

# ACORNS NURSERY SCHOOL



## PARENT MANUAL 2017 -2018

Parents are encouraged to look through this Manual as it contains a wealth of information which you may find useful

Acorns Nursery School  
Shackleford Village Hall  
Shackleford  
Surrey GU8 6AE

During nursery hours call or text 01483 860 723  
Call 07900 543 759 9-5pm weekdays, or text anytime  
Email [hello@acornsnursery.org](mailto:hello@acornsnursery.org) anytime

The following pages are intended to be a Quick Guide for Parents and will hopefully answer many of the general questions parents may have.

The subjects covered include:

- Messages and Collecting Children
- Illness
- Spare Clothes
- Pegs and Wellington Boots
- Sunscreen and Sunhats
- Drinks
- News Time and Bringing in Toys from Home
- Fruit and Snack
- Birthdays
- Medicines
- Sweatshirts and T-Shirts
- Staying for Lunch
- Library Scheme
- Acorn Hunt
- Christmas Party
- Easter Egg Hunt
- Summer Party
- Keeping Parents informed of Progress
- The Do's and Don'ts of Dummies
- Information about Common Childhood Illnesses

If your question is not answered by these pages please do not hesitate to ask a member of staff.

# MESSAGES & COLLECTING CHILDREN



If there is something you need to let us know about your child (e.g. if you are collecting them early, that you are starting toilet training, or that something has happened which means they may be particularly upset that day) please speak to a member of staff who will make a note of the information and ensure that all other staff members are made aware.

If your child is to be collected by someone other than a parent or a childminder who regularly collects them please let a member of staff know. You will be asked for their name and contact details, unless they are already named on your child's personal details.

If we have not been informed of collection arrangements and someone different arrives to collect your child we will telephone you to confirm the arrangement before we hand over your child.

If your collection arrangements have to change during the morning (e.g. if you get stuck in traffic or the car breaks down) please phone Acorns during the morning to let us know of the change (01483 860 723). It may be that if a new arrangement is made during a session, and someone unknown to Acorns collects your child, we will give you a password. This password is then told to the staff, by the new collector, before releasing your child.

# ILLNESS



Unfortunately bugs and viruses spread very easily between small children. In order to safeguard the health of all our children we would ask that:

- All parents are encouraged to keep their children up to date with all recommended childhood vaccinations – this helps safeguard the population of babies, children and young people overall
- If your child is too unwell to attend please let us know the nature of their illness so staff can observe other children for symptoms - phone 01483 860 723 and speak to a member of staff. At arrival time it is often difficult to answer the phone, please leave a voicemail and a member of staff will respond as soon as possible. Alternatively you are welcome to text a message to 07900 543 759 any time.
- You do not bring any child into Acorns who has been vomiting or had diarrhoea **until at least 48 hours has passed since the last episode**
- If your child seems generally unwell in the morning please do not bring them in as they may be incubating an infection – if in doubt please keep them at home
- Cuts or open sores are covered with sticking plaster or other dressing

If your child becomes ill during a session we will phone the number given on your emergency contact form to request that they be taken home. **Please ensure that all contact information we have for you is kept up to date**

- Acorns reserves the right to refuse admission to any child who staff believe to be unwell at the time of their arrival at Nursery
- When space permits, we offer swap days for those missed through illness. Please speak to a staff member to make arrangements.

## **SPARE CLOTHES & NAPPIES**

### **All clothes, shoes and boots need to be named please**



Clothes can get wet, muddy or covered in paint despite our use of aprons. We give you a named drawstring bag when your child starts, please make sure it contains:

- T-shirt or jumper
- Skirt or trousers
- Underwear
- Socks
- Also leggings/trousers for trips to The Woods

These bags should be kept on your child's peg. Please return the bag to us when your child leaves.

If your child is in nappies please bring the following in a separate drawstring bag:

- Nappies or pull-ups, baby wipes and nappy bags
- Any used nappies will be bagged and left on your child's peg for disposal

Please don't hang backpacks on your child's pegs, they take up too much room. There should be one Acorns drawstring bag (spare clothes and Woods trousers) and, if applicable, another drawstring bag (that you supply) containing nappies etc.

# PEGS AND WELLINGTON BOOTS



When they join Acorns, children are allocated a peg marked with their name. This should be used for:

- A coat (please bring a waterproof coat every day)
- A bag of spare clothes – we provide you with a named drawstring bag
- A warm hat in cold weather
- Sunglasses are also a good addition in the summer months.
- Gloves/mittens when appropriate.
- Sunglasses and gloves can be left in your child's tray.
- If your child wears nappies please supply nappies, wipes, cream, bags etc in a separate drawstring bag.

We have a lovely garden and try to make use of it every day, whatever the weather, so a pair of wellington boots is essential.

- Please leave a pair of boots in your child's named space in the boot rack by the door to the garden.
- Boots can be left for the duration of your time with us.
- Please check termly that they still fit (staff will let you know when they notice that they are too small)

**Please name all your child's belongings**

# SUNSCREEN & SUNGLASSES



Young skin is very vulnerable to sunburn. A large part of our garden is shaded and we do not go outside at the hottest times of the day. However, if hot, sunny weather is forecast we would ask parents to:

- Apply high factor sunscreen to children before they arrive in the morning
- Sunglasses are a good idea in the summer months. Please ensure they are named
- We supply sunhats for all children, please don't bring your own as they get easily mislaid, and we have legionnaire style sunhats for everyone.
- Water is always available to the children and it is not necessary to bring a drinks bottle with your child. We take water outside during hot weather, and we take water to the woods on our visits. We also supply water and milk to all children staying for lunch so drinks containers are not necessary.

## DRINKS (please don't bring any drinks)



At Acorns we offer milk at snack and lunch times and water is available to the children at all times. We encourage children to drink from beakers and pour drinks for themselves from jugs.

Children staying to lunch can drink water or milk, supplied by Acorns.

**We prefer that children do not bring fruit smoothies, fruit juices or fruit drinks to accompany their lunch as these have a high sugar content and reduce their appetite for real food.**

It is NOT therefore necessary to bring your own drinks.

