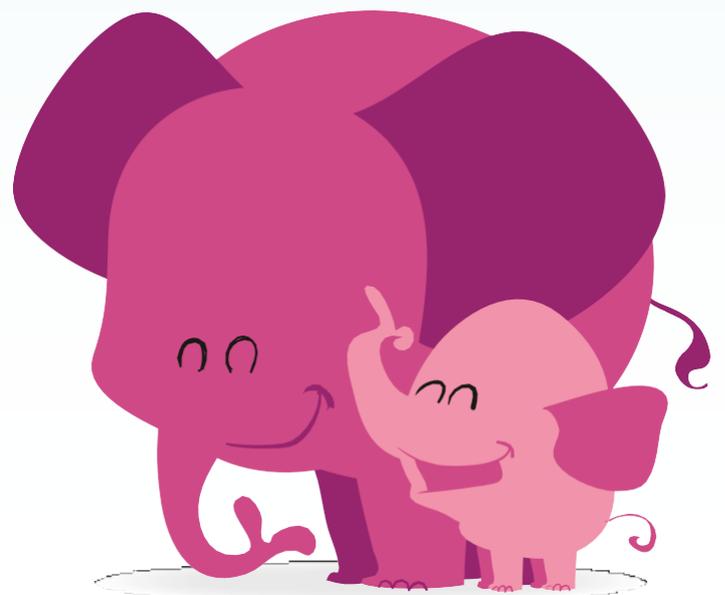




## Sickness Policy

Day Care 't Olefantje

Nieuwegracht



't Olefantje



**For the drawing up of this Sickness Policy, we looked at the guidelines of the Municipal Health Service (GG&GD). We have based ourselves on the following assumptions:**

**A**

A child who feels sick (whining/crying/poor eating and drinking/signs of pain) cannot get the attention and care they need in day care, as it would be at the expense of the other children in the group.

**B**

A child with a contagious disease or condition, which might be accompanied by physical discomfort and/or risks does not belong in day care. Even if the child itself feels no discomfort, they should not attend while there remains a risk of infection.

We apply this rule rigorously, because day care is particularly prone to children infecting each other quickly:

- there are many children in a room at the same time, who also interact intensively with each other;
- very young children have built up little resistance and pick up something quickly.

**C**

Working parents depend on the continuity of care.

For this reason, staff needs to be very careful with the implementation of the Sickness Policy. Parents whose child has a contagious disease, must show consideration for the parents whose child is at risk of infection.

**D**

In some cases, the teachers are at risk of being infected, making it impossible for them to work. As this comes at the expense of the continuity of care, this is one of the arguments for refusing children with a contagious disease.

**Explanation**

We strive for a *healthy group of children*. This prevents the children from being sick more often than necessary. This applies to the healthy children as well as the children with low resistance (think of the children who have just recovered!).

**Guidelines in the case of illness and disease**

**1. Being sick**

A sick child should not be at the day care facility.

Being sick means:

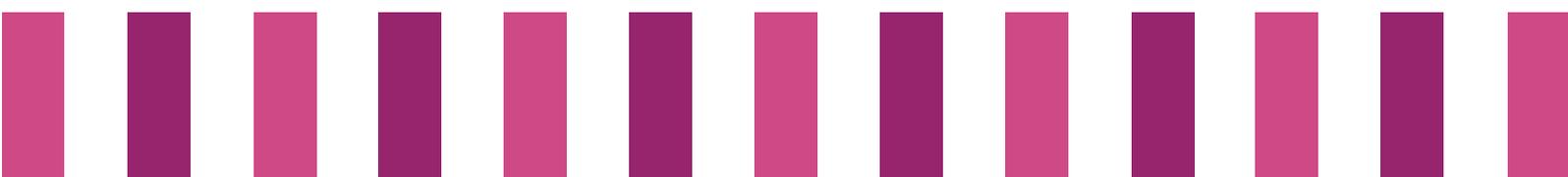
- the child does not feel well, i.e. they cry, whine, show signs of pain, no appetite, diarrhoea, vomits;
- the child has a temperature of 38.5 °C or higher;
- the child has an illness or disease that is contagious at the time of dropping off the child.

**Notification**

It is always a good thing for the teachers to know if a child will not attend that day. Therefore, try to call the group as early as possible.

If there is a contagious disease or illness, it is also important to inform the group, so that we can take measures if necessary.

**2. Fever**

- If the child gets a fever at home (above 38.5 °C), they may not come to day care.
  - In principle, 't Olfantje does not administer suppositories, unless there is a chance of a febrile seizure or there is another medical reason for administering a suppository, such as pain relief during recovery from surgery. In this case, the teachers may administer suppositories in consultation with the office.
  - If the child has a higher fever while in day care, we will report this to the parent. This also allows the parents to divide their day into two parts and to reschedule any evening appointments. If a child is still playing and is feeling well, they can stay. The teachers will keep in touch with the parents. If a child is really whining and in our opinion is better off at home, we ask parents to collect the child. Another option is that if the group allows it, a child can stay until about 5.00 pm and then be collected, as from then on there will be only one teacher in the group. Always let us know if you have given the child paracetamol at home. Sometimes the fever can suddenly build up when the paracetamol has worn off, and if this happens, we can better understand the situation.
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### **3. Infectious diseases and illnesses**

A child with a contagious illness or disease may not come to day care for as long as he or she remains contagious. The annex indicates for each disease/illness whether the child may or may not come.

