Illness and Medication Policy and Procedure

(including treatment of asthma and any ongoing medical conditions)

Trelawnyd Little Learners does not accept children who are unwell at the time of arrival at the setting.

This policy relates to:

- Children who become unwell while attending Trelawnyd little Learners
- The medication management for children in specific circumstances, and links to the contract for parents and equality and inclusion policy

It is the policy of Trelawnyd Little Learners to support any child who becomes unwell during their time in our care; and to welcome children who require prescribed medication to be administered to maintain their wellbeing while attending this provision, in line with the equality and inclusion policy.

We do this by operating the following procedure:

- In the event of a child becoming unwell, their needs are assessed and met as far as practicable, and the health and safety policy is implemented
- Parents / guardians will be contacted and informed of the situation and current condition of their child, and asked to collect their child as soon as possible. During this time the child will be cared for in a calm and quiet manner, and kept comfortable using blankets and pillows (if appropriate)
- Medication such as calpol will ONLY be administered if consent is provided by the parent / guardian at the time of need and written consent was given at child's admission to the setting. Written consent is kept within the child's contract and registration forms and medication forms are to be filled out by staff and signed by the parent / guardian at collection
- Parents / guardians complete the contract and registration form at admission, providing information about a child's health needs. Should there be any health changes or needs, the parent / guardian must inform the setting manager / person in charge as soon as possible in order to update the child's file
- Medication is administered only if it is prescribed by the child's doctor, is provided in the original container and label, with instructions and possible side effects included

- The child should not come to the setting without having the first dose of medication at home in case of any adverse reaction
- Parent / guardian must provide written permission before any medication is administered
- Trelawnyd Little Learners checks that any medication given conforms to the provision's insurance policy requirements
- All adults know who is responsible for administering medication at any time
- Before administering medication, the member of staff giving the medication should first confirm the amount being given matches the dose required by another member of staff
- Where technical or medical knowledge is required for specific medication to be administered to a child, Trelawnyd Little Learners may arrange for a nominated person to be trained by a qualified health professional prior to the admission of the child, and update the training as needed (in agreement with parent / guardian)
- Medication is stored at the correct temperature, temperature is checked, and records kept
- Medication is returned to the parent / guardian at the end of every session
- Medication is ALWAYS inaccessible to children and kept in a locked cabinet or on a high shelf out of reach
- Medication that is found to be out-of-date is not to be administered
- Written information about last dose administered is obtained from the parent / guardian
- Medication is only administered by a trained adult
- The time and dosage of medicine given, including if it was a full or partial dose if a child spits it out or loses some through dribbling, is recorded and witnessed by another member of staff
- The parent / guardian is required to sign the record of administration of medication on the same day of collection
- Records of medications are stored in line with the privacy and confidentiality policy and retained in line with the regulatory and insurance company requirements
- If a contagious infection is identified in the setting, parents / guardians will be informed to enable them to spot the early signs of illness. All equipment and resources that may have come in contact with a contagious child will be cleaned thoroughly to reduce the spread of infection
- Children who become ill and require a course of antibiotics are not able to return to the setting until 24 hours of the course have passed, with at least two doses administered at home first
- The setting has the right to refuse admissions to a child who is unwell. This decision will be taken by the manager / person in charge and is non-negotiable
- To avoid the spread of head lice, parents are encouraged to regularly check their children's hair. If head lice are discovered, all parents will be informed

and information will be passed on while still maintaining the child's dignity and privacy
- Staff to always wear / use personal protective equipment in line with guidance in the All Wales Guidance for Infection Prevention and Control for Childcare Settings (0-5 Years)

Asthma Policy and Procedure

It is the policy of Trelawnyd Little Learners to promote an effective partnership between all concerned to promote the safety, welfare and best interests of any child with asthma in our care.

