



ILLNESSES, EXCLUSIONS, and INFECTIOUS DISEASES

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INTRODUCTION

The aims of this policy are:

- To promote and maintain the health of the children and colleagues
- To provide guidelines to parents about the attendance of sick children
- To keep the incidence of infectious illnesses reduced to a minimum
- To help differentiate between minor (does not require home care) and more significant (should not remain in the childcare setting) infections and to give guidance in the management of infectious disease.

DEFINITIONS/GLOSSARY

Definition of Terms

Parents	Parents or legal guardian
Manager on Duty	The centre manager, deputy, or alternative person in charge at a given time
Infection	An infection occurs when a pathogen (or germ) enters the body and begins to multiply (reproduce). The germs may multiply to such an extent that they can cause illness
Contagious	If an infectious disease can be spread directly from one person to another, that disease is said to be contagious
Outbreak	Two or more linked cases of the same illness or the situation where the observed number of cases exceeds the expected number, or a single case of disease caused by a significant pathogen e.g., diphtheria

Spread of Infection

Direct contact spread includes:

- Skin contact (cold sore, ringworm, molluscum contagiosum, impetigo, conjunctivitis, chickenpox, warts, boils)
- By fluid found in the human body (HIV/AIDS, hep B, C)
- By sneezing/coughing (influenza, measles, Covid-19)

Indirect contact can occur through:

- Ingestion of contaminated food (e.g., salmonella)
- Ingestion of contaminated water (e.g., hep A, cryptosporidiosis)
- A bite from an infected insect/animal (e.g., malaria, rabies)
- Inhalation of germs (e.g., chickenpox, measles, TB, common cold)
- Transmission via inanimate objects such as work surfaces or shared toys

Faeco-oral transmission (spread from the back passage to the mouth):

- Gastroenteritis (caused by salmonella, VTEC, winter vomiting bug, norovirus, cryptosporidium)
- Influenza
- Polio
- Hand, foot and mouth disease

Chain of infection

All infections get from their source to an individual along a small number of stages, often called links in a chain of infection. The more links in this chain that can be broken, the smaller the chance that the germs will make it to infect a child. There are four necessary stages in the transmission of any infection. They are:

1. The infected person has to spread the germ in their environment (e.g., sneezing)
2. The germ has to survive in the environment (this includes the air, food, water, on toys, door handles, surfaces)
3. Another person has to come in contact with the waiting germ (e.g., pen in mouth)
4. This person then has to become infected (e.g., signs of flu)

Preventing the spread of infection

Three basic principles, therefore, underlie all infectious disease prevention in childcare settings. These are:

1. Handwashing should be used at every opportunity
2. Immunisation: ALL children and staff should be appropriately immunised
3. Exclusion - Any unwell staff member or child should be excluded

POLICY STATEMENT

Tigers Childcare is committed to reducing the risk of the spread of infection in our centres. Children and colleagues are excluded if they are ill, present a danger or a risk to others or are unable to benefit from the centre's normal activities. A co-operative approach between parents and the centre will help ensure a healthy and safe environment for all children and colleagues.

PROCEDURES & PRACTICES

- Generally speaking, a child who has contracted an infectious disease usually shows signs of illness before development of a rash or other typical symptom. Consequently, the child may complain of shivering attacks or feeling cold, headache, vomiting, sore throat or just vaguely feeling unwell.
- If a child is unwell and has not attended school during the day, the child cannot attend the centre later in the afternoon.
- If a child is not attending Tigers Childcare due to illness, we request that parents inform the manager on duty, stating details of the illness
- Parents must inform the manager on duty if their child has come in contact with an infectious or contagious disease.
- Colleagues inform the manager on duty if they have come in contact with an infectious disease
- If a parent is unsure that a child is ill, the child can attend. However, if the child's condition deteriorates, then the provisions outlined in this policy are followed which may result in the manager on duty requesting that the child be collected
- If a child was administered medication (calpol, nurofen etc.) before being dropped to the centre in the morning, then parents are required to inform the colleague at drop off
- If a child suddenly becomes ill while attending Tigers Childcare, colleagues immediately contact the child's parents about the concerns regarding their child's health and well-being and the procedures that the colleagues are taking according to our policies.
- If colleagues are unable to contact parents, the next name on the emergency list is contacted.
- If a child requires one to one attention and the centre cannot facilitate this at the time, parents will be asked to collect their child immediately.

