



Children's Health Guidance

This guidance has just been updated, we thought it would be helpful to share with you, particularly at this time of year when germs and bugs are everywhere!

When your little one attends pre-school, nursery or a childminder their still developing immune system will be exposed to new enemies in the form of bugs, parasites and minor infections. Children pass germs on easily because they are likely to cough and sneeze all over each other, and play in very close contact, whilst sharing toys. If you ever become concerned about your child's health, seek immediate advice from your GP or pharmacist. In the meantime, here's a round-up of some of the most common childhood ailments, and what to do about them.

Chicken pox

This virus is very common in childhood, and once you've had it, you usually can't get it again. Your child gets a high temperature, then possibly a blotchy rash, which fades after a couple of days and is replaced by red, fluid-filled blisters which scab over in five to seven days, then disappear. It's infectious for about 48 hours before the rash appears until all the spots have scabbed over and are no longer weeping. Your child may feel quite poorly, whilst other children will appear to be fine except for the itching – it varies from child to child.

How to treat it

A lukewarm bath with bicarbonate of soda will help to ease the itching, or put calamine lotion on the spots. Try to discourage scratching as this can cause scarring.

Nursery Exclusion period: Until all spots are crusted over it's ok to still have the odd one in the nappy area.

Conjunctivitis

The membrane which lines the white of the eye can become pink and inflamed due to infection, allergy or irritation. Bacterial conjunctivitis is very infectious, and your child's eye will be sticky with a yellowish or greenish discharge.

How to treat it

Speak to your pharmacist about the best course of treatment. Your child should have their own towel and flannel at home to avoid passing on the infection. If your child's eyes are 'glued' shut after sleep, wipe them with cotton wool soaked in cooled, boiled water.

Nursery Exclusion period: Until eye is clear and not discharging or pink

Hand, foot and mouth disease

This virus causes blisters on your child's palms, soles of the feet and inside the mouth. Your child may have a sore throat, high temperature, a runny nose and feel poorly, then after a couple of days the blisters appear – they'll be itchy and sore. It's infectious until the blisters dry up.

How to treat it

The fluid from the blisters transmits the infection, so don't burst them, but cover them with gauze dressings to dry out if absolutely necessary. Wash your hands every time you touch them. The sores in their mouth may make it hard to eat and drink so offer easy-to-swallow foods.

Nursery Exclusion period: None so long as child is well in themselves

Threadworms

These little worms live in the intestines, and crawl to the edge of your child's bottom to lay their eggs – usually during the night - which causes itchiness. Look out for your child scratching their bottom, and check their poo, pants and bedding for the worms – they look like tiny pieces of white thread. The eggs can be spread easily from child to child on their hands while they play.

How to treat it

You can get tablets from the pharmacist that kill the worms and eggs. Treat the whole family, and wash all towels and bedding at a minimum of 60°C to kill the eggs.

Nursery Exclusion period: None so long as child is well in themselves

Sickness and Diarrhoea

Tummy bugs are passed from hand to hand and in the air, so young children can get diarrhoea fairly often. Sometimes it's accompanied by vomiting - one particularly nasty bug is 'winter vomiting', officially called Norovirus, which can rampage through nurseries and schools.

How to treat it

Winter vomiting, and most other tummy bugs, don't need treatment, as they work their way through your child's system on their own. It's important to avoid dehydration, though, so give lots of drinks – and don't worry about food until your child is ready for it. Wash hands regularly to avoid passing the bug on. Do keep your child away from school, nursery or their childminder for at least 48 hours *after* the last episode of vomiting or diarrhoea (see **A day at home?** below).

Nursery Exclusion period: 48 hours from last episode of diarrhoea or vomiting

Headlice

Headlice are little bugs that live near the scalp, and lay eggs – known as 'nits' - on the hair shaft. They pass from head to head, and are common in young children as they play in such close contact. They are not a consequence of poor hygiene and in fact favour clean hair.

How to treat it

You can buy insecticide lotions and shampoos to kill the lice, but you'll need to remove all the eggs, too, by regularly combing wet hair with a nit comb, otherwise a new batch will simply hatch out.

Nursery Exclusion period: As soon as treatment completed

Coughs and colds

Young children are very prone to coughs and colds, particularly in winter, as their immune systems are still developing. A cold should clear up within three to ten days, and young children can go off their food or find it hard to eat because of a blocked nose. Children usually cough more during the night as lying down causes mucus to build up in the throat.