We do this by:
- Encouraging and supporting children with asthma to participate fully in activities
- Ensuring children have immediate access to their reliever inhalers
- Providing guidance for staff on what to do if a child has an asthma attack and ensuring the child's welfare in the event of an emergency

This includes:
- Access to appropriate asthma training for staff as needed
- Staff recognising when a child's asthma symptoms worsen
- Ensuring that parents / guardians of children who develop asthma after they have started at Trelawnyd Little Learners are informed about this policy and given a copy

When a child with asthma attends the setting, we discuss their needs with their parents/guardians

This includes:
- Discussing the level or degree of the child's condition
- Establishing how we can recognise when symptoms get worse and any triggers that the child is known to be sensitive to
- Ensuring the child has immediate access to their reliever inhaler as prescribed, keeping it in an easily accessible place and making sure all relevant people (especially the child if age and developmentally appropriate) know where to find it
- Ensuring that written records are kept clearly detailing information about what medication is to be taken, when and how often
- Informing parents / guardians that the inhaler must be prescribed for the child, labelled clearly with the child's full name
- Informing parents / guardians that the inhaler must not have passed its expiry date

- Informing parents / guardians that a record is kept each time a child uses their inhaler
- Informing parents / guardians that any medication left in the setting must be checked regularly and that they will be informed when replacements are needed
- Asking parents / guardians to bring a spare inhaler to be kept at the setting in case of emergency
- Keeping and using emergency contact details for parent / guardian / other approved emergency adult, but in the case of an emergency dial 999 in line with our registration form and emergency services procedure
- Making sure the person collecting the child is informed if the child has had to take their medicines and to sign the form (in line with our medication policy)
- Making sure that inhalers are always taken out on trips (in line with our outings policy)
- Parents / guardians are also referred to our admissions and equality and inclusions policies and procedures

Long term / Ongoing Medical Conditions

It is the policy of Trelawnyd Little Learners to promote an effective partnership between all concerned to promote the safety, welfare and best interests of any child with an ongoing medical condition in our care.

We do this by operating the following procedure:

- Discussing each child's individual needs with their parents guardians and agreeing how we can best support the child while in our care
- Encouraging and supporting all children to participate fully in activities
- Ensuring children have immediate access to any self administered medication (if appropriate to their age and developmental stage) and making sure all relevant people, especially the child, know where to find it
- Providing guidance, and where needed, training for staff which best supports the child while in the setting and ensures the child's welfare in the event of an emergency
- Any training to administer specific medication will be delivered by the appropriate health professional
- Ensuring that written records are kept clearly detailing information of what medicine is to be taken when and how often
- Informing parents / guardians that any on-going medication prescribed for their child must be labelled clearly with their full name
- Informing parents / guardians that medication must not have passed its expiry date
- Informing parents / guardians that a record is kept each time the medication is used

- Informing parents / guardians that any on-going medication left in the setting must be checked regularly and that they will be informed when replacements are needed
- Making sure any on-going medications are taken on trips (in line with our outings policy)

Illness Exclusion Periods

If a child or member of staff becomes ill outside of operational hours, they should notify the setting as soon as possible. The minimum exclusion periods outlined below will then come into operation.

Illness exclusion required - this list is not exhaustive. Please contact health professionals if in any doubt:

Illness and Infections	**Length of time an Individual is to be kept away from setting (Exclusion Period)**	**Do Childhood Settings Including Nurseries/ Schools Need to Notify Public Health Wales? (AWARe)**	**Advice and Next Actions**	**Comments**
Unexplained rashes should be considered infectious until health advice is obtained from a clinician. NHS 111 Wales - Health A-Z : Skin rashes in babies and children				
Athlete's Foot	**None**	**No**	· Do not allow people who have the infection to share socks, shoes, towels, or bathmats with others. · Parents/guardians should seek advice from their local pharmacists.	Athletes' Foot is not a serious condition, but treatment is recommended.