- If a child is vomiting or has diarrhoea, parents will be required to collect their child immediately
- Colleagues will do their best to keep a child presenting with symptoms of illness separate from other children. However, this may not always be possible.
- If a child's temperature becomes raised while attending Tigers Childcare, the procedure for a high temperature under Policy 20 Medication administration policy will be followed.

Exclusion criteria

The following ailments will be grounds for the exclusion of children and colleagues from the childcare service;

1. A temperature of 38°C or above (that requires medication to reduce) – whether it occurs at home before arriving at the service or while attending the service - for 24 hours
2. Diarrhoea – for a **full** 48 hours **after** the last episode. Siblings will also be excluded.
3. Vomiting – for a **full** 48 hours **after** the last episode. Siblings will also be excluded
4. Acute symptoms of food poisoning/gastro-enteritis
5. Head Lice or nits - before treated
6. An infectious / contagious condition
7. A child who is on an antibiotic for less than 48 hours
8. A deep, hacking cough
9. Severe congestion
10. Difficulty breathing or untreated wheezing
11. Eye discharge.
12. Strep throat
13. An earache
14. A child that complains of a stiff neck and headache with one or more of the above symptoms
15. Infectious skin disorders (a doctor's note will be required explaining any rash on your child's body and confirming it is not contagious).
16. The onset of a vaccine-preventable disease when the child/adult is not vaccinated.
17. In the case of hand, foot and mouth, if the child has open blisters on their face/body the child cannot attend until the blisters are healed. This is to prevent the sores themselves from becoming infected.
18. Recognised Rubella.
19. Adults and children with active TB disease must be excluded until they are no longer infectious.
20. The exclusion period for Covid-19 is detailed in the Covid-19 policy which is updated to the most recent government and public health guidelines.

Exclusion Periods

The exclusion period for children or colleagues with an infectious condition such as diarrhoea or vomiting is 48 hours after the last symptoms of the condition are shown e.g., if a child/adult last vomited at 7pm on a Sunday evening, they cannot attend the service until Wednesday morning – a full 48 hours after the last symptom was shown.

When children with an infectious condition have a sibling attending the service, the sibling must also be excluded for the same period of time as they could be a carrier of the infection.

When colleagues with an infectious condition have children attending the centre, the child must also be excluded for the same period of time as they could be a carrier of the infection.

If a child presents with a temperature of 38°C or above, the exclusion period is 24 hours from when the temperature reduces without the aid of medication.

Parents who feel their child is too ill to participate in outdoor activities are advised to keep them home for an extra day to ensure a complete recovery.

Table of Exclusion Periods

Please note the table below is to be used as a guide. In certain circumstances exclusion will be considered even where it is not mentioned below. Not all illnesses are included in the list below.

The following exclusion periods are sourced from [HPSC/HSE \(2012\) Preschool and childcare facility subcommittee: Management of infectious disease in childcare facilities and other childcare settings and Appendices](#) but may include updated medical practice since the [date of publication](#).

