

Infection Control

Information for Families



Torryburn Nursery

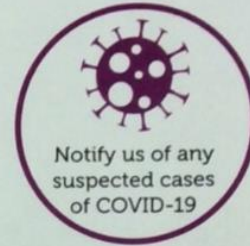
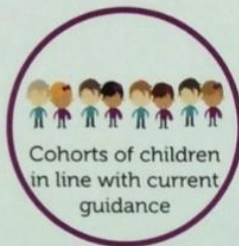
Growing and Learning Together!

Keeping children and families safe in your ELC setting



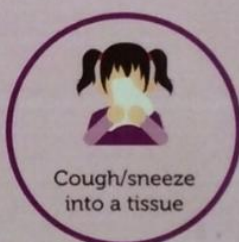
COVID-19 is spread when respiratory secretions from an infected person enters the mouth, nose or eyes of another.

To prevent spread of COVID-19 remember to:

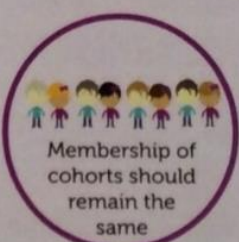
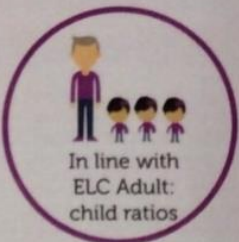
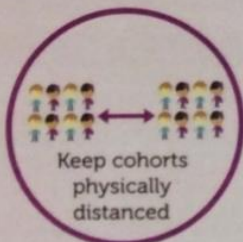


Providing care

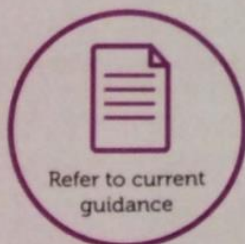
Hand hygiene



Cohorts



Reduce risk of transmission



The information contained in this booklet was issued by the Department of Health, Department for Education. If children come to nursery when they are unwell, both staff and other children are at risk of catching colds etc. Please try to follow these guidelines and keep your child at home until they are fully recovered and able to enjoy their nursery day again.



Infection/Virus	Exclusion Period	Comments
DIARRHOEA AND VOMITING ILLNESS		
General Advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped Depending on the specific infection, exclusion may apply to : <ul style="list-style-type: none"> ▪ Young children ▪ Those who may have hygiene practices difficult to adhere to ▪ Those who prepare or handle food for others Your local HPT will advise	Diarrhoea is the passage of 3 or more loose or liquid stools per day or more frequently than is normal for the individual If blood is found in the diarrhoea then the patient should get advice from their GP
Common Infections :		
Norovirus	48 hours from the last episode of diarrhoea and vomiting	Discussion should always take place between the HPT and Nursery
Campylobacter	48 hours from the last episode of diarrhoea and vomiting	
Salmonella	48 hours from the last episode of diarrhoea and vomiting	
Less Common Infections		
Cryptosporidiosis	48 hours from the last episode of diarrhoea and vomiting	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli 0157	Your local HPT will advise	
Shigella (Bacillary Dysentery)	Your local HPT will advise	
Enteric Fever		

(Typhoid/Paratyphoid)	Your local HPT will advise	
RESPIRATORY INFECTIONS		
Coughs/Colds :	Until recovered	Consider influenza during the winter months
Flu (Influenza)	Until recovered	Severe infection may occur in those who are vulnerable to infection
Tuberculosis (TB)	Consult with your local HPT	Not easily spread by children – requires prolonged close contact for spread
Whooping Cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if not antibiotic treatment	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact
RASHES/SKIN		
Athlete's Foot	None	Athlete's foot is not serious – treatment is recommended
Chickenpox (Varicella Zoster)	5 days from onset of rash	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with the sores – cold sores are generally a mild self-limiting disease
German Measles (Rubella)	6 days from onset of rash	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP
Hand, Foot and Mouth (coxsackie)	None	Contact your local HPT if a large number of children are affected
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started	Antibiotic treatment may speed healing and reduce infectious period
Measles	4 days from onset of rash – always consult with HPT	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing
Molluscum Contagiosum	None	A self limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (Infantum)	None	None
Scabies	Child can return after treatment	Two treatments 1 week apart for cases - contacts should have same treatment – include the entire household and any other very close contacts. If further information is required contact your local HPT
Scarlet Fever	24 hours after commencing antibiotics	Antibiotic treatment recommended for the affected child
Slapped Cheek Syndrome	None	Pregnant staff should seek advice from their GP – severe infection may occur in vulnerable children
Shingle (Varicella Zoster)	Exclude only if rash is weeping and cannot be covered eg with clothing	Can cause chickenpox in those who have not had chickenpox – pregnant staff should seek advice from their GP
Warts and Verrucae	None	Verrucae should be covered in swimming pools
OTHER INFECTIONS		
Conjunctivitis	None	If an outbreak occurs contact local HPT
Diphtheria	Exclusion will apply – always	Preventable by vaccination – your local HPT

	consult with your local HPT	will organise all contact tracing
Glandular Fever	If unwell	
Head Lice	None	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice)	Your HPT will advise
Hepatitis B and C	None	Blood borne viruses that are not infectious through casual contact
Meningococcal Meningitis septicaemia	Until recovered – HPT will advise	Meningitis C is preventable by vaccination – there is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing
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 HPT will give advice on any action needed
Meningitis Viral	Until recovered	Milder illness - there is no reason to exclude siblings or other close contacts of a case
Mumps	5 days from onset of swollen glands	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is required for the child and all household contacts

HAND WASHING and GOOD HYGIENE PROCED



- Effective hand washing is an important method of controlling the spread of infections, especially those that cause diarrhoea and vomiting
- Always wash hands after using the toilet and before eating or handling food using warm, running water and a mild, preferably liquid soap.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds ensuring all surfaces of the hands are covered.
- Rinse hands under warm running water and dry hands with a hand dryer or clean towel (preferably paper)
- Discard disposable towels in a bin. Bins with foot pedals are preferable.
- Encourage use of handkerchiefs when coughing and sneezing.



Useful Contacts:

School Office: Torryburn Primary School
01383 602437

If you require further details, please do not hesitate to speak to a member of the nursery staff