Chickenpox	**YES,** 5 days from onset of rash **AND** until all vesicles (blisters) have crusted over, (dried up).	**Yes, BUT ONLY** if Chickenpox and/or influenza are circulating at same time and same setting, (e.g., Classroom, Nursery) as Scarlet Fever.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. This includes toys, non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped. · Encourage good "Cough etiquette" – Catch it, Bin it Kill it message.	Infectious for 2 days before onset of rash. *SEE: Vulnerable Individuals and Pregnancy (below).* PHW will initially advise on management of the incident **ONLY IF** Chickenpox and/or Influenza are circulating at same time and same setting, (e.g., within the same classroom, and withing the same Nursery) as scarlet Fever.
Cold Sores **(Herpes Simplex)**	**None**	**No**	· Contact local pharmacist if not improving. · Avoid kissing and contact with the sores. · Avoid the use of cups/utensils which may be shared in setting.	Cold Sores are generally mild and self-limiting.

German Measles **(Rubella)***	**YES,** exclusion for five days from onset of rash. (1st day of rash is classed as day 0)	**Yes,** if child attends within 7 days of being diagnosed with Rubella. Notification normally received from GP or Clinician to AWARe, (Public Health Team).	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. This includes toys, non-washable items, for example soft toys must be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped. · Encourage good "Cough etiquette" – Catch it, Bin it Kill it message.	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses). Pregnant staff should seek prompt advice from their GP or Midwife. Encourage all staff to find out their MMR status- if unsure, advise them to contact their GP to discuss.
Hand, Foot and Mouth (Coxsackie Viral Infection)	**None**	**No**	· The virus can remain in the faeces for a few weeks after the initial infection. · Encourage individuals to implement good hand hygiene practices, particularly in those staff who carry out nappy changing or assist with toileting in individuals with symptoms.	Not to be confused with Foot and Mouth disease in animals. Not a known risk in pregnancy but any pregnant staff should discuss with their Midwife or GP.

Impetigo	**YES,** exclusion until affected areas are crusted and healed, or 48 hours after commencing antibiotic treatment.	**No**	· Encourage individuals to maintain good hand hygiene. · Discourage children, young people and staff touching or scratching the sores, or letting others touch them. · Do not allow towels, flannels, toothbrushes and eating and drinking utensils to be shared by others. · Ensure that equipment, including toys and play equipment are thoroughly cleaned daily. · Non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively.	Antibiotic treatment speeds up healing and reduces the infectious period.

Measles*	**YES,** four days from onset of rash. (1st day of rash is classed as day 0).	**YES,** if child attends within 4 days of being diagnosed with Measles. Notification normally received from GP or Clinician to AWARe, (Public Health Wales).	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. This includes toys, non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped. · Encourage good "Cough etiquette" – Catch it, Bin it Kill it message. · If able discuss with parents'/guardians' vaccination if individual is unvaccinated.	Preventable by vaccination and covered by the routine immunisation schedule (MMR x 2 doses is the recommended. Schedule in the UK). Pregnant individuals should contact their Midwife or GP as soon as possible to assess their immunity. Encourage all staff to find out their MMR status if unsure advise them to contact their GP to discuss.
Molluscum Contagiosum	**None**	**No**	· Should seek advice of Pharmacist or GP. · Normal hand hygiene and personal hygiene should be maintained.	A self-limiting condition that may continue for up to 18 months.
Ringworm	**YES**, until treatment has been commenced.	**No**	· Good hand hygiene. · Continue with high level of individual hygiene. · If on individuals' feet, ensure feet are covered. · Ensure environmental cleaning is carried out daily. · Refer to GP	Keep area affected covered. Treatment is recommended

Scabies	**YES,** affected individual can return 24 after first treatment.	Only notify HPT if more than two cases in the setting, (same classroom and similar time frame).	· Affected cases should seek advice and treatment from either GP or local pharmacist. · Household contacts of the case do not need to be excluded but will need to be treated at the same time as the affected individual. · Do not share towels or flannels during the treatment phase. · Ensure good hand hygiene maintained. · Consider a deep clean of soft furnishings/soft toys and dressing up equipment if multiple cases in same setting. (Deep clean should be timed after 1st treatment- also include laundry. Bed linen / blankets / towels etc – wash 60 degrees).	Household and close contacts require concurrent treatment

