

**Prevention and Control of Infection
Guidelines for Early Years and School
Settings**

April 2016

Document Purpose	Guidance for Managers, Head Teachers and Staff in Early Years and School Settings in the management of infections in a prompt manner whilst reducing the potential spread of infections within such environments
Title	Prevention and Control of Infection Guidelines for Early years and school setting
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	Content	Page
1	Introduction	4
2	Role of the manager/ head teacher or their deputy	5
3	Staff Health	5
4	Food Handlers	5
5	Chain of Infection	6
5.1	Micro-organisms	7
5.2	Reservoir	7
5.3	Portal of exit/entry	7
5.4	Mode of Spread	7
5.5	Susceptible Host	8
6	Hand Washing and Skin Care	8
6.1	Hand washing technique	8

6.2	When should we wash hands	9
6.3	Alcohol hand rub gel	10
6.4	Skin care	10
6.5	Gloves	10
7	Toilet and nappy changing facilities	11
7.1	Children in nappies	11
7.2	The changing room	11
7.3	Children on potties-toilet training	12
7.4	Children on the toilet	12
7.5	Face cloths/ towels	13
7.6	Devices	13
8	Cleaning	13
8.1	Cleaning Programmes	13
8.2	Definition of terms	14
8.3	What agents should be used for cleaning	15
8.4	What other resources are needed	15
9	Care of play equipment	16
9.1	Selecting and managing toys	16
9.2	Play dough/ plasticine	17
9.3	Plastic/ wooden toys	17
9.4	Electrical/ mechanical toys	17
9.5	Storage of toys	17
9.6	Second hand toys	17
9.7	Water play equipment	17
9.8	Sandpits	18
9.9	What to do with toys in the outbreak of gastroenteritis	18
10	Linen	18
11	Spillages of body fluids	18
11.1	Urine, vomit, faeces and blood	18
11.2	Carpets and soft furnishings	19
12	Cuts, Bites and Needle Stick Injuries	19
12.1	Human bites	19
12.2	Animal bites	20
12.3	Needle stick injuries	20
13	Action to take in an outbreak	21
13.1	Why are outbreaks important	21
13.2	How do we know there may be an outbreak	21
13.3	What should the manager/ head teacher/ deputy do?	21

13.4	Infectious diseases in nurseries, pre-school or school settings	22
13.5	Exclusion of children	22
13.6	Exclusion periods	23
14	Immunisations	25
14.1	What common reactions should be expected after vaccination	25
14.2	Current childhood immunisation schedule	26
15	Good hygiene practices and first aid	27
16	Contact with animals	27
16.1	Pets and animals	27
16.2	Farm or zoo visits	28
17	Consultation and development schedule	29
18	References	30
19	Appendix	31

1. Introduction

These guidelines have been produced by Health Protection Services (HPS) in collaboration with colleagues across the departments of Health and Social Services (HSSD) and Education, Sports and Culture (ESC).

Schools and nurseries, whether States managed or private sector, are ideal environments for the spread of infection and infectious diseases. Young children, in particular those who attend nurseries and pre-school facilities, may be more susceptible to infection and infectious diseases because:-

- they have an immature immune system and may not have had previous encounters with micro-organisms that cause infection
- they will not have completed their full course of childhood immunisation
- the degree of close contact with other young children
- the lack of understanding due to their young age of the importance of good hygiene practices
- the tactile nature of children's play and their natural intimacy with others

All of these premises aim to provide children with a safe environment for growth, development and learning. It is also important to implement good infection prevention and control measures to protect both children and staff.

These guidelines contain information for all staff including external contractors such as domestic cleaners and catering staff and are aimed at providing an understanding and awareness of:

Cleaning
Good Hygiene Practices
Infection Prevention and Control
Safe Food Handling

There is also information on common childhood infections, how to control their spread and the required exclusion period should a child become ill. An immunisation

schedule has been included, along with background information on immunisation in Jersey.

It is expected that each Manager / Head Teacher will implement and follow the guidance within this document as a standard procedure for dealing with infections and ways in which to reduce the potential of infections across all community educational facilities. These guidelines should lay out roles and responsibilities, particularly in relation to co-ordination of infection prevention and control within the premises and effective cleaning programmes.

This guidance is also designed to be used as the basis for information to be included in staff handbooks and information provided to parents.

“**Premises**” in these guidelines will include nurseries, pre-school facilities, playgroups, mums and toddler groups, breakfast clubs, after school clubs, schools and facilities such as Highlands College.

2 Role of the Manager / Head Teacher or their Deputy

The Manager / Head teacher:

- Will inform the appropriate authorities of serious problems relating to infectious disease e.g. Health Protection Service officers (HPS), Community Infection Control Nurse (CICN).
- Will notify the School Nurse or Health Visitor (Family Nursing & Home Care).
- Will monitor the levels of absenteeism and report if necessary
- Will ensure that adequate time and resources are allocated to maintain good hygiene practices
- Will, in the event of an outbreak, increase awareness and institute supervision of good hygiene practices
- Will discuss and agree measures deemed necessary for infection prevention and control with HPS and the CICN as appropriate.

