

# Lawnswood Childcare Ltd

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35 Years of Caring for Children

## *Parents Guide to Childhood Illnesses*

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## **Measles**

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It is an infectious childhood disease caused by a virus, which has become less common since routine immunisation was introduced. It is very contagious.

### **Possible signs and symptoms**

The first indication of measles is usually symptoms similar to those of a common cold with a fever that becomes increasingly higher, small white spots inside the mouth, on the lining of the cheeks (Koplik's spots). A rash appears around the third or fourth day of this feverish illness. Spots are red and slightly raised and may become blotchy. They initially start behind the ears and then gradually cover the face and torso. The rash is NOT itchy. The child may also experience red and sore eyes with an intolerance of bright light. A dry cough may develop.

### **Incubation period**

7 – 14 days

### **Infectious period**

A few days prior to the rash appearing until 5 days after.

### **Exclusion period required by Lawnswood Nursery**

5 days from onset of rash.

### **Treatment**

Contact your doctor. Give rest and plenty to drink, warm drinks will ease the cough. Paracetamol will ease discomfort and lower the temperature. Vaseline around the lips protects the skin. Bathe eyelids with warm water.

## **Hand, Foot and Mouth Disease**

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This is an acute, self – limiting viral disease caused by Coxsackie virus A16 or A10. This virus is not the same as the one that causes foot and mouth disease in animals.

### **Possible signs and symptoms**

Small grey blister like lesions appear inside the mouth and throat and may also occur on the palms, fingers and the soles of the feet. The child may have difficulty swallowing and have a slight fever.

### **Incubation period**

Between 2 – 5 days

### **Infectious period**

Throughout the acute stages of the illness (normally no longer than 7 days) possibly longer since the virus persists in faeces for several weeks.

### **Exclusion period required by Lawnswood Nursery**

Providing the child is well, there is no exclusion period.

### **Treatment**

As with most diseases causing a fever, it is important to make sure the child gets plenty to drink. If the ulcers in the mouth are severe it may help to mash your child's food. The blisters in the mouth usually clear within 4 days. Those on the body usually last 7 – 10 days. A child who has a temperature should be kept cool.

## **Chickenpox**

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A highly infectious virus, known as varicella zoster causes chickenpox. It is spread by respiratory droplets (expelled during coughing, sneezing and talking) or by contact with fluid from the blisters.

### **Possible signs and symptoms**

An infected child may begin feeling unwell with cold symptoms and a fever. Spots are red and become fluid filled blisters within a day or so. The blisters appear in new batches every 3 to 4 days, usually starting on the trunk, then spreading to the face, arms and legs that will eventually dry into scabs. The blisters can cause intense itchiness.

### **Incubation period**

Between 10 – 20 days

### **Infectious period**

From 4 days before the rash appears until 5 days after the appearance of the first crop of spots when the spots have dried up.

### **Exclusion required by Lawnswood Nursery**

Until 5 days after the rash appears. All spots must have dried up.

### **Treatment**

Baths (add a handful of bicarbonate of soda), loose clothing and calamine lotion can help to ease the itchiness. Give plenty to drink. Paracetamol can be given to help bring down a temperature. Try and discourage your child from scratching as it could lead to infection or scarring.

### **IMPORTANT**

Pregnant women exposed to chickenpox should seek medical advice especially if they are in the first 20 weeks of pregnancy or in the last 3 weeks prior to the due date.

## Conjunctivitis

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Conjunctivitis is inflammation of the conjunctiva. It is the most common infectious disease of the eye that affects children.

Conjunctivitis is either infectious (caused by bacteria or viruses), allergic (caused by an allergic reaction), irritant (caused by something in the eye), or chemical (caused by a chemical substance).

### **Possible signs and symptoms**

Weepy, red eyes, which feel sore or itchy; there may be intolerance to bright lights. A sticky yellow discharge will be present that may cause the eyelashes to stick together after a night's sleep.

### **Incubation period**

- Bacterial conjunctivitis – a few days
- Viral conjunctivitis – can be up to 7 days

### **Infectious period**

Bacterial conjunctivitis – as soon as symptoms appear, for as long as there is a discharge from the eye until medical treatment begins.

### **Exclusion required by Lawnswood Nursery**

Nursery will only conduct exclusion in two circumstances

- 1) Due to outbreak in order to stem the spread of further infection.
- 2) If conjunctivitis is found during your child's session, you will be required to collect your child in order to seek medical advice.

Aside from the above, there is no exclusion once medical advice has been sought.