## NEWS TIME & BRINGING IN TOYS FROM HOME



Children are welcome to bring in an item or book from home. Usually we prefer that this is connected to our topics, or is special to the child because of a recent family event. Children are encouraged to show their possession and talk about it at group time. We are also always happy to hear news from the children about special events or trips they have made and they may wish to bring in an item to talk about such as a photograph, brochure, souvenir or birthday present.

We understand that children may have a particular favourite 'comfort' toy which can be a helpful when they are first settling in with us, however, over reliance on such items restricts play and we encourage children not to hold onto them all the time. Toys can be used as a comfort still and left a short distance away. This gives children the opportunity to use both hands to play. Children are encouraged to leave them at home as quickly as possible.

If your child brings in anything for news time please ensure that it is named (wherever possible), is not too fragile, precious or valuable, has no small or detachable, pieces, is not too large and is free from sharp points or edges

**We have a huge range of toys, books and games for the children to play with and share at Acorns so there is really no need for them to bring in general toys from home to play with or share.**

**We ask that children do not wear costumes or masks that may frighten some children (eg super hero type action costumes, and skeleton or monster masks ).**

# SNACK FOOD



In order to encourage healthy eating for the children, we ask all parents to supply fruit, vegetables that can be eaten raw, dried fruit, vegetable crisps and savoury carbohydrate snack food as they are able. This food is shared at snack time and supplements the amount of food Acorns has to buy. Some ideas for snack time donations are :

- Brown bread
- Bread sticks
- Naan
- Crackers
- Cheddars
- Oatcakes
- Pittas
- Crumpets
- Crispbread
- Brioche
- Rye Bread
- a pack of butter, a pack of cheese (cheddar or soft cheese are both favourites), a pot of jam or marmite occasionally are also very welcome donations.

Any fruit is welcome. We have a juicer and often make fresh fruit/carrot juice. This is popular with the children and is known as 'super juice'. It is nutritious and delicious too.

We also are pleased to receive dried fruit, cheese, butter, jam and breakfast cereal (eg Shreddies, small Weetabix). We often have toast and cheese, marmite or jam at snack time. We also occasionally have fromage frais pots and porridge too.

Snack is also offered to children staying all day. This happens at about 2.30pm and usually consists of milk, or water, or occasionally milkshake/hot chocolate, and a cracker.

**Please bring any suitable snack items whenever you are able and leave in the snack basket – they will be gratefully received.**

**No Nuts In Nursery - Please do not bring in any foods that may contain peanuts or any other nut.**

## **BIRTHDAYS (are celebrated the soonest day attending after their birthday)**



On a child's birthday (or the first day they attend following their birthday) we mark their special day by giving them a card and singing Happy Birthday during news time. For 4th birthday celebrations children make and decorate their own birthday cake and take it home to share with their family.

Children can bring in a toy or present they have been given to show the group and we will ask them about their celebrations.

Some parents like to mark their child's birthday by providing a treat for all the children. This can be a cake to share at snack time. Please

- Hand over to a member of staff
- Ensure that cake does not contain any nuts or nut products.
- Ensure that you provide sufficient numbers for every child present on that day (a maximum of 30). Cake is shared into very small pieces.

Please make sure that we know that your child is not allowed to eat cake or muffins. You will give us this information on your child's entry to Acorns.

# MEDICINES



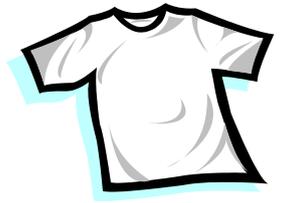
If your child needs, or may need, to be given medication (including inhalers) during the hours they are with us please discuss with a member of staff.

Please ensure:

- Medicines are in their original containers
- Medicines are clearly labelled with your child's name, dosage and instructions
- You let us know if the medicine needs to be refrigerated
- You supply an appropriate spoon or syringe for administration
- You complete and sign the Medicine Book when you arrive
- You countersign the Medicine book when you collect your child
- Medicines needed for on-going use can be left at Acorns overnight.
- Named inhalers and spacers can be left at Acorns permanently.

If the administration of a prescribed medicine requires medical knowledge (e.g. an EpiPen), please ensure that you give us full and detailed information so we can look after your child and minimise the risks.

## SWEATSHIRTS & T-SHIRTS



Despite our use of aprons, clothing will get messy! You may wish to protect your child's clothes with an Acorns' Sweatshirt or T shirt.

Children often wear the T shirt over their clothes as a larger protective layer, helping to keep paint etc off their own clothes.

These are available in two sizes and the costs are:

- Sweatshirts            £10.00      (available in size 3- 4, or 5 - 6)
- T shirts                £5.00        (available in size 3 - 4, or 5 - 6)

If you decide to purchase sweatshirts or t-shirts **please ensure they are named.**

**We sometimes have secondhand sweatshirts for sale, please ask a member of staff.**

# STAYING FOR LUNCH

Lunchtimes are a social occasion where children and adults eat together. Tables are set and children eat from plates, and are encouraged to eat all their food, and in the order of savoury first and sweeter food afterwards. Sometimes, as an activity, children wash and dry their own plates and cups after finishing lunch. Parents provide their child's packed meal in a named lunchbox.



Children can stay to lunch, and the afternoon session ends either at 1 pm or 2.45 pm. The afternoon session is aimed at more mature children, with activities for their age and stage of development. We can accommodate younger children, and in some cases these children will need a rest after lunch before activities are resumed.

Please talk to your child's key person to decide whether your child is ready for the afternoon session.

Please put lunchboxes on the trolley in the entrance lobby. **It is not necessary to include a drink as milk and water are always available.**

We ask that lunchboxes:

- Are named
- Are easily managed by your child, including any packaging
- Contain a healthy packed lunch. We ask that packaged and sugary food is kept to a minimum. Food should be real, recognisable and wholefood (not processed) wherever possible.
- Amounts and type of food to suit your child's normal appetite e.g. perhaps just a few crisps, not a whole packet, perhaps half an apple, one carrot, half a banana
- Contain a cool block in warm weather

Please do not include:

- Nut products, including peanut butter sandwiches
- Any drinks - we supply milk and water.
- Sweets
- Whole grapes - please cut them in half
- Fruit smoothies, fruit juices, fruit drinks as these all suppress the appetite for real food.
- We can supply spoons and forks. It saves yours getting lost.

We would also ask that chocolates and sweets are not included.