Diarrhoea & Vomiting Illnesses	Exclusion Period	Comment
Diarrhoea and/or vomiting	48 hours from the last episode of Diarrhoea and/or vomiting	Siblings/parents will also be excluded
Respiratory Infections	Exclusion Period	Comment
Covid-19 (Coronavirus)	In line with current Government guidelines	We reserve the right to reintroduce exclusion period should there be an increase in positive cases within a service.
Flu (Influenza)	Until recovered	Poses a risk to vulnerable children or people with underlying illnesses.
Whooping Cough	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	
Common Rashes & Skin Infections	Exclusion Period	Comment
Chickenpox	Until scabs are dry, usually 5-7 days from onset of rash	Poses a risk to vulnerable children or people with underlying illnesses and pregnant women/female staff.
German Measles	Seven days from onset of rash	Risk to pregnant women/female staff.
Hand Foot & Mouth	None, once child is well. If a child has open blisters on their face/body they cannot attend until the blisters have healed.	If evidence of transmission exists within a service exclusion of children until blisters are gone may be necessary - particularly in the baby room.
Impetigo	Until lesions are crusted and healed, or 24 hours after commencing antibiotic treatment	
Measles	4 days from the onset of rash. Local DPH will be notified. Temporary exclusion of unvaccinated children may be necessary.	Poses a risk to vulnerable children or people with underlying illnesses and pregnant women/female staff.
Ringworm	Exclusion not usually required.	Treatment is required.
Scarlet Fever	Children can return 48 hours after commencement of antibiotic treatment.	
Slapped Cheek	None once the child is well.	Risk to pregnant women/female staff.
Shingles	Exclusion only if rash is weeping and cannot be covered.	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. Poses a risk to vulnerable children or people with underlying illnesses and pregnant women/female staff.
Other Infections	Exclusion Period	Comment
Conjunctivitis	Exclusion will be implemented if there is an instance of conjunctivitis - an affected child will be excluded until after the child receives one treatment and until the eye is no longer showing signs of being contagious (producing sticky pus, and is red and feeling gritty).	https://www2.hse.ie/conditions/conjunctivitis/
Glandular Fever	None, once child is well.	
Thrush	Exclusion will be implemented if there is an instance of thrush in any room - affected children will be excluded until they have received 1 treatment.	
Pharyngitis / Tonsillitis	48 hours after commencement of antibiotic treatment.	
Mumps	Until recovered	
Viral Meningitis	Until recovered	
Meningococcal Meningitis / septicemia	Until recovered	
Meningitis due to other bacteria	Until recovered	

Returning to the Service

Parents must complete a 'Returning to Childcare following Illness/Exclusion Form' if their child was absent due to any illness. This requirement applies instances where the parent was required to collect the child from the service and where the child did not attend the service. This form is available and can be completed on Child Paths.

MANAGEMENT OF INFECTIOUS DISEASE

Information on common infections and other conditions:

- Gastroenteritis with diarrhoea and/or vomiting
- Chicken Pox
- Covid-19
- Meningococcal Disease/Infection
- Head Lice
- Febrile convulsions

Gastroenteritis with Diarrhoea and/or Vomiting

Gastroenteritis with diarrhoea and/or vomiting is common in preschool children and is highly infectious. Tigers Childcare has a duty of care to control the spread of infection in a group setting. If a child has an episode of diarrhoea and/or vomiting that is accompanied by other symptoms of a gastro bug, then the centre management contacts the parents to advise them to collect the child immediately. These symptoms include being off-form, off-food, not participating in activities or play, fever, or abdominal pain. It is also indicative of a bug if the episode occurs soon after consuming food, if a bug-related foul smell occurs, if the stool is water based without any substance, or if there is another case with whom the child has had contact.

If a child has 3 episodes of diarrhoea the child must be collected immediately regardless of symptoms. After the initial episode, management will call parents to give them some notice that potentially they may need to collect later in the day if the child remains unwell or has further episodes of either vomiting or diarrhoea.

If a child vomits and there is no other obvious cause identified, then it is considered a gastro-bug and the child must be collected immediately.

In making a determination, managers take into account that there are instances where babies and younger children may pass loose stools that are not bug related. Colleagues and managers who know their children well are in a position to consider the wider context for example if the child had a recent immunisation, is currently teething, being breast-fed, or recently started on a new food. For older children an episode of diarrhoea is usually more indicative of a bug, and it is more likely that the child will need to be collected immediately.

