



## What to do if an illness is reported at the crèche

The following sheets detail the steps you need to take if an illness is reported in your child's group at the crèche. Only the most common illnesses are included here.

Each sheet provides information on:

- the illness concerned;
- any preventive measures that can be taken;
- what to do if your child develops symptoms;
- any removal measures that might be required.

The paediatrician and/or nursing staff may give you further instructions – these must be followed.

Please note that in the event of an infectious illness, enhanced hygiene measures are always put in place at the crèche.

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## **Bronchiolitis (infant, acute)**

Acute bronchiolitis is a contagious viral infection that occurs in infants under 2 years of age. It causes inflammation of the small airways in the lungs (bronchioles) and is characterised by respiratory discomfort, the signs of which are a cough and rapid, wheezy breathing. On average, the acute phase lasts 10 days.

Bronchiolitis is highly contagious, especially within groups. It is also seasonal, typically occurring between October and March.

Three-quarters of cases are caused by respiratory syncytial virus (RSV), although other viruses may result in the same symptoms.

Bronchiolitis is transmitted by coughing and sneezing, or indirectly via hands or toys.

Onset is sudden, marked by shortness of breath and noisy, rapid breathing.

Some children develop a temperature (38.5 °C), or don't want to eat or drink.

If you think your child has one or more of these symptoms, talk to your paediatrician.

If it is bronchiolitis, inform the nursing staff at the crèche and keep your child at home for the first few days.

They can return to the crèche as soon as they're in a fit state to do so and have been temperature-free for at least 24 hours.

## Chickenpox (*varicella*)

Chickenpox is a very common infectious disease resulting in a rash that forms blisters. It is caused by the varicella zoster virus (VZV).

Chickenpox is a highly contagious infant disease. If your child hasn't had it yet, they may well catch it at some point.

With that in mind, we'd like to take this opportunity to pass on some information about chickenpox.

- A chickenpox rash goes through a number of stages from small red dots to small bumps, blisters and pustules, followed by the formation of scabs.
- The incubation period is 14 to 21 days. Chickenpox is contagious from a few days before the rash appears until scabs have formed on all the spots.
- There is a vaccine against chickenpox, which is recommended for children over the age of 12 months. Don't hesitate to talk to your paediatrician about it. The vaccine prevents the disease and can be administered in the three days following contact with an infected person. It has been established that the vaccination does not offer 100% protection (some people still get chickenpox).
- The extent of chickenpox symptoms can vary: some children get very few spots, while others can develop a rash all over their body (including the mouth, conjunctivae, ears, foreskin or vulva); some don't feel any itching at all, while others do. The treatment depends on the symptoms.

There is one very important rule, however: **do not give your child aspirin** (or any other medicine containing acetylsalicylic acid) **or Nurofen**. Give them another fever-reducing medication such as paracetamol instead.

Applying Cytelium to the spots on a regular basis dries them out and soothes itching. If your child has allergies, bear in mind that Cytelium contains oat extract, zinc oxide and magnesium silicate and is not perfumed.

The pustules don't contain bacteria, so there's no need to disinfect them.

It is a good idea to cut your child's nails.

They can return to crèche after one week, provided that scabs have formed on all the spots.

Although mild in young children, chickenpox can be serious in newborns whose mothers have not had chickenpox, and for adults who have not yet had the disease. It is important to avoid contact with unprotected pregnant women and immunocompromised people. If your child develops chickenpox soon after coming into contact with someone in one of the above groups, inform the person concerned straight away so that their doctor can take preventive action.



N.B.: If your child is due to receive a vaccination in the near future, tell your paediatrician if chickenpox has been reported at the crèche. Please let us know if you are having your child vaccinated.

## Conjunctivitis

Conjunctivitis is an inflammation of the conjunctiva (mucous membrane) around the eye that can be viral or bacterial, or caused by an allergy or irritation.

There is reddening of the conjunctivae, and it may be difficult for your child to open their eyes. Their eyelids might stick together or they may feel as if there is grit in their eye.

If there is pus, clean the eye with a compress or some cotton wool (wash your hands first). Clean from the inner edge of the eye towards the outer edge, so as not to infect the lacrimal point (the tiny hole in the corner of the eyelid). Dispose of the soiled cotton or compress straight away, apply some eye ointment (such as Tobrex) and wash your hands again. Do this 3 times a day for at least 5 days.

Your child will only be able to go back to crèche once local antibiotic treatment has begun.

Prescriptions for Tobrex are available from the medical centre.



## **Gastroenteritis**

Gastroenteritis is a digestive tract infection that is very common in children. It is most often caused by a virus.

If your child is grizzly, has a temperature, is vomiting or has diarrhoea, keep them at home and contact your paediatrician.

You can get your child a rehydration solution (ORS, Soparix, Gastrolyte, etc.) at a pharmacy. It's fine to do this even before your appointment with the paediatrician.

If your child is vomiting, you can give them 5ml of rehydration solution every 10 minutes, gradually upping the quantity to 10ml and then 20ml.

If they have diarrhoea, you can give them 20ml of rehydration solution after each liquid stool.

Probiotics can also be effective in helping restore gut flora.