Please look at the lunch suggestion notice on the board in the entrance for healthy lunch ideas.

Children repack their lunchboxes after eating with any packaging and any uneaten food. This shows you how much your child has eaten, and allows you to recycle any wrappings.

# LIBRARY BOOKS, HOME NEWS BOOKS AND FAMILY BOOKS and BOOK BAGS



Your child has a named tray in the entrance. The book bag fits in the tray, with the Home News Book and My Family Book. These can be taken backwards and forwards to Acorns each day. The Home News Book, The Family Book, and The Scrap Book will all be given to you to keep when your child leaves Acorns for school.

We have a wide selection of story and reference books which we are pleased to lend to children from our 'Lending Library'. Children and parents are able to select a book as you wish, and take home and enjoy.

Please make a note of anything that involves your child at home in the Home News Book. Maybe jot down a visit by relatives, stick in a train ticket, note a favourite meal enjoyed, or anything that is a significant achievement for your child and you want to share with us.

You are also given a My Family book. Please add some photos of your family and friends. This can be used in many ways, as a comfort for your child, as a talking point for news, as a way of sharing experiences for your child. It's also useful to have photos of regular collectors such as childminders or nannies. It helps the staff get to know who is connected with your child, and who your child is talking about.

Please ensure that:

- You fill out the library book when taking out and bringing back your child's library books.
- All books your child has borrowed are returned at the end of each half term
- Your Home News Book remains in your book bag. When you have added some news please leave it in the Home News Book tray in the entrance. This enables your child's key person to catch up on family events and share news with your child. It will be returned to your child's tray when it has been read and talked about.
- You add photos to My Family Book and leave it in your child's tray.
- Your book bag is returned to us when your child leaves us

The range of library books available for the children to make their selection from is changed each term. If you have a special request for a book to borrow please ask us, we have a huge range of books, including subjects such as moving house, divorce, death, disabilities, new babies, starting school etc.

# ACORN HUNT



**We always have a 2 week half term in the Autumn term.**

During the Autumn Half Term we organise a family walk and Acorn Hunt. We usually either walk to our own woodland, or meet at a nearby common.

- All families on roll or who will be starting shortly are invited
- There is a short walk (30 minutes) along push-chair friendly paths
- Children are provided with a bag in which to collect anything interesting they find
- If children look hard they may find a special Golden Acorn!
- Children are awarded a certificate of participation

**Please note that, although staff are present at the Acorn Hunt, children are under the supervision and the responsibility of their parents/ carers during the event. We also ask that dogs are not included.**

# CHRISTMAS PARTY



We organise an end of term Christmas Party for the children each year. The Christmas Party :

- Usually takes place the day after the last day of the Autumn term (please check current term dates).
- All children on roll are invited
- Parents drop off children at start time and staff organise party and care for children during party
- Children can wear party clothes or Christmas jumpers if they wish. We usually have a red, white or green clothes theme as well.
- We provide a craft activity & party games followed by lunch (provided by Acorns)
- The party concludes with a short Christmas 'concert' (about 15 minutes). All parents and carers are invited
- There is a pre-concert mince pie social for all parents and guests in the main village hall
- Children are ready to leave with parents/carers directly after concert finishes

# EASTER EGG HUNT



At the end of Spring term we organise an Easter Egg Hunt for the children. All children will take home a bag containing Easter eggs and gifts. It is a good idea to stagger your arrival time. There will be eggs to find for everyone even if they come later. Although children look for eggs (paper) it doesn't matter if they find one, or 20, they all get an equal amount of chocolate eggs and Easter gifts to take home.

- The hunt takes place during one afternoon of the last week of the Spring term. Usually Acorns closes earlier and the Easter Egg Hunt finishes by 2.45pm.
- All families on roll are invited. Siblings are welcome too.
- The hunt takes place in Acorns' garden and may be postponed or cancelled if the weather is unsuitable.
- Access is through the church yard – not through the usual entrance door.
- Children hunt for pictures of Easter eggs which they swap for a bag of Easter treats to take home
- In the weeks before the event parents are asked to make a small donation of small wrapped Easter eggs (no nuts or praline please) and small Easter gifts.
- Children's refreshments are available.
- Sometimes there may be craft activities and homemade produce stalls too.

**Please note that, although staff are present at the Easter Egg Hunt, children are under the supervision and are the responsibility of their parents/ carers during the event.**

# SUMMER PARTY



At the end of the Summer term we organise a family get together.

- The party takes place after the last day of the summer term.
- All families on roll are invited. Siblings are welcome too. Families starting in the following term are invited as well.
- The party usually takes place at an arranged public space.
- Most families choose to bring a picnic and blanket.
- The committee sometimes arrange for ice creams and refreshments to be available

**Please note that although staff are present at the Party, children are under the supervision and are the responsibility of their parents/carers during the event.**

# KEEPING PARENTS INFORMED OF PROGRESS



We have a key person system in place. This means that:

- Each child is allocated a key person when they start with us. The key person, along with help from all members of staff, will help assess the child's development and progress throughout their time at Acorns.
- Your key person is a point of contact between you and the nursery and will make a close relationship with your child
- Please share any information you feel will help us understand your child. Your key person will update you with news and progress frequently, on an informal basis.
- Your key person will share any concerns there may be regarding development, progress or behaviour
- When your child has been with us for approximately 4 weeks your child's key person will invite you for a quick chat at the beginning or end of a session so they can let you know how your child is settling in and you can ask any questions you may have.
- We offer Parent/Key person appointments every term. This is an opportunity to catch up on your child's progress and achievements. Parents are invited to meet with their child's key person for a short time, usually at the beginning or end of a session. This is particularly useful for parents that have less opportunity to catch up every week. We are also able to offer catch up chats, by phone or email. Please talk to your key person if this is going to be more convenient for you.
- Should you wish to have an appointment with your child's key person at any other time please speak to them to arrange a mutually convenient time

To help children settle in and allow us to keep track of how your child is developing, the Welcome Pack you receive when your child starts at Acorns includes a simple questionnaire which we ask you to complete. This gives us valuable information showing us the stage your child has reached at home. In addition your child will be given a Home News Book. Please use this book to make a note of anything that involves your child at home. Maybe jot down

a visit by relatives, stick in a train ticket, note a favourite meal enjoyed, or anything that is a significant achievement for your child and you want to share with us. This is your record and will be returned to you when your child leaves Acorns.