While waiting for collection, the child is kept comfortable and warm, and at a distance from the main group of children

Chicken Pox

Chickenpox is a viral illness, which causes fever, general malaise and a characteristic blistering rash. The rash appears as small red "pimples" usually starting on the back, chest and stomach and spreading to the face, scalp, arms and elsewhere. Within a few hours the "pimples" become blisters, which begin to dry and crust within about 24 hours. Blisters may develop in the mouth and throat that can be painful and may give rise to difficulty in swallowing. The rash appears as a succession of crops over 3 to 5 days.

Chickenpox is not usually severe in children but can cause more serious symptoms in adults. The virus lies dormant in the body after chickenpox and may cause an attack of shingles in later life. A person with shingles is infectious and can give others chickenpox. It is not possible to get shingles from a case of chickenpox. The disease spreads easily from person-to-person. The greatest risk of transmission is just before the onset of the rash.

Precautions: Pregnant women or individuals with impaired immunity who have not had the disease and are in contact with a case should seek medical advice promptly.

Exclusion: Those with chickenpox should be excluded from school/nursery until scabs are dry; this is usually 5-7 days after the appearance of the rash.

Those with shingles, whose lesions cannot be covered, should be excluded from school/nursery until scabs are dry.

Useful information on Chickenpox can be found at <https://www2.hse.ie/conditions/chickenpox>

COVID-19

Covid-19 is a new illness which can affect your lungs and airways. It is caused by a new coronavirus (SARS-CoV2), which is spread mainly through tiny droplets scattered from the nose and mouth of a person with infection. The droplets can be scattered when the infected person coughs, sneezes, talks or laughs. It can take 14 days for the symptoms of Covid-19 to appear. Symptoms of Covid-19 can be similar to cold, flu or hayfever. Common symptoms of Covid-19 include:

- A fever (high temperature) of 38°C or higher including having chills.
- A dry cough.
- Fatigue (tiredness)

Less common symptoms are:

- loss or change to your sense of smell or taste – this could mean they're completely gone or just different to normal
- nasal congestion (runny or blocked nose)
- conjunctivitis (also known as red eyes)
- sore throat
- headache
- muscle or joint pain (aches and pains)
- different types of skin rash
- nausea or vomiting
- diarrhoea
- chills or dizziness
- Shortness of breath or breathing difficulties.
- Gastroenteritis with diarrhoea and/or vomiting is common in preschool children. Children who have diarrhoea for more than two or three days should be taken to their GP to have a stool test.

Government and public health guidelines change. See Covid-19 policy for the updated version of guidelines in the event of a confirmed case of Covid-19

Head Lice:

Head lice can be a common problem in pre-school children. Head lice crawl and require head-to-head contact for transmission. It is our policy to be proactive and manage the treatment. Parents have a responsibility to adhere to all our recommendations, working together to address this common health concern.

- Parents have the primary responsibility for the detection and treatment of head lice.
- Parents must check their child's head regularly, even if they do not suspect their child has head lice.
- All cases must be reported to the manager on duty. Parents must state when appropriate treatment was commenced.
- In the event of a 'live' louse being seen on a child's head, parents will be contacted and ask to collect their child from the service immediately.
- Parents of that room will be informed that a case of head lice is present and will be advised on the correct procedures to take.
- Confidentiality will be adhered to in every case reported.
- Children will not be accepted into the service with untreated head lice.
- We suggest children with long hair should have it tied back at all times.
- There are a variety of effective preparations, shampoos, and lotions available. It is vital that parents follow instructions accurately. If, after treatment, live lice are still observed on a child's head, parents will be requested to re-treat the child.

It is important to remember that anyone can get head lice, however infestation is more likely among small children due to the nature of how the children play.

Head lice do not reflect standards of hygiene either in the home or in a childcare environment.