The Nursery requires written confirmation from the Doctor if no medication is prescribed (indicating a viral form of conjunctivitis) and the Doctor is happy for the child to attend Nursery

## **Treatment**

If your child is suffering from viral conjunctivitis- Bathe each eye carefully with warm, previously boiled salt water using a new cotton wool ball for each eye, taking extreme care to ensure you wipe once only from the inner corner of the eye outwards.

If the irritation is caused by an allergy - such as 'hayfever', anti inflammatory eye drops or antihistamine medication will be prescribed.

If your child has a bacterial infection that is causing conjunctivitis, prescription eye drops or ointment will be prescribed. Your child must be sent with these in order to attend their sessions after diagnosis.

## **Notes**

Prevent spread of infection by avoiding using the same towels as those infected. Avoid touching the infected areas and wash your hands regularly after contact, especially after administering treatments.

## **Impetigo**

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Impetigo is a bacterial skin infection. It is caused by common skin organisms, which are carried in the nose and on the skin. A child may be more likely to develop impetigo if the skin has already been irritated or injured or by other skin problems, such as eczema, insect bites or skin allergy.

### **Possible signs and symptoms**

Impetigo may affect skin anywhere on the body but commonly occurs around the nose and mouth. It is characterised by blisters that may burst, ooze fluid and harden to form a honey –coloured crust. Impetigo may itch, but scratching can spread it. The infection usually spreads along the edges of the affected area, but may also spread to other parts of the body.

### **Infectious period**

Impetigo is infectious until the blisters have healed.

### **Exclusion period required by Lawnswood Nursery**

Until blisters have healed.

### **Treatment**

Contact your doctor. Antibiotic cream, which should clear up the impetigo within 5 days, may be prescribed. An oral antibiotic may also be prescribed to eradicate the infection from your child's body. A nasal cream may prevent the infection being spread from there. You must be meticulous about hygiene. Wash your hands before and after administering the treatment, and encourage your child to keep his hands away from his face. Fingernails should be kept short to reduce the risk of the infection spreading to other parts of the body.

## **Acute Otitis Media (Ear infection)**

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It is an infection of the middle ear. The infection causes fluid to build up in the middle ear, producing earache and sometimes deafness. It is a common childhood ailment.

### **Possible signs and symptoms**

Older children will often complain about ear pain, ear fullness or hearing loss. Younger children may demonstrate irritability, rubbing and pulling of ear, fussiness, difficulty in sleeping, feeding or hearing.

Generalised symptoms for any age include a fever, discharge from the ear, inflammation of the tonsils, pain when the ear is touched and swollen glands.

### **Incubation period**

This can be variable, but usually otitis media is preceded by 4 to 7 days of upper respiratory tract infection.

### **Infectious period**

Acute Otitis Media is not contagious, although the upper respiratory tract infection that may precede it could be.

### **Exclusion period required by Lawnswood Nursery**

Providing the child is well, there is no exclusion period.

### **Treatment**

Keep your child comfortable and cool. If the pain in the ear is severe, a well wrapped hot water bottle placed against it may relieve the pain. Paracetamol will help to relieve earache and temperature. Consult the doctor. Antibiotic treatment for a week to 10 days will be prescribed.

## Diarrhoea

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Diarrhoea is the frequent passage of loose, watery stools. It is a sign of an irritation of the intestines in which the intestines contract more than normal, hurrying food along. There are many causes but sudden diarrhoea in children is usually caused by infections due to viruses, bacteria such as Salmonella, Campylobacter and Shigella and certain parasites such as Giardia.

### **Accompanying symptoms and common causes**

Your child has no symptoms except looser stools than normal, and seems perfectly well and contented in himself ->

He has possibly eaten too much of a food high in dietary fibre (such as prunes). Unless the stools are very watery or frequent, this is not true diarrhoea and you have no need to worry.

Your child has a sudden attack of diarrhoea and vomiting, with a slight fever ->

He possibly has 'gastric' flu or a bowel infection such as 'food poisoning'

Your child has no symptoms other than the diarrhoea, but he is anxious about something: for example, school.->

Stress can cause bouts of diarrhoea in older children. If this happens often, consult your doctor.

Your child has other symptoms, such as a cough, for example, for which your doctor has already given him medicine->

Many medicines cause diarrhoea. Tell your doctor but don't stop giving the medicine.

Your child has abdominal pain around his navel and to the lower right side of his groin->

Consult your doctor immediately. Your child may have appendicitis

Your baby has severe abdominal cramps, is vomiting and his bowel motions are filled with blood and mucus resembling redcurrant jelly->

Consult your doctor immediately. Your baby may have a bowel blockage known as Intussusception.