Your child can return to the crèche once they have been at home for a 24-hour period during which they have not vomited and their stools and temperature are back to normal.

## Gastroenteritis (rotavirus)

*This strain of rotavirus is not the same as the one present in the rotavirus vaccine. This means that the vaccine does not protect your child against this particular form of rotavirus.*

Rotavirus gastroenteritis is frequent among young children and can cause diarrhoea, vomiting and a mild fever.

If you can't see any symptoms, you can give your child probiotics for a week, prophylactically. If their stools are normal, giving your child probiotics twice a day can be an effective preventive measure.

If your child does have one of the symptoms and rotavirus has been reported at the crèche, it's important that you let your paediatrician know this. In addition to the probiotics, you can also start giving your child one 250mg Entérol capsule twice a day.

Your child can return to crèche once their stools are back to normal (**stool analysis negative for rotavirus**), they are no longer vomiting and no longer have a temperature.



## **Glandular fever (*mononucleosis*)**

Glandular fever is an illness caused by the Epstein-Barr virus (EBV). It is usually mild and not very contagious.

Symptoms include a temperature, severe fatigue, loss of appetite and swollen glands in the neck and armpits.

Young children often show no symptoms, however.

If your child has symptoms like those described above, consult your paediatrician.

They can come back to crèche as soon as they feel well again.





## **Hand, foot and mouth disease**

Hand, foot and mouth disease is a mild viral infection that is most frequently caused by Coxsackie enteroviruses.

Symptoms include rashes formed by small, bubble-like blisters around the mouth, on the hands and feet, and occasionally on the buttocks. It may be accompanied by a temperature.

The incubation period is 3-6 days. The illness lasts less than 10 days.

It is passed on by contact with oral secretions, in the stool of infected people (who may or may not have symptoms), or by inhalation of contaminated droplets. The virus can be present in the stool for up to 8 to 12 weeks.

We are therefore very vigilant about the appearance of lesions in the mouth, and we would ask you to keep an eye out for these too.

If your child has moderate symptoms but can eat and participate in their group's activities, they may come to crèche.

If they feel unwell, please keep them at home.

## Head lice

Head lice are parasites that live only on humans and feed exclusively on human blood. They are not dangerous, but they are unpleasant and can spread very quickly, causing outbreaks both within the family and at the crèche.

We therefore strongly recommend that you check the heads of everyone in your family.

**You must treat everyone who is infected on the same day.**

We would advise you not to use products containing dimethicone or permethrin.

Instead, use coconut-oil-based products such as Paranix or Silikom. These are available in pharmacies.

Use the product on Day 0, Day 4, Day 8, Day 12 and Day 16.

For best results, it's important to take these additional steps: on Day 2, Day 11 and Day 16 after starting treatment, examine the wet hair, using a fine-toothed comb to remove any lice and nits (eggs).

If you find nits or live lice, look for possible causes:

- the treatment might not have been applied properly;
- other family members may have head lice;
- transmission may have occurred indirectly via a comb or brush, bedclothes, a hat or scarf, etc.

Wash with hot water (over 65 °C); tumble dry clothes on high for 20 minutes; put clothes or soft toys in a sealed plastic bag for 10 days.

We do not recommend that you use insecticide in the house.

Your child can go back to crèche once treatment has started.



## **Influenza (*flu*)**

Influenza is a highly contagious infection which can be serious for people with heart or breathing problems.

Contact your paediatrician if your child has the following symptoms: a temperature, chills, a headache, muscle pain, fatigue, a sore throat, a runny nose and a cough.

Please keep your child at home.

They can come back to the crèche once they have been without a temperature for 24 hours.



## **Pneumonia**

Pneumonia is an acute bacterial or viral lung infection. It can occur on its own or may develop as a complication following a viral infection affecting the lungs, such as flu.

Symptoms include fever, a cough and breathing difficulties.

It is transmitted by contact with contaminated secretions from an infected person who is coughing or sneezing.

If your child has the symptoms described above, we advise you to contact your paediatrician.

After several days of treatment at home, your child can come back to crèche if they do not have a temperature and are in a fit state to join in with the activities.



## **Roseola**

Roseola is a mild viral illness that affects small children.

It presents as a fever – typically over 39°C – that lasts between three and five days. When the fever subsides, a rash (redness) appears first on the torso, then spreads to the neck, face and limbs. This rash lasts for one or two days. Your child might be irritable and have a runny nose.

There is no vaccine, medication or treatment for roseola. It will clear up of its own accord.

If your child has a temperature, please inform your paediatrician.

It's fine for your child to come to crèche, as long as they are in a fit state to do so.

## Salmonellosis

Salmonellosis is an infection of the intestines caused by *Salmonella* bacteria. It is frequently transmitted by contaminated water, food, hands or objects.

Onset is sudden, and symptoms include fever, diarrhoea, abdominal pain and sometimes blood in the stool.

Rehydration is the best treatment. It's not always useful to administer antibiotics.

- If your child has diarrhoea at crèche, we will take a sample and ask you to collect your child immediately. The test results will be sent to your paediatrician.
- If your child has diarrhoea at home, please contact your paediatrician immediately.