Meningitis and Meningococcal:

Both of these diseases are most common in children; there are over 150 cases reported per year in this age group in Ireland (Meningitis Trust). Although relatively rare, the speed at which children become ill, and the dramatic and sometimes devastating course of events make it a terrifying disease. Having a good knowledge and understanding of meningitis and being able to recognise the signs and symptoms early as well as getting medical attention quickly, may save lives. Although cases can occur throughout the year, the majority of cases occur during the winter months.

Meningitis is an inflammation of the membranes that surround and protect the brain and spinal cord.

The most common germs that cause meningitis are viruses and bacteria.

Viral Meningitis is rarely life threatening, although it can make people unwell. Most people make a full recovery, but sufferers can be left with after effects such as headaches, tiredness and memory loss.

Bacterial Meningitis can be life-threatening and needs urgent medical attention. Most people who suffer from bacterial meningitis recover but many can be left with a variety of after effects and one in ten will die.

Signs and Symptoms:

Meningitis and septicaemia (blood poisoning) are not always easy to recognise, and symptoms can appear in any order. Some may not appear at all. In the early stages, the signs and symptoms can be similar to many other more common illnesses, for example flu. Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately. Early symptoms can include fever, headache, nausea (feeling sick), vomiting (being sick), and muscle pain, with cold hands and feet.

A rash that does not fade under pressure (see 'The Glass (tumbler) Test' below) is a sign of meningococcal septicaemia. This rash may begin as a few small spots anywhere on the body and can spread quickly to look like fresh bruises.

The spots or rash are caused by blood leaking into the tissues under the skin. They are more difficult to see on darker skin, so look on paler areas of the skin and under the eyelids. The spots or rash may fade at first, so keep checking.

However, if someone is ill or is obviously getting worse, do not wait for spots or a rash to appear. They may appear late or may not appear at all.

Babies and Toddlers

Children and Adults

Meningitis and Septicaemia often occur Together

Meningitis and Septicaemia often occur Together



Spots or a rash will still be seen when the side of a clear drinking glass is pressed firmly against the skin.

A fever, together with spots or a rash that do not fade under pressure, is a medical emergency.

Trust your instincts. If you suspect meningitis or septicaemia, get medical help immediately.

Procedure for managing a Suspected Case of Meningitis:

- The colleague or manager on duty contacts parents immediately by both telephone and Child Paths message and advises them to collect their child immediately and seek immediate medical advice.
- If the child's condition deteriorates while waiting to contact parents or awaiting parents' arrival, then the manager on duty calls emergency services.
- Regardless of whether a child presents with the symptoms described above, a meningococcal infection often presents as a rash or red spots, progressing to purple freckles and splotches, and even frank bruising. If a rash occurs the colleague or manager on duty will call emergency centres before calling parents
- If the child is brought by ambulance to the hospital before the parents arrive at the service, a colleague whom the child knows accompanies the child to the hospital until a parent arrives
- The critical incident procedure in the Accident and Incident Policy will be invoked,

and the colleague and manager on duty follow those procedures. See Accident and Incident Policy.

For more information www.meningitis-trust.ie or 24-hour helpline 1800 523196

Febrile convulsions

A febrile seizure or convulsion is a fit that occurs when a child has a fever. During most seizures, the child's body may become stiff, the child may lose consciousness and the child's arms and legs twitch. Febrile convulsions rarely cause any long-term complications. If a child in our care suddenly has a febrile convulsion the following steps are taken:

The colleague takes note of the time the convulsion started:

Scenario 1 - If the convulsion lasts LESS than 3 minutes.

1. If the child fully recovers, the child is placed in the recovery position, which is on the child's side on a soft surface, with the child's face turned to one side.
2. The colleague or manager on duty contacts the child's parents requesting that the child be collected from the centre and advises them to seek medical advice.
3. While waiting for collection, colleagues will keep the child comfortable and monitor the child's temperature.