Scarlet Fever*	**YES,** individuals can return after full 24 hours of appropriate antibiotics, if not treated with antibiotics the individual should not return until symptoms have resolved.	**YES, only if** there are 2 or more confirmed cases in a classroom setting, within 10 days of each other. Please consult with the Health Protection Team if Flu and/or Chickenpox is circulating at same time as Scarlet Fever in the setting, or if an individual has attended or been hospitalised.	· Each single case of Scarlet Fever should be notified to PHW via the GP or Clinician assessing the individual. · Encourage good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. This includes toys, non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water maybe temporary stopped. · Encourage good “Cough etiquette” – Catch it, Bin it Kill it message. · Discourage play with items/toys that are unable to be cleaned effectively.	Antibiotic treatment recommended for the affected individual. Please consult with Health Protection Team if Flu and/or Chickenpox circulating at same time and the same setting as Scarlet Fever or if you are aware a child has attended or been hospitalised due to Scarlet Fever.

Streptococcal A (also known as Strep Throat) See also Tonsillitis	**YES,** individual can return after full 24 hours of appropriate antibiotics.	**No,** not unless there are several cases, any hospitalised individuals or cocirculating Chickenpox and or Influenza, (Flu)	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. This includes toys, non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water Should be temporary stopped. · Encourage good “Cough etiquette” – Catch it, Bin it Kill it message.	Some Pharmacists will offer point of care throat swabbing to test for Streptococcus Group A.
Slapped Cheek/Fifth Disease/Parvovirus B19	**None**	**No**	· Any pregnant, (especially under 20 weeks gestation), or any immunocompromised individuals need to seek clinical advice either from their GP, Midwife, or their Consultant Specialist.	Once rash has appeared the individual is no longer infectious, (cannot pass the virus on to other). Pregnant individuals should contact their Midwife or GP as soon as possible.

Shingles, (this infection is caused by the same virus as Chickenpox, this virus can remain in the body and sometimes is reactivated, and this is known as Shingles).	Individual only to be kept away from setting if rash is weeping and cannot be covered.	**No** but need to notify PHW if cocirculating Scarlet Fever, Flu or Chickenpox.	· If the child is attending School/Nurseries ensure all dressings are clean, dry and intact. · If not contact parents/guardians to discuss collecting the child.	Can cause chickenpox in those who are not immune i.e., have not had chickenpox. It is spread by contact with the vascular fluid from blisters). Pregnant individuals should contact their Midwife or GP as soon as possible.
Warts and Verrucae	**None**	**No**	· Verrucae should be covered in swimming pools, gymnasiums and changing rooms.	Treatment can be sourced at the local Pharmacist or GP Practice.
			Diarrhoea and vomiting illness	
Clostridioides Difficile (formerly known as Clostridium Difficile/C.diff)	**YES,** recommended to stay away from setting 48 hours from last episode of diarrhoea.	Any concerns contact Health Protection Team who will assess the incident.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning especially toilets and nappy changing areas. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped.	If there are two or more cases in a setting, please seek advice from the Health Protection Team.

			· It is recommended that a bleach-based product is used in accordance with manufacturers guidelines.	
Cryptosporidiosis	**YES,** recommended to stay away from setting 48 hours from last episode of diarrhoea.	Notification normally received from GP or Clinician to PHW but will be followed up by the Local Environmental Team.	· Good hand hygiene. · Increased touch point cleaning · Affected individuals should not swim for two weeks after the last episode of diarrhoea. · If attending petting farms and or feeding animals, ensure individuals perform appropriate hand hygiene immediately after contact with animals or surfaces. · Enhanced environmental cleaning especially toilets and nappy changing areas and high touch contact areas. This includes toys, non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped.	Use gloves and apron when handling blood or bodily fluids such as vomit or diarrhoea. Ensure correct storage of soiled clothing (separate from clean coats clothing etc) Ensure correct disposal of soiled nappies.