The Home News Book will live in your child's book bag and your child's key person will look at the book. When you have added news to your child's Home News Book please leave it in the Home News Book tray in the entrance so we can share family news with your child. Acorns staff will not add to the Home News Book, just use the information to help your child progress.

Each term you will be asked to complete an update (as in Welcome Pack). This is so we can gather your updated information, understand your child better and plan for their progress.

We have various ways of recording progress and achievements – taking photographs, making observations and taking notes, and saving examples of your child's drawings and work. These are made into a Scrap Book and given to you as your child leaves us for school.

The curriculum offered throughout your child's time at Acorns is linked to meeting the Early Learning Goals at the end of the Early Years Foundation Stage (EYFS). We assess and record each child's progress towards these. The EYFS finishes at the end of Reception Year, so your child will leave us and still work within the EYFS at your chosen primary school.

Should we have any concerns that we feel need input from other professionals we will discuss our concerns with you and seek further advice. If we feel your child is experiencing any difficulties we will talk to you and work out ways to resolve any problems.

All children go through many changes as they develop, and usually when rapid development is happening in one area, another skill that seemed previously mastered is suddenly not so assured. Children's development usually follows a bumpy upward course, not a straight incline.

Please enjoy your child at every age and stage, try not to compare your child with others and remember that all children have areas where they may excel and other areas where they may struggle.

**Your child is unique, they are at this special age for a very short time, make sure you have fun together!**



# THE DO'S AND DON'TS OF DUMMIES

Dummies can be a helpful way to help settle a baby in the early months. Ideally babies should be only using a dummy at night, or to help fall asleep during the day. Even a young baby is trying to communicate, make sounds and respond to speech. A dummy blocks these attempts and can also lead to the following difficulties :

## Teeth and Mouth

- Incorrect positioning of teeth so that the bottom and top teeth at the front don't meet properly
- Tooth decay (especially the front teeth) if the dummy is dipped into sweet things
- Mouth breathing – the toddler may tend to breathe through their mouth rather than their nose - often linked to long-term dribbling
- Soreness around the mouth area may lead to discomfort and infection

## Speech and language problems / delay:

- Your toddler may not use the full range of tongue movements that are necessary for making all the speech sounds
- Your toddler has fewer opportunities to babble and use sounds to communicate

## Illness

- Your toddler may be more prone to ear infections as sucking on a dummy increases the chance of an infection back-tracking from the mouth into the eustachian tubes
- Dummy use has been associated with a higher risk of symptoms such as vomiting, fever, diarrhoea, and colic

## Coming off the dummy...

In order to avoid these problems health professionals recommend stopping dummy use as early as possible, **ideally by their first birthday but certainly by the time a child is 2.** Try these ideas to help break the habit:

- Gradually decrease the times when dummy use is allowed.
- Restrict dummy use to bedtime.
- Give fun activities, stickers or star charts as a reward (not sweets or food)
- Point out older girls and boys, who don't use dummies.
- Encourage your toddler to give their dummies away to a person who is important to them, such as a grandparent or a friend with a new baby (or ask us about the dummy tree).

## Other chewing/sucking comfort toys and cloths

- All objects, toys, and fabrics held in your child's mouth frequently or for long periods have the same effect as dummies. Encourage your toddler to break the habit.

## Drinking from babies bottles ,spouts, sports bottles.

- Encourage your baby/toddler to drink from cups during the day as soon as possible. Sucking from teats, spouts and sports bottles promotes muscle development that can cause speech and language difficulties.



# ACORNS NURSERY SCHOOL

## INFORMATION ABOUT COMMON CHILDHOOD ILLNESSES

PLEASE USE THIS SECTION TO HELP WHEN YOUR CHILD IS ILL.

IF YOUR CHILD IS NOT WELL AND NEEDS TO STAY AWAY FROM  
NURSERY PLEASE PHONE 01483 860 723 AND SPEAK TO A  
MEMBER OF STAFF, OR LEAVE A SHORT VOICEMAIL.

CHILDREN NEED TO BE ABSENT FOR 48 HOURS AFTER LAST  
EPISODE OF DIARRHOEA OR VOMITTING TO LIMIT SPREAD OF  
BUGS TO OTHER CHILDREN

## Hand, Foot and Mouth Disease

Hand, foot and mouth disease is usually a short mild illness that mainly affects children. Most children fully recover within a week. Serious complications occur rarely. This disease is NOT related to the disease with a similar name which affects animals.

### What is hand, foot and mouth disease and what causes it?

Hand, foot and mouth disease is an infection that is usually caused by a virus called the coxsackie A virus. Some cases are caused by coxsackie B virus and enterovirus 71.

### What are the symptoms of hand, foot and mouth disease?

It usually affects children under 10 years of age, but older children and adults are sometimes affected. Affected adults and older children tend to develop a milder form of the illness compared to younger children.



Like many virus infections, the illness often starts with a feeling of being unwell for a day or so. This might include a high temperature (fever). After this a sore throat commonly occurs, quickly followed by small spots that develop inside the mouth. These soon progress into small mouth ulcers.

In about 3 in 4 cases, spots develop on the skin. This is typically a day or so after the mouth ulcers develop. The spots are small lumps that are a few millimetres in diameter and usually appear on the hands and feet. Spots sometimes also appear on the buttocks, legs and genitals. They rarely develop on other parts of the body. The spots are similar to chickenpox, but are smaller. Unlike chickenpox, they are not usually itchy but can be quite tender.

### Is hand, foot and mouth disease serious?

Usually not. The fever and spots usually clear within a few days. The mouth ulcers can be painful, and may last up to a week. The sore mouth may make a child miserable for a few days. In a very small number of cases, the virus affects the heart, lung or brain to cause a serious inflammation of the heart, lung or brain. But it has to be stressed - these complications are rare. There is some evidence that infection during pregnancy *may* cause miscarriage and poor growth of the unborn baby in *some* cases - but this also seems to be rare.