Scenario 2 - If the convulsion lasts MORE than 3 minutes and/or if the child does not recover

1. A colleague or manager on duty will contact emergency services
2. A colleague or manager on duty will contact the parents and arrange for them to either come to the service or meet at the hospital.
3. If the child is brought by ambulance to the hospital before the parents arrive at the centre, a colleague whom the child knows accompanies the child to the hospital until a parent arrives
4. The critical incident procedure in the Accident and Incident Policy will be invoked and the colleague and manager on duty follow those procedures. See Accident and Incident Policy.

When a child returns to the service, after either scenario, parents are required to update their child's medical information with any updated medical instructions in the event of future convulsions.

NOTIFIABLE DISEASES

A notifiable disease is a disease that is on the list of diseases contained in the Infectious Diseases Regulations 1981 and subsequent amendments. They are listed on the table below. In 2020, Covid-19 was added to the list.

A service may be notified that a child or colleague attending or working at the centre is a confirmed case of a notifiable disease by a parent, colleague or Public Health.

If a parent or colleague notifies the centre of a confirmed case of a notifiable disease, the manager on duty communicates this to the Operations team on info@tigerschildcare.com.

It is likely that Public Health will contact Tigers Childcare. If a service is contacted directly by Public Health, the manager on duty notifies the operations team on info@tigerschildcare.com.

The manager on duty and the operations team will work together to follow the public health advice.

Notification of a confirmed case of Notifiable Disease to parents and colleagues

In the event that a child or colleague has a confirmed case of an infectious disease, parents will be informed through Child Paths. A dated notice informing is also displayed on the notice board. This provision is not necessary in the case of Covid-19 where the updated public health guidelines are followed. See Covid-19 policy.

Notification of 'Notifiable Diseases' to Tusla

Tigers Childcare is required under legislation to notify Tusla of notifiable diseases within 3 working days of becoming aware that a child or colleague attending the centre is a confirmed case. The operations team are responsible for submitting this notification. Notification of Incident's Form is available on www.tusla.ie. A separate Covid Notification of Incident form is available on www.tusla.ie in the case of Covid-19.

All notifications to Tusla are made via the operations team.

