Respiratory infections

Description

Respiratory infections and glue ear are significant concerns for early childhood centres as it can affect the nose, throat and airways. It may be caused by several different viruses or bacteria.

How does it spread?

Respiratory infections are spread through direct contact with saliva or nasal secretions (on hands, objects or surface), as well as the breathing in (inhalation) of airborne droplets.

Exclusion period

Determining when a child may or may not attend the centre can be very tricky. These guidelines will help you to make this decision and gives practical information to help reduce the number of respiratory infections in your centre.

A child should not attend the centre if:

- They have an illness that prevents them from participating comfortably in programme activities.
- The illness results in a greater care need than the centre can reasonably provide without compromising the health and safety of the other children.
- They are coughing or sneezing as the result of an infection such as a cold, or have a runny nose, which makes it difficult to control the spread of nasal secretions.

Specific respiratory infections

Green noses

The common cold virus can cause green nasal secretions and a phlegmy/congested sounding cough. The green colour is an indication that bacteria and fungi are being digested by white blood cells. This is an important part of the body's defence system, but it does not always mean that a bacterial infection is present. **A doctor should make this diagnosis.**

See our fact sheet on green noses.

Glue Ear

Glue ear is a condition where the middle ear fills up with a glue-like fluid. It is caused by a blockage of the eustachian tube. The tube helps drain fluid away from the middle ear to the back of the throat, allowing air into the middle ear. When this tube is blocked children do not hear clearly.

Glue ear often happens after a child has an ear infection because the fluid can remain in the middle ear event though the infection has gone. Glue ear is also more common after a cold. Blocked noses, enlarged adenoids, colds or allergies can all cause blockages of the eustachian tube.

See our fact sheet on glue ear.

Respiratory infections

Responsibilities of staff

- Respiratory infections spread easily amongst groups of children which makes early childhood services high risk. Having good heating (18°C or higher) and good air flow throughout the centre reduces this risk. It is especially important in the sleep room.
- Hold babies in an upright position when bottle feeding.
- Wash your hands thoroughly after wiping noses. If it's not possible to wash your hands every time you wipe a child's nose, use hand sanitisers/gels. Place hand sanitisers/gels in convenient places around your centre, out of reach of children.
- Observe children with consistent nasal congestion or frequent green runny noses and speak to parents if you are concerned. Snoring and breathing through the mouth may be signs of congestion.
- If a child has had a cold, or other respiratory infection, be alert for signs of hearing loss. These signs may include: delays in language development, lack of balance and coordination, stubbornness, lack of attention, learning disability, or no response from the child when not facing you.
- Encourage children to blow their noses regularly as this will help to keep the tubes clear.

Responsibilities of parents

- Keep your child home if they have an illness that prevents them from participating comfortably in programme activities, or will require greater care than the centre can reasonably provide.

Treatment

Your family doctor will prescribe the required treatment based on what respiratory illness your child has.