### Is hand, foot and mouth disease infectious?

Yes. The incubation period is 3-6 days. This means it takes 3-6 days to develop symptoms after being infected from another person. Sometimes small outbreaks occur in nurseries and schools. It is mainly infectious until the spots and mouth ulcers have gone. However, children can still be mildly infectious for several weeks longer as the virus may be passed out with the faeces (stools) for several weeks after the symptoms have gone. It is impractical to exclude children from school or nursery once the symptoms have gone. However, it is sensible to maintain good hygiene to reduce the chance of passing on the virus. In particular, hand washing after going to the toilet.

### What is the treatment for hand, foot and mouth disease?

There is no treatment that will take away the virus. The aim is to ease symptoms until the illness goes away (which it normally does within a week or so).

You can give paracetamol (Calpol®, Disprol®, etc) or ibuprofen if the child is uncomfortable with a high temperature or a sore mouth. Give plenty to drink. Cool sloppy foods such as yoghurt may be best for a day or so if the mouth is sore. Ice lollies may help to ease a sore mouth, and are also a way of giving a drink. Tell a doctor if a child stops drinking due to a sore mouth as, rarely, dehydration may develop. Also, see a doctor if you are concerned about any symptoms.

## Chickenpox in Children Under 12

Chickenpox causes a rash and can make a child feel generally unwell. Treatment aims to ease symptoms until the illness goes. Full recovery is usual in children. Serious complications are rare but are more likely to occur in children with a poor immune system such as those on chemotherapy.

### What is chickenpox?

Chickenpox is an infection caused by the varicella-zoster virus. Most children have chickenpox at some stage. The immune system makes antibodies during the infection. These fight the virus and then provide lifelong immunity. Therefore, it is rare to have more than one bout of chickenpox in your lifetime.

### What are the symptoms of chickenpox?

- **Fever (temperature), aches and headache** often start a day or so before a rash appears.
- **Rash.** Spots appear in crops. They develop into small blisters and are itchy. They can be anywhere on the body. Several crops may develop over several days. Some children may be covered in spots, others have only a few or even none.
- **Dry cough and sore throat** are common.

Some children feel quite unwell for a few days. Others appear only mildly ill. Most are much better within a week. The blisters dry up and scab. They gradually fade, but may take up to two weeks to go completely.



### What is the treatment for chickenpox?

#### For most children

Treatment is mainly aimed at easing symptoms whilst the immune system deals with the virus.

- **Give plenty to drink** to avoid dehydration.
- **Give paracetamol or ibuprofen** to ease fever, headaches, and aches and pains.
- **Calamine lotion** put on the spots may ease itching.
- **Antihistamine tablets or liquid medicine** for children over one year old may help with sleep if itch is a problem. Give a dose at bedtime. You can buy these at pharmacies or get them on prescription.
- **Keep fingernails cut short** to stop deep scratching.

### Is chickenpox infectious?

A person with chickenpox is very infectious. The virus spreads in the air from person to person. For example, if you have not already had chickenpox, you stand a good chance of catching it if:

- You are in the same room as someone with chickenpox for more than 15 minutes, or
- You have any 'face-to-face' contact with someone with chickenpox, such as a conversation.

It takes 11-20 days to develop symptoms after catching the virus (the 'incubation period').

### Protecting others

A person with chickenpox is infectious from two days before the rash first appears until all the spots have crusted over (commonly about 5-6 days after onset of the rash). When a child is infectious keep him or her off school or nursery and also away from 'at risk' people who may get a severe illness if they get chickenpox. These include :

pregnant women who have not had chickenpox in the past. Chickenpox can be severe and cause complications during pregnancy.

- People with a poorly functioning immune system. For example, people with leukaemia, with HIV/AIDS, on steroid medication, or who are taking chemotherapy.
- The 'at risk' children listed earlier.

Healthy adults who have not had chickenpox may also want to avoid catching it as the illness tends to be worse in adults.

Note: people with chickenpox should not travel by air until six days after the last spot appeared.

## Head Lice and Nits

Head lice are common. They can usually be cleared with treatment.

### What are head lice and nits?

- **Head lice** are tiny grey/brown insects. They are about the size of a sesame seed. Head lice cling to hairs, but stay close to the scalp which they feed off. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a newly hatched louse to grow to an adult and start to lay eggs.
- **Nits** are the empty white egg shells which are left when the lice hatch. Nits look like dandruff, but stick strongly to hair. Unlike dandruff, you cannot easily brush out nits.

### Who gets head lice?

Head lice are common in children, but can affect anyone of any age. They are not a sign of dirty hair or poor hygiene. Close 'hair to hair' contact is usually needed to pass lice on. Head lice cannot jump or fly, but walk from one head to another. They soon die when away from hair, and do not live in clothes, bedding, etc. Most head lice infections are caught from family or close friends who are not aware that they have head lice.

### What are the problems with head lice?

Many people with head lice do not have any symptoms. An itchy scalp occurs in some cases. This is due to an allergy to the lice, not due to them biting. It often takes about three months for an itch to develop after you are infested with lice. Therefore, you may not notice that you have head lice for a while, and you may have passed them on to others for some time. Head lice and nits do not wash off with normal shampoo. Head lice do not cause any other medical problems. In many cases the head is not 'crawling with lice'. Commonly, there are less than 12 lice present.

### How can you tell if you have head lice?

- Head lice are difficult to find just by looking in the hair. If you suspect that your child (or you yourself) have head lice, it is best to do 'detection combing'.

### Wet combing treatment

Wet combing is a way of removing head lice without having to use a lotion to kill them. You will need to do this on every member of the household who has head lice. You need the correct toothed 'detection comb'

Wash the hair in the normal way with ordinary shampoo.

- Rinse out the shampoo and put on lots of ordinary conditioner.
- Comb the hair with a normal comb to get rid of tangles.
- When the hair is untangled switch to the detection comb.
- Slot the teeth of the detection comb into the hair at the roots so it is touching the scalp.
- Draw the detection comb through to the tips of the hair.
- Make sure that all parts of the hair are combed by working around the head.
- Check the comb for lice after each stroke. A magnifying glass may help.
- If you see any lice, clean the comb by wiping it on a tissue, or rinse it before the next stroke.
- After you have combed the whole head, rinse out the conditioner.

You need to do the above routine **at least** four times, every four days. The number of sessions required depends on the last time you see lice.