List of Notifiable Diseases

Notifiable Diseases and their respective causative pathogens			
specified to be Infectious Diseases under Infectious Diseases (Amendment) Regulations 2022 (S.I. No. 258 of 2022) May 2022			
Disease	Causative Pathogen	Disease	Causative Pathogen
Acute anterior poliomyelitis	Polio virus	Measles	Measles virus
Ano-genital warts	Human papilloma virus	Meningococcal disease	<i>Neisseria meningitidis</i>
Anthrax	<i>Bacillus anthracis</i>	Mumps	Mumps virus
<i>Bacillus cereus</i> food-borne infection/intoxication	<i>Bacillus cereus</i>	Non-specific urethritis	
Bacterial meningitis (not otherwise specified)		Novel or Rare Antimicrobial-resistant Organism (NRAO)	
Botulism	<i>Clostridium botulinum</i>	Noroviral infection	Norovirus
Brucellosis	<i>Brucella</i> spp.	Paratyphoid	<i>Salmonella</i> Paratyphi
<i>Campylobacter</i> infection	<i>Campylobacter</i> spp.	Pertussis	<i>Bordetella pertussis</i>
Carbapenemase producing <i>Enterobacteriaceae</i> , infection or colonisation	Carbapenemase producing <i>Enterobacteriaceae</i> , infection or colonisation	Plague	<i>Yersinia pestis</i>
Chancroid	<i>Haemophilus ducreyi</i>	<i>Pseudomonas aeruginosa</i> infection (invasive)	<i>Pseudomonas aeruginosa</i> (blood or CSF)
Chickenpox - hospitalised cases	Varicella-zoster virus	Q Fever	<i>Coxiella burnetii</i>
Chikungunya disease	Chikungunya virus	Rabies	Rabies virus
<i>Chlamydia trachomatis</i> Cholera	<i>Chlamydia trachomatis</i> infection (genital)	Respiratory syncytial virus infection	Respiratory syncytial virus
<i>Clostridium difficile</i> infection	<i>Vibrio cholerae</i>	Rotavirus infection	Rotavirus
disease <i>Clostridium perfringens</i> COVID-19	<i>Clostridium difficile</i> <i>Clostridium perfringens</i> (type A) food-borne	Rubella	Rubella virus
Creutzfeldt Jakob disease	SARS-CoV-2	Salmonellosis	<i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i>
variant Creutzfeldt Jakob disease		Severe Acute Respiratory Syndrome (SARS)	SARS-associated coronavirus
Cryptosporidiosis	<i>Cryptosporidium parvum</i> , <i>hominis</i>	Shigellosis	<i>Shigella</i> spp.
Cytomegalovirus infection (congenital)	Cytomegalovirus	Smallpox	Variola virus
Dengue fever	Dengue virus	Staphylococcal food poisoning	Enterotoxigenic <i>Staphylococcus aureus</i>
Diphtheria	<i>Corynebacterium diphtheriae</i> or <i>ulcerans</i> (toxin producing)	<i>Staphylococcus aureus</i> bacteraemia	<i>Staphylococcus aureus</i> (blood)
Echinococcosis	<i>Echinococcus</i> spp.	<i>Streptococcus</i> group A infection (invasive)	<i>Streptococcus pyogenes</i> (blood, CSF or other normally sterile site)
Enterococcal bacteraemia	<i>Enterococcus</i> spp. (blood)	<i>Streptococcus</i> group B infection (invasive)	<i>Streptococcus agalactiae</i> (blood, CSF or other normally sterile site)
<i>Escherichia coli</i> infection (invasive)	<i>Escherichia coli</i> (blood, CSF)	<i>Streptococcus pneumoniae</i> infection (invasive)	<i>Streptococcus pneumoniae</i> (blood, CSF or other normally sterile site)
Giardiasis	<i>Giardia lamblia</i>	Syphilis	<i>Treponema pallidum</i>
Gonorrhoea	<i>Neisseria gonorrhoeae</i>	Tetanus	<i>Clostridium tetani</i>
Granuloma inguinale	<i>Klebsiella granulomatis</i>	Toxoplasmosis	<i>Toxoplasma gondii</i>
<i>Haemophilus influenzae</i> disease (invasive) normally sterile site)	<i>Haemophilus influenzae</i> (blood, CSF or other	Trichinosis	<i>Trichinella</i> spp.
Hepatitis A (acute) infection	Hepatitis A virus	Trichomoniasis	<i>Trichomonas vaginalis</i>
Hepatitis B (acute and chronic) infection	Hepatitis B virus	Tuberculosis	<i>Mycobacterium tuberculosis</i> complex
Hepatitis C infection	Hepatitis C virus	Tularemia	<i>Francisella tularensis</i>
Hepatitis E infection	Hepatitis E virus	Typhoid	<i>Salmonella</i> Typhi
Herpes simplex (genital)	Herpes simplex virus	Typhus	<i>Rickettsia prowazekii</i>
Herpes simplex (neonatal)	Herpes simplex virus	Verotoxigenic <i>Escherichia coli</i> infection	Verotoxin producing <i>Escherichia coli</i>
Human immunodeficiency virus infection	Human immunodeficiency virus	Viral encephalitis	
Human Monkeypox infection	Monkeypox virus of the orthopoxvirus genus	Viral haemorrhagic fevers	
Influenza	Influenza A and B virus	West Nile fever	West Nile virus
<i>Klebsiella pneumoniae</i> infection (invasive)	<i>Klebsiella pneumoniae</i> (blood or CSF)	Yellow fever	Yellow fever virus
Legionellosis	<i>Legionella</i> spp.	Yersiniosis	<i>Yersinia enterocolitica</i> , <i>Yersinia pseudotuberculosis</i>
Leprosy	<i>Mycobacterium leprae</i>	Zika virus infection	Zika virus
Leptospirosis	<i>Leptospira</i> spp.		
Listeriosis	<i>Listeria monocytogenes</i>		
Lyme disease (neuroborreliosis)	<i>Borrelia burgdorferi</i>		
Lymphogranuloma venereum	<i>Chlamydia trachomatis</i>		
Malaria	<i>Plasmodium falciparum</i> , <i>vivax</i> , <i>knowlesi</i> , <i>ovale</i> , <i>malariae</i>		
<i>mcr</i> -positive <i>Enterobacteriaceae</i> infection or colonisation	<i>mcr</i> -positive <i>Enterobacteriaceae</i> infection or colonisation		