3 Staff Health

It is good practice for all staff to complete a pre-employment questionnaire prior to commencing work.

Pregnant staff

It is rare for teaching or nursery staff to incur any significant health effects from children having an infection in school or in nursery. It is good practice, however, for female staff of childbearing age to be kept informed when there are cases of children with chickenpox (Varicella), German measles (rubella) or slapped cheek syndrome (parvovirus). If staffs have concerns, they are recommended to contact their own General Practitioner (GP) or midwife.

If women are considering getting pregnant and are concerned about their rubella immunisation status they should discuss this with their GP. Similarly, if they are unsure if they have themselves previously been exposed to chickenpox, they should discuss this with their doctor.

4 Food Handlers

If school meals staff contract certain communicable diseases, or develop septic/infectious lesions on exposed skin, there may be a risk of food contamination. Food handlers are reminded that there is a statutory obligation for them to notify their supervisor if they are suffering from any of the following diseases:-

- Diarrhoea – unless the diarrhoea is known to be due to a non infectious cause e.g. celiac disease
- Dysentery
- E coli 0157
- Hepatitis A (infective jaundice)
- Other Salmonella infections
- Staphylococcal infections likely to cause food poisoning e.g. impetigo, septic skin rashes, exposed infected wounds, boils etc
- Paratyphoid fever
- Typhoid fever

The catering manager must **not** allow any person known or suspected to be suffering from any of the above diseases, to work in any food handling areas where there is the potential for food to be contaminated with pathogenic micro-organisms.

In such any cases, contact the Environmental Health Service (Tel: 445808) for advice.

Any food handler, who develops symptoms of vomiting and/or diarrhoea, or other symptoms associated with the above diseases, should not return to work in any food handling capacity until he/she has been free of symptoms for at least a minimum of 48 hours.

Premises - Food safety and hygiene

All preparation, heating and service of food in the facility must be done safely in clean hygienic surroundings so as to prevent the risk of cross contamination and the growth of harmful bacteria.

All catering facilities must be registered with Environmental Health and comply with the requirements of the Food Safety (Jersey) Law 1966 and associated regulations. Advice must be sought from Environmental Health Officers prior to the installation of new kitchen facilities, and can be given at any time for existing facilities.

In general:

- All kitchens must have well maintained, washable surfaces
- They must be pest proof
- A wash separate and dedicated hand basin must be available for staff to wash their hands before they handle or prepare food
- Persons involved with the preparation and cooking of food must be trained to CIEH Level 2 Award in Food Safety, or equivalent. Other staff must receive training commensurate with their work activities. Please contact Environmental Health on telephone number 445808 for advice

on training. All other staff must receive appropriate training in Food Hygiene and Infection Control.

- Prepared food and packed lunches brought in by parents must be kept cool.

5 Chain of Infection

The process by which disease and infection is spread within a school; nursery or healthcare environment can be thought of as a continuous chain. All the links must be maintained and in the proper order for infection to be transmitted. There are 5 links in the chain;

5.1 Micro organisms

The term micro organism is used to describe any organism which is too small to be seen with the naked eye. There are many types of micro organisms some of which cause illness. A number of micro organisms live in or on some parts of the body and are known as the body's normal flora. Some of these may cause illness if they find their way into other areas of the body.

Micro organisms can be classified as follows:

- Bacteria
- Viruses
- Fungi
- Protozoa

5.2 Reservoir

- The reservoir is where the organism causing the infection can be found. Examples include:
 - Children
 - Staff
 - Equipment
 - Environment e.g. dust, soil
 - Animals, insects
 - Food/water

5.3 Portal of Exit/Entry

Every microorganism needs to have an entry point into the human body, portal of entry. To transmit to another host it must be able to leave the body via a portal of exit. The route of entry and exit may be different. Open wounds such as grazes if left uncovered may allow microorganisms an ideal environment to thrive and reproduce.

5.4 Mode of Spread

All micro organisms need a mode of transmission. This can be through:-

- **Airborne route**, this can be either by bacteria or viruses being carried on skin cells that are shed by our bodies, or by respiratory droplets that are expelled when we cough, sneeze or talk. These are then ingested or inhaled by the next person, who contracts the infection
- **Faecal-oral route**; for some infections e.g. gastroenteritis or Hepatitis A, the infecting organism is excreted in the faeces. The hands of an infected person

may become contaminated after using the toilet, and so thorough hand washing is essential then and before eating food