- The first combing session should remove all hatched head lice, but does not remove eggs. Therefore lice that hatch from eggs after the first session may still be present.
- Subsequent sessions clear newly hatched lice. Keep doing the combing sessions every four days until you have had three sessions where no lice are detected.
- Once you have had three sessions where you do not see any lice, it usually means that you are then free of lice.

## Threadworms

Threadworms are common but are not usually serious. Threadworms infect the gut and lay eggs around your anus which causes itch. Treatment usually includes medication plus hygiene measures. Medication kills the worms, but not their eggs which can survive for two weeks. Therefore, you also need strict hygiene measures for two weeks after taking medication to prevent you from swallowing eggs which may cause a new infection. All household members should be treated at the same time, including those without symptoms.

### What are threadworms?

Threadworms are small, thin, white, thread-like worms between 2 and 13 mm long. They infect human guts (intestines). They are common in children, but anyone of any age can be affected.

### Are threadworms harmful?

Not usually. Often, the worst thing about them is the itch and discomfort around the anus. This sometimes wakes children from sleep. Scratching may make the anus sore. Large numbers of threadworms may possibly cause mild abdominal (tummy) pains and make a child irritable. In girls, threadworms can wander forwards and lay their eggs in the vagina or urethra (the tube through which you pass urine). A doctor may check for threadworms in young girls with a vaginal discharge, bedwetting, or problems with passing urine. Rarely, threadworms can cause other problems such as loss of appetite and weight loss.

### How can I tell if my child has threadworms?

Threadworms look like thin, white, cotton threads. Sometimes you can see them in faeces (stools or motions) in the toilet. If you cannot see threadworms in the faeces, but suspect your child has threadworms (if they have an itchy bottom), try looking at the child's anus. You can do this with a torch in the late evening after the child has gone to sleep. Part the child's buttocks and look at the opening of the anus. If the child has threadworms you can often see one or two coming out of the anus. Do not be alarmed! Ask a pharmacist for advice on treatment in the next day or so.

### What is the treatment for threadworms?

All household members, including adults and those without symptoms, should be treated. This is because many people with threadworms do not have any symptoms. However, they will still pass out eggs which can then infect other people. If one member of a household is infected, it is common for others also to be infected. So, everyone needs treatment!

The common treatment is to take a medicine to kill the worms in your gut, AND hygiene measures to clear eggs which may be around your anus or in your home.

### Hygiene measures

Medication will kill the worms in the gut, but not the eggs that have been laid around the anus. These can survive for up to two weeks outside the body on underwear, bedding, in the dust, etc (as described above). So, hygiene measures aim to clear any eggs from the body and the home, and to prevent any eggs from being swallowed. This will then break the cycle of 're-infection'. After taking the first dose of medication for threadworms

- Wash sleepwear, bed linen, towels, and cuddly toys.
- Thoroughly vacuum and 'damp-dust' the whole home.
- Thoroughly clean the bathroom.
- Wear close-fitting underpants or knickers in bed, and change every morning
- Ideally, change and wash nightwear each day.

And general hygiene measures which you should always aim to do to prevent getting threadworms again:

- Wash hands and scrub under the nails first thing in the morning, after using the toilet or changing nappies, and before eating or preparing food.
- Try not to bite your nails or suck fingers, and discourage children from doing so.
- If possible, avoid sharing towels or flannels.
- Keep toothbrushes in a closed cupboard. Rinse well before use.

## Slapped Cheek Disease

Slapped cheek disease (sometimes known as Fifth Disease) is normally a mild, short illness. However, the rash may appear to be quite dramatic. No treatment is usually needed.

### What is slapped cheek disease?

It is an infection caused by the Parvovirus B19 virus. It most commonly occurs in children aged 4-12 years, but anyone can be affected. It is infectious (can be passed on). The infectious period is for 4-20 days before the rash appears. By the time the rash develops, it is usually no longer infectious.

You normally have slapped cheek disease only once in a lifetime. This is because you make antibodies during the infection which protect you from future infections with this same virus.

### What are the symptoms of slapped cheek disease?

#### Rash

Typically, the rash looks like a bright red scald on one or both cheeks. It looks as if the cheek(s) have been slapped. Sometimes there is just a blotchy redness on the face. The rash is painless. Sometimes a more widespread faint rash appears on the body, arms, and legs. Occasionally, the rash on the face and body keeps fading and returning several times for up to four weeks. However, it is more common for the rash to come and go completely within a few days.



#### Other symptoms

Although the rash can look quite dramatic, the illness itself is usually mild. You will usually not feel too ill. You may have a headache or mild temperature (fever) for a few days before the rash appears. Occasionally, mild pain and stiffness develops in one or more joints for a few days.

#### You may have no symptoms

Many people become infected with this virus without developing any symptoms at all.

### What is the treatment?

You do not usually need any treatment. If you have a headache, temperature, or aches and pains then paracetamol or ibuprofen will help.

### Are there any complications from slapped cheek disease?

Usually not. Rarely, the aching joint symptoms last for some time after the other symptoms have gone. The only times the illness may become more serious are:

- In children with some types of hereditary anaemia such as sickle cell disease, beta-thalassaemia and hereditary spherocytosis. This virus can cause these types of anaemia to become suddenly much worse.
- In pregnant women. Most pregnant women are immune to this virus, or will not be seriously affected if they become infected by it. However, like some other viruses, the virus that causes slapped cheek disease can sometimes harm an unborn child. Miscarriage is more common in women who are infected with this virus before 20 weeks of pregnancy. Therefore, if you are pregnant, keep away from people who have slapped cheek disease.

## Impetigo

Impetigo is a common contagious infection of the skin. Most cases occur in children, but it can affect anybody of any age. Antibiotic cream usually clears the infection quickly. Antibiotic tablets or liquid medicines are sometimes needed.

### What is impetigo and what does it look like?

Impetigo is a skin infection. It is usually caused by a bacterium (germ) called *Staphylococcus aureus*. Another type of bacterium called *Streptococcus pyogenes* is sometimes the cause.

- Primary impetigo is when the infection affects healthy skin.
- Secondary impetigo is when the infection affects skin that is already 'broken' by another skin condition. For example, skin with eczema, psoriasis or a cut sometimes develops a secondary impetigo.