Diarrhoea and/or vomiting	**YES,** 48 hours from last episode of diarrhoea or vomiting.	**Yes, only If** there are two or more cases in a similar setting, please inform the Health Protection Team/Environmental Health Officer	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning, paying particular attention to toilet and kitchen areas. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped.	Use gloves and apron when handling blood or bodily fluids such as vomit or diarrhoea. Ensure correct disposable of soiled nappies. If a particular cause of the diarrhoea and vomiting is identified, there may be additional exclusion advice, for example E coli STEC and Hep A which will be followed up by the Local Health Environment Department

E. coli* O157 STEC **Typhoid [and Paratyphoid] (Enteric Fever) * Shigella* (Dysentery)**	**YES,** keep away from the setting for 48 hours from the last episode of diarrhoea as a **minimum**. Some individuals may need to be kept away from the setting until they are no longer excreting the bacteria in their faeces. Microbiological clearance may be required. Always consult with your local Environmental Health Officer/Health Protection Team.	**YES,** but Notification normally received from GP or Clinician. Will be followed up by the Local Environmental Health Team.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning, paying particular attention to toilet and kitchen areas. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped. · Use gloves and apron when handling blood or bodily fluids such as vomit or diarrhoea. · Ensure correct disposable of soiled nappies.	Individuals aged 5 years or younger, those who have difficulty in maintaining good personal hygiene, food handlers and care staff need to be kept away from the setting until there is proof that they are not carrying the bacteria (microbiological clearance). Your local Environmental Health Officer and Health Protection Team will give advice in all cases. Microbiological clearance may also be required for those in close contact with a case of disease. The Environmental Health Officer/Health Protection Team can provide advice if required.

Acute Respiratory Illness e.g., COVID-19 (Coronavirus-19) * (Please also see influenza)	Please follow current Welsh Government Guidance on Self-Isolation: Guidance for people with symptoms of a respiratory infection, including COVID-19 | GOV.WALES **or** What are the latest rules around COVID-19 in schools, colleges, nurseries and other education settings? - The Education Hub (blog.gov.uk) if you become symptomatic (high temperature ≥ 37.8^{0}C; new continuous cough; or loss of/change in sense of smell or taste), if you are asymptomatic.	**No**, but see comments.	· Individuals should not attend if they have a high temperature and are unwell. · Individuals who have respiratory symptoms should not attend the setting until well or at least 48 hours fever clear. However, Individuals who have tested positive for **COVID** should follow the local guidance. · Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. · Encourage good "Cough etiquette" – Catch it, Bin it Kill it message.	Individuals with mild symptoms such as runny nose, and headache who are otherwise well can continue to attend their setting. Contact PHW if there are higher than previously experienced and/or rapidly increasing number of staff or student absences due to acute respiratory. Evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital.

Flu (Influenza)	**YES,** 5 days after onset of symptoms. Can return when no longer symptomatic. Cases who are unwell and have a high temperature should stay at home and avoid contact with others, where they can. They can return to childcare, education environments when they no longer have a high temperature for 48 hours, and they are well enough to attend.	**YES, only if** Flu and/or Chickenpox circulating at same time as Scarlet Fever in setting.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water maybe temporary stopped. · Encourage good “Cough etiquette” – Catch it, Bin it Kill it message.	Encourage those who are eligible for the Flu vaccine to have.
Tuberculosis*	Always consult the Health Protection Team. Exclusion is only recommende d for infective, (active), Tuberculosis.	**YES,** but notification normally received from GP or Clinician.	Support individuals with infectious TB to return to their setting or normal activities in line with clinical advice. This is normally after 2 weeks of effective antibiotic treatment prescribed by specialist TB services, and if they are well enough.	Requires prolonged close contact for spread Only pulmonary (lung) TB is infectious to others, needs close, prolonged contact to spread. Siblings of confirmed infectious TB do not need to be excluded from settings, unless advised by TB specialist.