### **4. Chronic diseases and illnesses**

If a child has/appears to have a chronic condition or illness that requires a lot of extra attention and care from the group teachers, we will assess, in consultation with the parents, whether this required extra care can be given and whether the child can (continue to) make use of day care.

### **5. Medicine use**

If during the stay at day care, a child has to be given medication by the group teachers, the parents are obliged to fill in and sign a medication form. This is to avoid misunderstandings.

### **6. Vaccinations**

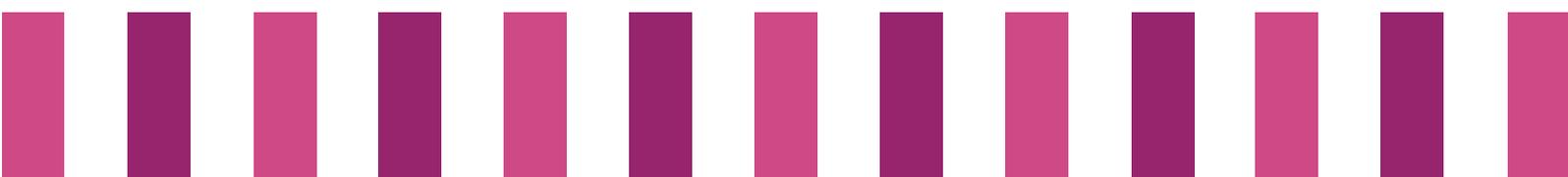
Children who have not been vaccinated are at risk. The Municipal Health Service (*GGD*) requests 't Olfantje to keep a record of which children have been vaccinated and which have not. We assume that all children will be vaccinated at the specified ages. If for some reason this is not the case, we would very much like to hear about it.

### **7. Emergency situations**

In emergency situations, everyone must act to the best of their ability, regardless of whether someone is competent or not.

### **8. EpiPen**

If a child with a life-threatening allergy is due to start day care, the steps to be taken are discussed with the parents beforehand. The teachers are trained in the use of an EpiPen through the child-oriented first aid training and team meetings.



## Most common diseases and disorders of 0 to 4-year olds

Disease/illness	Do not admit	Admit
<p><b>Diarrhoea:</b> Thin slimy stool</p>	<p>Diarrhoea can be very contagious for the other children and the teachers. If the child has diarrhoea three times within a short period of time, we call the parents to collect the child.</p>	<p>Diarrhoea as a result of teething.</p>
<p><b>Flu:</b> Fever, chills, headache, muscle aches, fatigue, dry cough, coughing with phlegm, sore throat, sometimes diarrhoea</p>	<p>A child who has the flu will feel sick and have a fever. They need rest and extra attention and care, which they cannot get at day care.</p>	<p>If a child is not noticeably affected by the flu and is easy to handle in the group, allowing attendance may be discussed.</p>
<p><b>Hand-feet and mouth disease:</b> Often a combination of blisters in the mouth and rash. This is preceded by some nausea, a sore throat, vomiting, sometimes diarrhoea and mild fever. This is followed by red spots on the tongue and oral mucosa, which quickly turn into small, oval blisters, which merge into larger blisters.</p>	<p>A child with this disease is contagious to the other children as long as the blisters have not dried out. It usually heals within a week.</p>	<p>If the blisters are dry or only under clothing, the child may be brought to the day care.</p>
<p><b>Whooping cough:</b> The first symptoms are fever, persistent colds and a dry cough. This first stage lasts about two weeks. After these two weeks, the coughing gets worse, especially at night; the coughing fits are accompanied by whooping and mucus.</p>	<p>If a child is noticeably uncomfortable because of this disease, they should stay at home.</p>	<p>Whooping cough is contagious, but repelling it is not useful because the contagious period is usually already over when the diagnosis is made. <b>If whooping cough is diagnosed, this will be disclosed to all parents. It can be risky for very young babies who have not yet been vaccinated (DKTP).</b></p>
<p><b>Impetigo:</b> There are (groups of) red spots or bumps on the face, especially around the nostrils and mouth. Sometimes also on arms and legs where the spots can be larger. The bumps become blisters containing yellowish fluid. When the blisters open, wet spots and yellowish-brown crusts appear. The spots with blisters and scabs can expand quickly. The skin can be painful and itchy.</p>	<p>Impetigo is highly contagious. As long as the blisters have not dried, the child may not come. When treated with antibiotics, the contagious period is over after 24 hours and the child is allowed to attend again.</p>	<p>Once the blisters have dried and 24 hours after the start of antibiotics</p>
<p><b>Middle ear infection/running ear:</b> The most common complaints are earache, fever and general illness. Toddlers may also have abdominal pain. They can also have diarrhoea or vomiting. Babies do not drink well or are irritable, they are restless at night and often pull on the sore ear.</p>	<p>A child with middle ear infection usually feels very sick. As long as they have a fever and pain, they need extra care and attention that cannot be given in day care.</p>	<p>When the ear infection turns into a runny ear, the pressure is off the eardrum and there is often less pain. The ear must be well covered for hygiene reasons.</p>
<p><b>Scarlet fever:</b> After first having had a high fever, after 24 hours, small deep red spots start to appear in the groin and spread over the body, except around the nose and mouth. After a few days, the rash fades and the skin begins to peel, especially on hands and feet. Without treatment, the disease is contagious until the shedding is over.</p>	<p>The child may not attend while they still have a fever and are contagious to the other children. When treated with antibiotics, the infectiousness is over after 24 hours and the child may return to day care when they no longer feel sick.</p>	<p>24 hours after starting on antibiotics</p>