### **Incubation period**

The incubation period depends on the germ involved and can be from 1 hour to several days but is usually between 12 and 48 hours.

### **Exclusion period required by Lawnswood Nursery**

The child can return to nursery 48 hours after symptoms have ceased.

### **Treatment**

Contact your doctor who will be able to advise you on treatment depending on your child's age, condition and for the length of time they have had the diarrhoea.

## **Vomiting**

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Infection is the most common cause of vomiting in children, and is often accompanied by diarrhoea and abdominal pains. Sudden uncontrolled vomiting may indicate a viral infection.

### **Accompanying symptoms and common causes**

Your baby often brings up a little milk during or after a feed, but seems contented, feeds well and is gaining weight->

This regurgitation of a little milk – possetting – is normal and harmless.

Your baby has a runny or blocked nose, snuffly breathing or a cough->

A common cold can make your baby vomit if he swallows a lot of the mucus it produces. A cough may also make him vomit.

Your bottle-fed or weaned baby, or child, seems unwell and has passed frequent, watery stools->

Consult your doctor. Your baby may have Gastro-enteritis. An older child may have food poisoning.

When travelling, your child seems pale and quiet and complains of nausea->

Travel sickness is the most likely cause.

### **Infectious period**

Until 48 hours after the symptoms have ceased.

### **Exclusion period required by Lawnswood Nursery**

Until 48 hours after the symptoms have ceased.

### **Treatment**

Speak to the doctor who can diagnose the cause of the vomiting who then treat your child accordingly. He will also make sure that there is no danger of dehydration

## **Influenza (Flu)**

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### **Introduction**

There are three types of influenza virus, which cause a variety of symptoms. Influenza infections occur during the winter months, often in epidemics. The spread is often rapid with widespread absenteeism from schools and nurseries. Children at additional risk from influenza include those with medical conditions including moderate to severe asthma.

### **Accompanying symptoms and common causes**

Fever, headache, muscle pains and chills are prominent at the beginning of the illness. Respiratory symptoms, including a cough that becomes more pronounced from the third day and lasts for 3 – 4 days though the cough may persist for a further 1 – 2 weeks. Young children typically have milder disease though the fever may be higher. There may be croup and bronchitis. Muscle pain and headache are usually seen in older children and adults. Up to 25% of children may also have nausea, vomiting or diarrhoea.

### **Infectious and incubation periods**

The incubation period is 1 – 3 days. The infectious period is 24 hours prior to the onset of symptoms until 5 – 10 days after the first symptoms.

### **Exclusion period required by Lawnswood nursery**

A senior member of staff must be satisfied that the child is well enough to return to nursery.

## **Treatment**

There is no specific treatment. Children should stay home and rest while unwell. Plenty of liquids to drink and paracetamol for fever are recommended.

# Streptococcal Tonsillitis

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## Introduction

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci account for 25 – 30% of cases. There is acute inflammation extending over the pharynx or tonsils. The illness varies in severity. In severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes. Certain types of Streptococcus bacteria produce a toxin, which causes scarlet fever in susceptible people.

## Accompanying symptoms and common causes

The tonsil may be a deep red colour and partially covered in a thick yellowish coating.

In scarlet fever a rash develops on the first day of the fever. It is red, generalised pinhead in size and gives the skin a sand paper like texture. The area around the mouth is often spared. The tongue has a strawberry appearance. The fever lasts for 24 – 48 hours. Scarlet fever is usually a mild illness but is occasionally complicated by ear infections, rheumatic fever, which affects heart and kidney problems.

Differentiation of streptococcal tonsillitis from viral sore throat can only be made with certainty by laboratory examination of a throat swab.

Spread is through inhaling or ingesting respiratory droplets or by direct contact with nose and throat discharges especially during sneezing and coughing. Spread is also possible by contact with contaminated hands or objects and contaminated food or milk.

## **Infectious and incubation periods**

The incubation period is 1 – 4 days. A person is no longer infectious after about 5 days of antibiotic treatment but if untreated the bacteria may linger in the throat for several weeks.

## **Exclusion period required by Lawnswood Nursery**

Children can return to nursery 5 days after starting antibiotics, if well enough to do so.

## **Treatment**

Antibiotics should be started promptly and personal hygiene should be emphasised. The nose and mouth should be covered when coughing and sneezing. Care should be taken with items soiled with discharges. Personal items should not be shared.

## **References used**

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Baby and child healthcare by Dr Miriam Stoppard

'Keep it clean and healthy' booklet

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[www.kidshealth.org](http://www.kidshealth.org)

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