How to treat it

Give infant paracetamol for a high temperature, and offer lots of drinks, rest and cuddles. Try decongestant gel or drops to ease breathing, and keep your child's room humid while they have a cough. If the cough is keeping them awake at night, try a night-time cough medicine. See your GP if your child is struggling to breathe, is coughing up green or yellow mucus, or it seems painful to cough.

Nursery Exclusion period: Until they able to manage a full Nursery day - on no medications

Croup

Croup is most common in winter and spring, and can be a bacterial or viral infection. It makes your child's airways become inflamed, and causes a dry, barking cough. Your child may also have a temperature, difficulty breathing, and a runny nose.

How to treat it

Give infant paracetamol to lower their temperature, and let them inhale steam from a bowl of hot water to ease the cough. During a coughing fit, sit them upright and try to keep them calm. The cough should ease off after a couple of days, but if it doesn't, call your GP.

Nursery Exclusion period: Until they are feeling better in themselves and are able to manage a full Nursery day - on no medications

Impetigo

This bacterial skin infection causes little fluid-filled blisters around the nose, mouth and eyes. They ooze to begin with, then crust over with brownish-yellow scabs.

How to treat it

You'll have to see your GP, who can prescribe antibiotic cream or medicine. Your child will be infectious while the blisters are oozing and crusting, until two days after they've started antibiotics.

Nursery Exclusion period: Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment and they are feeling better in themselves and are able to manage a full Nursery day. Prescribed and labelled Antibiotics can be given until the end of the course.

Bronchiolitis

Bronchiolitis is a more serious inflammation in the smallest airways in the lungs. In babies and young children, where the lower respiratory tract is still developing, the RSV virus can lead to bronchiolitis.

Symptoms of bronchiolitis include a rasping dry cough, rapid or wheezy breathing, being irritable, not wanting to feed and vomiting after feeding. Symptoms are at their worst from days 3-5 and can last for up to 3 weeks.

How to treat it

Keeping your child upright will make it easier for them to breathe. Try giving smaller, more frequent feeds. Infants over the age of 2 months can be given paracetamol for fever. Steam will also help to loosen mucus.

Speak to a doctor if your child has taken less than half their usual feed for 2 or 3 feeds, is breathing rapidly, has not had a wet nappy for 12 hours or more, or has a persistent temperature of 38C or higher.

Nursery Exclusion period: Until they are able to manage a full Nursery day - on no medications

Ear infection

Ear infections can be painful for children, especially at night. Almost all ear infections that occur in children are secondary bacterial infections in the middle ear, which can follow a viral infection such as a cold or flu.

How to spot ear infections in children

Excess liquid produced in the ear usually drains away through a tiny tube to the throat, but if this becomes swollen and blocked, fluid builds up. Viral infections cause inflammation in this tube and make it easier for bacteria to travel up and infect the fluid. The main symptom will be ear pain at night.

How to treat it

alternating doses of both paracetamol and ibuprofen if one alone doesn't work. Anything that clears congestion will also help.

Speak to a GP if there is any fluid coming from the ear, as this is a sign that the eardrum has been perforated, if there is no sign of improvement after 2 or 3 days or your child is in a lot of pain.

Antibiotics may be prescribed if your child is very unwell, has symptoms of a more serious illness or is at high risk of complications.

If ear infections recur, your doctor may recommend inserting tiny tubes, called grommets, into the eardrum to drain fluid and equalise pressure, but there is no evidence that antibiotics help with recurrent infections.

**Nursery Exclusion period: Until they can manage a full Nursery day.
Prescribed and labelled Antibiotics can be given until the end of the course.**

Slapped Cheek

This virus begins with a raised temperature, sore throat and runny nose, and after a few days a very distinctive bright red rash appears on the cheeks – hence the name. After another few days your child may get a raised, red splotchy rash on their chest, stomach, arms and thighs, which can be itchy.

How to treat it

This is mild and usually clears up on its own, but if your child feels unwell, give rest and lots of fluids, or offer infant paracetamol for a fever. It's good to let your pre-school know your child has had it, as it can be problematic for pregnant women and other vulnerable groups.

Nursery Exclusion period: None once rash has developed and the child is well in themselves