Whooping Cough (pertussis)*	**YES,** 48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment.	**YES,** but notification normally received from GP or Clinician.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Discourage play with items/toys that are unable to be cleaned effectively. · Play with sand or water should be temporary stopped. · Encourage good "Cough etiquette" – Catch it, Bin it Kill it message. · If able, discuss with parents'/guardians' vaccination if individual is unvaccinated.	Preventable by vaccination and covered by the UK routine immunisation schedule. After treatment, non-infectious coughing may continue for many weeks. Advise individuals, parents or carer to seek advice from their General Practitioner if they fall into high-risk categories, such as immunosuppressed, pregnant individuals, or unvaccinated persons.
Conjunctivitis	**No**	**No**	· Advise individuals, parents, or carers to seek advice from their local Pharmacist. · Encourage the individual not to rub their eyes and to wash their hands frequently. · Advise the affected individual to avoid sharing towels, flannels and pillows.	Advise individuals, parents, or carers to seek advice from their local Pharmacist or GP.

Diphtheria*	**YES,** must not attend setting. Always consult the Health Protection Team.	**YES,** but notification normally received from GP or Clinician.	The Health Protection Team will consider the risk of any contact the individual has had with others if necessary.	Preventable by vaccination and covered by the UK Routine Immunisation Schedule. Family contacts must be kept away from setting until cleared to return by the Health Protection Team.
Eye and Ear Infections	**None**	**No**	· Advise individuals, parents, or carers to seek advice from their local Pharmacist. · Encourage the individual not to rub their eyes or ears and to wash their hands frequently. · Advise the affected individual to avoid sharing towels, flannels, and pillows.	As both viruses and bacteria can cause eye and ear infections, not all will require antibiotic treatment.
Glandular Fever	**None**	**No**	· Encourage individuals to implement good hand hygiene and respiratory hygiene practices. · The virus is found in the saliva of infected people and can be spread by direct contact with saliva such as kissing, being exposed to coughs and sneezes, and sharing of eating and drinking utensils. · It can also be spread by indirect contact via contaminated objects if hands are not washed adequately.	Infectious for up to 7 weeks before symptoms start. Glandular fever can cause spleen swelling so avoid sports or activities that might increase risk of falling and damaging spleen.

Head Lice	**None**	**No**	· Encourage parents or carers to give regular head checks and provide good hair care to help identify and treat head lice early.	Treatment is recommended only in cases where live lice have been seen. Please visit your local Pharmacist for advice and treatment.
Hepatitis A*	**YES,** individual should be kept away from the setting until seven days after onset of jaundice (or seven days after symptom onset if no jaundice). 1st day of jaundice is classed as day 0	**YES,** but notification normally received from GP or Clinician.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning particularly toilet areas. · Gloves and apron should be worn when changing soiled nappies. · Soiled nappies should be stored away from clean cloths and areas until disposed of correctly. · Toys should be wiped down and non-washable items, for example soft toys should be wiped or washed with a detergent using warm water and dried thoroughly. · Play with sand or water should be temporary stopped.	If there are two or more cases in a setting the Health Protection Team will advise on the control measure which maybe could include vaccinations. Educate young people on safe sex to protect them from hepatitis infection (and other sexually transmitted infections) through sexual contact. A lesson plan is available to support.

Hepatitis B*, C*, HIV	**None**	Notification normally received from GP or Clinician.	Where there has been blood spillage, nosebleed, bleeding cut or any blood contamination, please follow the below guidelines · Ensure correct personal protective equipment is worn. · Good hand hygiene. · Correct disposal of blood-stained items used. · Ensure blood-stained clothing is stored separately and parents' guardians are advised to wash separately at high temperature as soon as possible. · There should be no sharing of toothbrushes or shavers/razors. · Clean the area with the appropriate cleaner/disinfectant	Hepatitis B and C and HIV are blood borne viruses that are not infectious through normal social contact.
Meningococcal Meningitis/Septicaemia*	**YES,** until they have received the appropriate antibiotic treatment. Always consult the Health Protection Team.	**YES,** but notification normally received from GP or Clinician.	· Exclude the infected individual until they have been treated with antibiotics and are well enough to resume normal activities. · Do not exclude household and close contacts unless they have symptoms suggestive of meningococcal infection. · Discuss vaccination with parents'/guardians if individual is unvaccinated.	Several types of meningococcal disease are preventable by vaccination. PHW will contact individual settings if further actions are required.