The picture shows a typical small patch of primary impetigo on the chin of a child.



The rash typically appears 4-10 days after you have been infected with the bacteria. Small blisters develop at first. You may not see the blisters as they usually burst to leave scabby patches on the skin. Sometimes only one or two patches develop. They often look like moist, golden crusts stuck on to the skin. An area of redness (inflammation) may develop under each patch. Sometimes affected skin is just red and inflamed - especially if the 'crust' is picked or scratched off.

The face is the most common area affected but impetigo can occur on any part of the skin. Patches of impetigo vary in size, but are usually quite small - a centimeter or so to begin with. Smaller 'satellite' patches may develop around an existing patch and spread outwards.

### Who gets impetigo?

Impetigo commonly occurs in children, but it can affect anyone at any age. It occurs more commonly in hot humid weather. It is contagious and sometimes outbreaks occur in families or in people who live in close communities, such as army barracks.

You are more prone to develop impetigo if you play contact sports, have diabetes or if you have a poor immune system. For example, if you are taking chemotherapy.

### What is the treatment for impetigo?

There is a good chance that impetigo will clear without treatment after 2-3 weeks. However, treatment is usually advised as it is contagious, and severe infection sometimes develops.

An antibiotic cream used for 7-10 days is the usual treatment if there are only a few small patches of impetigo on the skin. The crusts should be cleaned off with warm soapy water before applying the cream. This allows the antibiotic to penetrate into the skin. Antibiotic liquid medicine or tablets may be prescribed in some situations. For example, if the rash is more widespread, or if you have a poor immune system, or if you are generally unwell with symptoms such as fever and swollen lymph glands.

As impetigo is contagious (which means it can be passed on by touching):

- Try not to touch patches of impetigo, and do not allow other children to touch them.
- Wash your hands after touching a patch of impetigo, and after applying antibiotic cream.
- Don't share towels, flannels, bathwater, etc, until the infection has gone.
- Children should be kept off school or nursery until there is no more blistering or crusting, or until 48 hours after antibiotic treatment has been started.

## Roseola

Roseola (which is sometimes called roseola infantum or Sixth Disease) is a virus infection. It is quite common and mainly affects young children between six months and two years. It is usually a mild infection that causes no long term problems. Full recovery is usual.

### What are the symptoms of roseola?

- A fever (high temperature) suddenly develops. The child can be flushed, irritable, and unwell with the fever. The fever typically lasts 3-4 days and then drops quickly back to normal.
- A rash appears 3-4 days after the fever starts. It typically occurs just as the fever drops to normal, and when the child is getting better. Small pink spots appear on many areas of the skin. It lasts a couple of days or so, and then goes.
- A sore throat may develop, and the child may go off food.
- Some glands in the neck may swell.



Roseola is often diagnosed when the child is getting better. At first the high fever may cause concern to parents and doctors if it is not clear what is causing it. Other more serious illnesses may need to be ruled out. The sudden drop in fever, and the appearance of the typical rash is reassuring. It indicates that the fever has been caused by the roseola virus and nothing more serious.

### Are there any complications from roseola?

Complications from roseola are rare. Sometimes the high fever can cause a febrile convulsion (fit). This can be alarming but is usually not serious. Brain inflammation (encephalitis) and liver inflammation (hepatitis) are very rare complications.

### What is the treatment for roseola?

There is no treatment that kills the virus. The aim is to keep the child comfortable, and reduce the fever until the illness goes.

- Give regular paracetamol liquid (Calpol, Disprol, etc). Paracetamol reduces fever and eases aches and pains. Ibuprofen is an alternative.
- Keep the child cool. If the room is warm then take all their clothes off.
- Give lots of cool drinks. This helps to lower the fever and prevents dehydration.

# Meningitis

## What is meningitis?

Meningitis, an inflammation of the membranes that cover the brain and spinal cord, can be caused by infection with a bacterium or virus.

There are two main types of meningitis:

- Viral meningitis - tends to appear in summer months and is generally much less severe. Most people recover fully. Initially, vague flu-like symptoms occur with fever and muscle aches.
- Bacterial meningitis - tends to be more severe, with a serious risk of complications and death. Any type of bacteria can cause it, but in the UK the most common types are meningococcal and pneumococcal bacteria.

The bacteria that cause meningitis vary with a person's age, but meningococcal meningitis is the most common. Meningococcal bacteria are very common and are usually carried harmlessly in people's noses and throats. It is only when the bacteria get into the wrong place that they cause disease.

Meningococcal septicaemia (when the bacteria get into the blood stream) is the more life-threatening form of meningococcal disease. It can present alone or with meningitis, but is more dangerous when it occurs alone and causes most deaths from meningococcal infection. It typically presents with a pin-prick rash that doesn't fade when pressed. This rash can spread rapidly to form blotches all over the body.

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## Meningitis symptoms

In bacterial meningitis, symptoms can develop rapidly, often within hours. The symptoms of viral meningitis may take a couple of days to develop.

**If you're worried that someone has meningitis, or has a rash that doesn't fade when you press a glass on it (the glass test), you must seek medical advice immediately.**

Symptoms in babies and small children include:

- Stiff body with jerky movements, or very floppy
- Irritability, or dislike of being handled
- A shrill cry or unusual moaning
- Refusal to feed
- Tense or bulging fontanelle (soft spot on head)
- Pale blotchy skin
- Rapid breathing
- Fever
- Lethargy

Symptoms in adults and older children include:

- A rash that doesn't fade under pressure (try pressing a glass against the skin)
- High fever
- Severe headache

- Stiff neck
- Dislike of bright light
- Drowsiness
- Confusion and irritability
- Vomiting
- Muscle pains, stomach cramps and diarrhoea
- Cold and pale hands and feet

Complications, especially in bacterial meningitis, include damage to hearing, damage to other nerves in the body, brain abscesses, stroke, and collections of fluid on or in the brain.

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### **Meningitis causes**

Although both viral and bacterial meningitis can occur at any age, babies and young children are particularly at risk of meningococcal infection and all types of bacterial meningitis. An additional high risk group is people aged between 15 and 24.

Less than 5% of people with meningococcal meningitis die from the disease. (Meningococcal septicaemia has a higher death rate.)

