)

A GUIDE TO HEAD LICE MANAGEMENT



A child with a current head lice infection must have
actual moving lice in their hair



The following symptoms **DO NOT** necessarily mean there is a current head lice infection

- **Eggs (black or very dark) on the scalp** – only a percentage of these eggs (the fertilised ones) will hatch and hair should be checked daily with a bone comb/conditioner to see if any do actually hatch.
- **Nits (white or greyish hatched eggs)** – these can be found on the hair shaft. These are 'dead' egg cases which CANNOT spread. A child may have been successfully treated but the treatments DO NOT remove the nits which are very difficult to remove and therefore can remain 'stuck' to the hair shaft as the hair grows. Only ongoing and thorough bone combing will remove nits. Children with large amounts of nits are often assumed to 'have head lice' – **THIS IS NOT ALWAYS THE CASE.**
- **Scratching** – This is not always an indication of head lice and some children with severe head lice infections don't have an 'urge to itch'.

WHERE DO HEAD LICE COME FROM?

Head lice have been around for thousands of years. As with any insect, they learn to adapt to their environment in order to survive. We are never going to be completely rid of them, but we can make managing them easier.

DO HEAD LICE JUMP OR FLY?

Head lice do not have wings so they cannot fly. They cannot jump because they do not have 'knees'.

SO HOW DO HEAD LICE MOVE AROUND?

Head lice CRAWL very fast and require head to head contact for transmission. It is possible that because of the way young children play, head lice are seen more frequently amongst primary school children than adolescents or adults.

WHO IS RESPONSIBLE FOR CHECKING AND TREATING HEAD LICE?

Like similar health conditions such as scabies, ringworm etc., it is a parent or carer's responsibility to treat and care for their child.

DO HEAD LICE LIVE IN CARPETS, CLOTHES, HATS OR SHEETS?

No. Head lice very rarely fall from the head. They require blood to survive. Head lice feed 3-4 times a day without blood, will dehydrate in 6 hours in a dry climate and in 24 hours in a humid climate. An egg requires warmth to hatch and this is the reason why they are laid close to the scalp. The further away from the scalp, the less likely they are to survive.

IS IT TRUE THAT HEAD LICE ONLY LIKE CLEAN HAIR?

No. Head lice are not selective. They don't care if hair is long, short, blonde, brown, washed this morning or last week. As long as they are warm, and have blood to drink, then they are content.

WHAT TREATMENT KILLS 100% OF HEAD LICE & EGGS?

There is no single treatment that kills 100% of head lice and eggs. Whichever treatment you use it can take time and persistence to get rid of head lice. Use a method that will not risk the health of your child.

IS THERE A WAY TO PREVENT HEAD LICE?

No. It's important to check your child's head regularly with conditioner and comb even when you don't think your child has head lice. There is no research to prove that chemical or herbal therapies can prevent head lice.

HOW DOES THE CONDITIONER AND COMB METHOD WORK?

It's very cheap and effective way of finding head lice. Hair conditioner does not kill lice, but it does stun them for about 20 minutes, meaning they do not move around, and it is difficult for them to hang on. This gives you time to comb through the hair with a 'bone' comb.

HOW DOES A CHEMICAL TREATMENT WORK?

Only use currently recommended treatments. Your pharmacist can advise.

DO SOME PRODUCTS WORK BETTER THAN OTHERS?

Over time, head lice may develop resistance to some chemicals. Again your pharmacist can advise.

SHOULD I TREAT EVERYONE IN THE FAMILY?

It is important to check each family member, using conditioner and comb, **but only treat those with live lice.**

WHY DOES MY CHILD KEEP GETTING RE-INFECTED?

Re-infection is the **least** likely reason for head lice returning in a week's time. If eggs do not die, or were not removed during the original treatment they may hatch and the life cycle starts all over again. To break this life cycle you must re-treat (regardless of treatment method) seven days after the first treatment and continue with weekly checking.

DOES MY CHILD HAVE TO MISS SCHOOL?

A child can attend school as soon as treatment has commenced. Head lice are not the fault of schools – it is a community problem which must be dealt with at home.



Nursery Fund

Busby ELCC has a weekly voluntary donation scheme of £3 per family as a contribution towards our Nursery Fund. The Nursery Fund is used in various ways throughout the year to support the work of the nursery. When your child is fully enrolled in Busby ELCC you will be issued with a Parent Pay user name which will give you facility to pay this online. You can pay the Nursery Fund weekly or termly and a total for the term will be displayed on the cloakroom wall.

This session we have used Nursery Fund to replenish perishables such as flour for making play dough, oil, food colouring, baking ingredients and cooking equipment. The fund is also used to pay for developing and printing photographs for achievement folders and display. We buy snacks and food and specialised art/craft materials to help us celebrate festivals e.g. the children recently were given the opportunity to taste French cheese and bread as part of their on-going learning about France, its culture and language.

The Nursery Fund is also used to support trips out of nursery, usually in the summer term, and to support special events such as Scottish Literature Week.

This term we are hoping to renew several imaginative play resources by buying some new dressing up clothes. We would also like to enhance our outdoor play equipment for the playground and replace some well used and worn resources.

Your support in contributing to the Nursery Fund is greatly appreciated.

Please do not hesitate to contact the school office if you have any questions.

Many thanks,

The Busby ELCC Team