Disease/illness	Do not admit	Do admit
<p><b>RS virus:</b> RSV is a respiratory infection caused by the RS virus. The symptoms are coughing, snot and blocked nose, fever, sometimes shortness of breath. In very young children, the disease can be very serious: inflammation of the lower respiratory tract or pneumonia with severe shortness of breath. The baby must then be admitted to hospital. In older children, the disease often progresses like a cold and is rarely diagnosed as RSV.</p>	<p>If a child is noticeably uncomfortable because of this disease, they should stay at home. If it turns out that we cannot get the disease under control of the group, we may have to refuse attendance of children with a suspicion of RS virus at an earlier stage.</p>	<p>If the virus manifests itself as a mild cold and the child does not noticeably suffer from it.</p>
<p><b>Candidiasis:</b> The symptoms are irritated mucous membranes in the mouth and pharynx, often showing white dots. Problems with drinking may occur in infants.</p>	<p>Candidiasis is contagious to the other children. The child is not allowed to attend while displaying any symptoms.</p>	<p>Treatment with fungicide is possible. As soon as the candidiasis is gone after use, the child may attend again.</p>
<p><b>Chickenpox:</b> Often starts with fever and a flu-like appearance. Then a few days of fever and rash, small bumps that develop into blisters. These itch often severely. The blisters are red and are filled with fluid. Within a few days, all blisters are dried out.</p>	<p><b>Do not admit to the day care until the blisters have dried up. The fluid from the blisters is contagious to the other children and not hygienic.</b></p>	<p><b>Warning for pregnant women!</b> <i>Chickenpox can be dangerous for the (unborn) baby 1 week before the delivery until 2 days after the delivery.</i></p>
<p><b>Fifth disease:</b> In children, small red spots develop on the face. The cheeks can turn bright red. There may be an increase in temperature or fever. Then the spots spread over the body. This sometimes causes itching. In the beginning of the disease, the spots are butterfly shaped. After about a week the rash disappears. The spots may reappear for a few weeks, for example due to heat (a hot shower), cold, exertion or excitement, but then they disappear again quickly. The children feel usually not sick.</p>		<p>If a child with the fifth disease feels fine, they attend day care. The child is contagious before they are even sick. <b>If a pregnant woman becomes infected in the first 20 weeks of pregnancy, there is an increased risk of a miscarriage or stillbirth.</b> You can get infected with the virus through <b>intensive</b> contact with someone who is contagious. Collecting your child from school, where there are children with the 5th disease, poses very little risk.</p>
<p><b>Sixth disease:</b> The sixth disease causes high fever. The glands in the neck and behind the ears may be swollen. After three to five days, the temperature drops again. The rash consists of small, light red spots on the trunk and sometimes on the midsection. The spots do not itch and disappear within one or two days.</p>	<p>The disease is so contagious that almost all children will have been in contact with it before their second year. Despite the high fever, it is a fairly harmless childhood disease. If a child is noticeably uncomfortable with this disease, they have to stay at home.</p>	<p>If a child with the sixth disease feels fine, they may attend day care. The child is contagious before they are sick.</p>
<p><b>Lice:</b> Head lice are small, grey creatures of 2 to 3 millimetres in length that are close to the scalp, from which they suck the blood which make them live. Preferred places are behind the ears and in the neck. The eggs (nits) have a white-yellow colour and look like dandruff, but are stuck to the hair. The nits hatch within 10 days. The young lice become adults after 7 to 10 days and lay eggs again. Head lice are itchy, especially behind the ears and in the neck.</p>	<p>Since head lice are very persistent, children are not allowed to attend when they have lice. Children are not allowed to attend again until they have been treated and are free of nits. We realise that our policy is stricter than that of schools, yet we will continue to maintain this, given the stubbornness of lice.</p>	<p>Children are only allowed to attend again when they have been treated and are free of nits. Tip: tea tree oil and cream rinsing seems to help, in addition to combing with a lice comb and using lice lotion.</p>