### **Meningitis treatment**

Delays in treatment increase the risk of long-term damage. If you suspect meningitis, get urgent medical advice. Treatment depends on the cause of the meningitis, but intravenous antibiotics will be started immediately and continued if tests confirm the bacterial form.

**Routine vaccination** protects against some types of bacterial meningitis, including those caused by one type of meningococcus (MenC), Haemophilus influenzae (Hib vaccine) and invasive pneumococcal disease (PCV vaccine).

Vaccination against the mumps virus (for example with the MMR vaccine given routinely to children) protects against viral meningitis caused by mumps.

People who have been in close contact with someone who has bacterial meningitis may need to take antibiotics as a preventative measure.

## Measles

Measles is an infection caused by the measles virus. It mainly affects children, but can occur at any age. It is rare in the UK due to immunisation. The illness is unpleasant, but most children fully recover. However, some children develop serious complications.

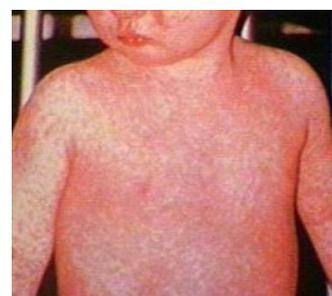
### What is measles?

Measles is a highly infectious illness caused by the rubeola virus. The virus lives in the mucus of the nose and throat of people with this infection. Physical contact, coughing and sneezing can spread the infection. In addition, infected droplets of mucus can remain active and contagious for around two hours. This means that the virus can live outside the body, for example on surfaces and door handles.

### What are the symptoms of measles?

It takes between 6-21 days for the virus to cause symptoms. Once you are infected with the virus, it multiplies in the back of your throat and in your lungs. It then spreads throughout your body. The following are the most common symptoms of measles:

- A high temperature, sore eyes (conjunctivitis), and a runny nose usually occur first.
- Small white spots usually develop inside the mouth a day or so later.
- A harsh dry cough is usual.
- Going off food, tiredness, and aches and pains are usual.
- Diarrhoea and/or vomiting is common.
- A red blotchy rash normally develops about 3-4 days after the first symptoms. It usually starts on the head and neck, and spreads down the body. It takes 2-3 days to cover most of the body. The rash often turns a brownish colour and gradually fades over a few days.
- Children are usually quite unwell and miserable for 3-5 days. After this the fever tends to ease, and then the rash fades. The other symptoms gradually ease and go.



Most children are better within 7-10 days. An irritating cough may persist for several days after other symptoms have gone. The immune system makes antibodies during the infection. These fight off the virus and then provide lifelong immunity. It is therefore rare to have more than one bout of measles.

Some people mistake rashes caused by other viruses for measles. Measles is not just a mild red rash that soon goes. The measles virus causes an unpleasant, and sometimes serious, illness. The rash is just one part of this illness.

**Note:** you are infectious for 2-4 days before the rash of measles appears and for about five days after it appears.

### How is measles diagnosed?

Your doctor will usually be able to diagnose measles from the combination of your symptoms, especially the characteristic rash and the small spots inside your mouth. However, a simple blood or saliva test may be taken which can confirm the diagnosis.

### What are the possible complications of measles?

More common complications include:

- Conjunctivitis (eye infection)
- Laryngitis (inflammation of the voicebox)
- Ear infection causing earache
- Infections of the airways, such as bronchitis and croup, which can be common.

Although these are distressing, they are not usually serious.

Less common complications of measles are listed below:

- A febrile convulsion (fit) occurs in about 1 in 200 cases. This can be alarming, but full recovery is usual.
- Brain inflammation (encephalitis) is a rare but very serious complication. It occurs in about 1 in 5,000 cases. It typically causes drowsiness, headache and vomiting which starts about 7-10 days after the onset of the rash. Encephalitis may cause brain damage.

- Hepatitis (liver infection).
- Pneumonia (lung infection) is a serious complication that sometimes develops. Typical symptoms include fast or difficult breathing, chest pains, and generally becoming more ill.
- Squint is more common in children who have had measles. The virus may affect the nerve or muscles to the eye.

### **What are the treatments for measles?**

There is no specific medicine that kills the measles virus. Treatment aims to ease symptoms until the body's immune system clears the infection. For most cases, rest and simple measures to reduce a fever are all that are needed for a full recovery. Symptoms will usually disappear within 7-10 days.

The following measures are often useful:

- Children should drink as much as possible to prevent dehydration. Ice lollies are a useful way of giving extra fluid and keeping cool.
- Paracetamol or ibuprofen can be taken to ease fever and aches and pains. You should keep the child cool (but not cold).
- Cough remedies have little benefit on any coughs.
- Antibiotics do not kill the measles virus and so are not normally given. They may be prescribed if a complication develops, such as an ear infection or pneumonia. Antibiotics kill bacteria and then help in these complications.

### **When to see a doctor?**

Most children recover. A doctor will normally confirm that the illness is measles. However, you should see a doctor again if symptoms get worse, or if you suspect a complication.

The main serious symptoms to look out for are:

- Drowsiness.
- Dehydration. This may be developing if the child drinks little, passes little urine, has a dry mouth and tongue or becomes drowsy.
- Breathing difficulties.
- Convulsion (fit).

### **Is measles infectious?**

Yes, it is very infectious. It is passed on by coughing and sneezing the virus into the air. It takes 10-14 days to develop symptoms after being infected. You are infectious from a day before symptoms begin until about five days after the rash first appears. Therefore, children with measles should not mix with others and should stay off school.

Anyone who has not had measles before can be infected. However, cases of re-infection after having had the virus are extremely rare because the body will have built up immunity to the virus.

### **Measles immunisation**

Immunisation is routine in the UK as part of the Measles, Mumps and Rubella (MMR) vaccine. Two doses are usual - the first for children aged about 13 months and the second about three years later. Immunisation gives excellent protection and so measles is now rare in the UK. However, unfortunately, measles is becoming more common again in children in some areas of the UK. This is due to some children not receiving the MMR vaccine.

**Acorns has more information sheets to cover Ticks & Fleas, Scarlet Fever and Molluscum Contagiosum. Please ask.**

**Please always inform Acorns of your child's current illness so we can make all parents aware of which illnesses, viruses and bugs are circulating. Thank you.**