Your child will be able to return to crèche following receipt of a negative stool test result.

## Scarlet fever

Scarlet fever is an infectious disease caused by a Group A beta-hemolytic *Streptococcus* bacterium. The bacterium secretes toxins when it enters the body, and it is those toxins that cause the symptoms.

Scarlet fever can cause a temperature, a sore throat and sometimes a rash.

It is usually diagnosed by means of a throat swab. If the test is positive, your child will require antibiotics in order to prevent any complications.

If your child has any of the above symptoms, contact your paediatrician and inform the nursing staff at the crèche.

Your child can return to crèche 24 hours after starting the course of antibiotics, if they are in a fit state to take part in all the activities.

## Shingles

Shingles is a later manifestation of the varicella zoster (chickenpox) virus that occurs after a period of latency in someone who has already had chickenpox.

Shingles causes a painful rash, forming groups of blisters that often appear on just one side of the body.

People with shingles are contagious – i.e. they can transmit the varicella zoster virus – until all the lesions crust over. This will be about one week after the onset of symptoms. Shingles is much less contagious than chickenpox. For the virus to be transmitted, there needs to be direct contact with the lesions.

Please contact your paediatrician if your child has lesions like those described above.

Reminder: chickenpox is a viral disease. It causes a rash that goes through a number of stages from small red dots to small bumps, blisters and pustules, followed by the formation of scabs. The incubation period is 14-21 days. Chickenpox is contagious from a few days before the rash appears until scabs have formed on all the spots.

There is a vaccine against chickenpox, which is recommended only for children over the age of 12 months. It prevents the disease and can be administered in the 3 days following contact with an infected person. It is possible to have your child vaccinated from the age of 9 months, but this vaccine will only offer one-off protection. The vaccination does not offer 100% protection (some people still get chickenpox).

If your child contracts chickenpox, **do not give them aspirin** (or any other medicine containing acetylsalicylic acid) **or Nurofen**. Give them another fever-reducing medication such as paracetamol. Applying Cytelium to the spots on a regular basis dries them out and soothes itching. If your child has allergies, bear in mind that Cytelium contains oat extract, zinc oxide and magnesium silicate and is not perfumed.





## **Stomatitis (viral)**

Stomatitis is an inflammation of the mouth and lips. It causes small blisters and/or ulcers and lesions around the mouth. It may be accompanied by a temperature.

If your child has symptoms like these, please let us know and contact your paediatrician.

They won't be able to come back to crèche until all the above symptoms have gone.



## **Threadworms (*also 'pinworms', in the stool*)**

A threadworm infection is a mild disease caused by parasites in the intestine. They are small organisms that feed and reproduce within the body of another living being.

The most common symptom of a threadworm infection is itching around the anus. It can also cause irritability and/or disturbed sleep.

If your child is showing signs of a threadworm infection, please inform the nursing staff at the crèche and your paediatrician, so that the necessary measures can be taken.

If a threadworm infection is confirmed, we would recommend that you follow the appropriate treatment and **treat the whole family**.

Once treatment has been established, your child can return to crèche.

## **Thrush (oral)**

Oral thrush, also known as oral candidiasis, is an infection of the mucous membranes caused by a microscopic fungus (or yeast), *Candida albicans*.

It is characterised by the appearance of white lesions on the tongue or inside the cheeks.

Treatment with Daktarin oral gel is recommended (prescriptions are available from the medical centre).

Toys at the crèche are disinfected. If your child has oral thrush, it would be good if you could disinfect their toys at home, as well as any other objects they put in their mouth.

Do consult the nursing staff at the crèche or your paediatrician if you require further information.

Your child can go back to crèche once treatment has started.



## **Tonsillitis**

Tonsillitis is an inflammation of the tonsils. It is most commonly caused by a virus, although it can also be caused by a bacterial infection. The way it is treated depends whether it is viral or bacterial.

Symptoms may include a high temperature, a sore throat, swollen glands in the neck, and possibly nausea and vomiting.

If you spot any of the above symptoms, keep your child at home, inform the nursing staff at the crèche and contact your paediatrician.

Your child can return to the crèche 24 hours after starting a course of antibiotics (if prescribed), with a medical certificate, provided that they are in a fit state to take part in the activities.

## Yersiniosis

Yersiniosis is an infection of the gastrointestinal tract caused by *Yersinia* bacteria.

Symptoms include diarrhoea, fever, vomiting and abdominal pain, which can be significant.

Yersiniosis is transmitted by ingesting contaminated water or food (unpasteurised milk, unwashed vegetables, or raw or insufficiently cooked meat – particularly pork), or through contact with infected animals. More rarely, it can be spread from person to person by contaminated hands or objects.

Treatment involves rehydrating the child and administering antibiotics, if necessary.

If a child has diarrhoea at the crèche, a stool sample will be taken.

If your child has diarrhoea at home, please contact your paediatrician.

Yersiniosis is contagious for 2 to 3 weeks. Your child will only be allowed to attend crèche if their stools are not overflowing (i.e. they stay within their nappy). Specific measures will then be taken during nappy-changing.