Please refer to the case definitions for the above diseases. The up-to-date list of diseases and case definitions are available on the HPSC website at www.hpsc.ie/notifiablediseases

AN OUTBREAK

An outbreak may be defined as:

- two or more linked cases of the same illness or
- the situation where the observed number of cases exceeds the expected number or
- a single case of disease caused by a significant pathogen e.g diphtheria.

Outbreaks of infectious diseases are not uncommon in childcare facilities. Fortunately, it is the common milder conditions that are most likely to occur while the more severe conditions are much less likely.

PROCEDURES FOR MANAGING OUTBREAKS

If a manager on duty has concerns about a possible outbreak of illness among children or colleagues, based on the definition above, the manager on duty can discuss this with the local Public Health and follow advice. If the manager on duty suspects an outbreak, the manager on duty discusses this with the parents and suggests a referral to the GP.

In the event of an outbreak the following measures are taken:

- The manager on duty nominates one colleague to manage the outbreak
- The manager on duty will notify the operations team on info@tigerschildcare.com
- The operations team notifies the local Public Health who will advise on outbreak management and who will liaise with Environmental Health Services.
- The manager on duty records names of all symptomatic children and colleagues, including the time of onset and the exact nature of the symptoms.
- The Operations team or the manager on duty continues to liaise with Public Health regarding new cases and progress of the outbreak.

Forms:

- Action Checklist for Vomiting/Diarrhoea Outbreak
- Diarrhoea & Vomiting Outbreak – Log Sheet for Child Cases
- Diarrhoea & Vomiting Outbreak – Log Sheet for colleagues Cases

Immunisations

If a child is not immunised, the child is excluded from Tigers Childcare during outbreaks, even if the child is well. See the Immunisation Policy for provisions regarding immunisations.

Infection Control Measures

Increased infection control measures are required during an outbreak. These are outlined in the Infection Control Policy.

Medications

For all details regarding medications, please refer to the Administration of Medication Policy.

Chronic Conditions/Long-Term Medical Needs

For provisions for children with chronic conditions and long-term medical needs, please refer to the Administration of Medication Policy.

COMMUNICATION PLAN

A copy of all policies will be available during hours of operation to colleagues and parents/guardians in the Policy Folder located in Tigers Childcare.

Parents/guardians may receive a copy of the policy at any time upon request.

Parents/guardians and colleagues will receive written notification of any updates via emails and/or Child Paths.

RELATED POLICIES

- Medications policy
- Immunisation policy
- Infection control policy
- Accident and incident policy
- Covid-19 policy

REFERENCES AND SOURCES

- The Child Care Act 1991 (Early Years Services) Regulations 2016
- Tusla (2018) Quality and regulatory framework; Full day care service and part-time day care service. Dublin: Tusla Early Years Inspectorate
- HSPC/HSE (2012) Preschool and childcare facility subcommittee: Management of infectious disease in childcare facilities and other childcare settings and Appendices.
- HSE, 10 General Guidelines on the Management of Infections / Outbreaks
- <https://www.hse.ie/eng/about/who/healthwellbeing/infectcont/sth/gl/ipcc-guidelines-section-10.pdf>

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