Haemophilus Influenzae Type B (Hib) Meningitis/Septicaemia*	**YES,** until they have received the appropriate antibiotic treatment. Always consult the Health Protection Team.	**YES,** but notification normally received from GP or Clinician.	· There is no effective medication for the treatment of viral meningitis, but symptoms are usually much milder.	Haemophilus Influenzae Type B (Hib) is preventable by vaccination and is part of the UK Routine Childhood Immunization Schedule. There is no reason to keep siblings or other close contacts of the affected individual from attending settings. If two or more cases within 4 weeks, contact the Health Protection Team.
Meningitis viral*	**No**	**YES,** but notification normally received from GP or Clinician.	· No enhanced cleaning required only continue with routine clean schedules. · Good hand hygiene	Milder illness. There is no need for the Health Protection Team to identify people the individual has been in contact with. There is no reason to exclude siblings and other close contacts of the affected individual from settings.
Methicillin Resistant Staphylococcus Aureus (MRSA)	**None**	Notification normally received from GP or Clinician.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. · Wounds should be covered.	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise spread.

Mumps*	**YES**, five days after onset of jaw/neck swelling.	**YES,** but notification normally received from GP or Clinician.	· Good hand hygiene. · Increased touch point cleaning. · Enhanced environmental cleaning. · Encourage good “Cough etiquette” – Catch it, Bin it Kill it message. · Discuss vaccination with parents’/guardians if individual is unvaccinated.	Preventable by vaccination and covered by the Routine Immunisation Schedule (MMR x 2 doses). All children and staff should be encouraged to be vaccinated See Vulnerable Staff.
Threadworms	**None**	**No**	· Pharmacies can advise on treatment. · Re-infection is common and infectious eggs are also spread to others directly on fingers or indirectly on bedding, clothing and environmental dust. · Regular hand washing, laundry and regular cleaning can help reduce the risk of infection and re-infection. · Transmission is uncommon in education or childcare settings. · Fingernails should be kept short.	Treatment is recommended for the child and household contacts – should contact their pharmacist or GP

Tonsillitis	**None usually**. If tonsillitis caused by *Group A Streptococcus* (sometimes referred to as '*Strep throat'*), individual can return 24 hours after commencing appropriate antibiotic treatment.	**No**	. For prolonged sore throats please contact your local Pharmacy who may have a point of care test to identify Group A strep infection, which then can be treated.	There are many causes for Tonsillitis, but most are due to viruses and therefore do not require antibiotics. Antibiotic treatment recommended for the affected individual if Tonsillitis caused by *Group A Streptococcus* ('Strep A').

Vulnerable Individuals

Some medical conditions make people vulnerable to infections that would rarely be serious in most people. These include those being treated for leukaemia or other cancers, on high doses of steroids and with other conditions that seriously reduce immunity.

Pregnancy

If a woman develops a rash during pregnancy or is in direct contact with someone with a rash or an infection, they should ask their GP/Midwife if they need any relevant investigations e.g., blood test. The greatest risk during pregnancy from infections comes from their own child/children, rather than the workplace.

Immunisation

All individuals are encouraged to ensure they have received all the vaccines that are offered in the UK schedule. If anyone is uncertain which vaccines, they have received they should contact their GP surgery. For further information about the immunisation schedule please visit the vaccination section in NHS 111 Wales - Vaccinations

Information from:
https://phw.nhs.wales/services-and-teams/aware-health-protection-team/guidance-for-childcare-preschool-and-educational-settings/exclusion-period-for-common-infections-including-a-z-of-common-infections-and-next-steps-v7-2024/

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