- **Contact – direct (person to person)**, Skin contact e.g. holding hands can aid the spread of some contagious diseases such as ringworm and scabies. Head to head contact will also facilitate the spread of head lice.
- **Blood and body fluids**; Some communicable diseases can not be spread to other people without direct transfer of body fluids such as blood and semen, from an infected person into another person's body. This can only be achieved by means such as injection or sexual intercourse. These diseases cannot, therefore, be transmitted through normal nursery or school activities or social contact. This will include diseases such as Hepatitis B virus, Hepatitis C virus, or the HIV virus, which is the cause of 'AIDS (Acquired Immune Deficiency Syndrome)'. In cases of blood/body fluid contamination of broken skin, seek immediate medical advice from the Emergency Department at Jersey General Hospital or CICN (See Section 12)
- **Insects and parasites**; transmission occurs through contact with animals/ animal faeces

5.5 Susceptible Host

For infection to occur once the micro organism has reached its target, the person must be at risk of infection. Factors that affect a person's susceptibility to infection include:

- Age (the very young and the elderly)
- Immune status
- Physical well-being
- Psychological well-being
- Hygiene
- Underlying chronic diseases or medical conditions

6 Hand washing and skin care

Hand hygiene is the single most effective method of preventing cross infection. Bacteria can be found just about anywhere. They are transferred to our hands when we touch other people, animals, body fluids, contaminated surfaces and food, and when we cough and sneeze. If we don't wash our hands properly, these bacteria can then be passed into our bodies when we eat, to other people, onto food and onto surfaces that we touch. Good hand washing is the single most effective way of stopping bacteria and viruses from getting into our bodies and causing infection.

The aim of routine hand decontamination is to remove transient bacteria that may have been picked up on the hands before they can be transferred on and potentially cause illness. After washing, hands should be thoroughly dried using disposable paper towels or a hand drier.

Thorough hand washing, using an effective hand washing technique, will result in a significant reduction of the amount of these bacteria

6.1 Hand washing technique

Soap and water

- Wet hands and apply liquid soap

- Rub hands vigorously for 20-30 seconds using the 6 stage technique (For children this activity could be sung along to one verse of “Old MacDonald has a farm”)
- Rinse thoroughly and dry properly using paper towels
- Nail brushes should not be used routinely but if required these should be disposable

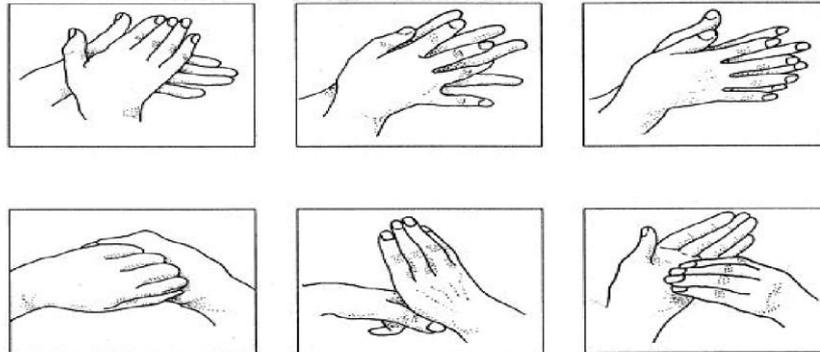


Fig1. 6 Stage

6.2 When should we wash hands?

Hands should be washed regularly throughout the day, and particularly if they look dirty. There are other key times when hands should be washed:

- after using the toilet or helping a child to use the toilet
- after changing a nappy or handling a potty (even if you have worn gloves)
- after coughing, sneezing or blowing your nose, assistance may be offered to wipe their noses.
- after handling food
- after administering first aid
- after contact with blood, faecal material or vomit
- after cleaning, putting out rubbish or gardening
- before snacks and lunch
- before handling cooked or ready to eat products
- before preparing or heating foods

Hand washing tips

- Encourage both staff and children to wash their hands frequently. Hands must be washed before snacks and lunch. Toddlers and young children must have safe access to a child height sink. The use of a bowl of water and/or a flannel is not acceptable.
- Use a designated wash hand basin and not a sink used for food preparation as this is not acceptable.
- Check regularly that there are sufficient supplies of soap and paper towels available. (Assign a member of staff to do this)
- Ensure that the hot water is at a controlled temperature, not exceeding 43°C at the tap where children have access to it.
- Supervise children’s hand washing, and show them what to do. It is important to embed good practices right from the start. Help ensure that they dry their hands thoroughly. Wet hands will contribute to the spread of bacteria.

- Teach children to cough or sneeze into a tissue and dispose of it carefully.

Other hand hygiene tips

- Artificial nails should not be worn at work
- Cover abrasions and cuts on hands with waterproof dressings
- Keep nails short and clean
- Only wear a plain wedding band if preparing food
- Nailbrushes are not recommended in nurseries, pre-school and schools settings as they are a source of infection.
- Promote good hand hygiene with parents □ Remove nail varnish at work
- Remove jewellery before washing hands

6.3 Alcohol hand rub

Alcohol gels or hand rubs offer a practical and acceptable alternative to hand washing in many situations, as long as hands are not dirty or have undertaken a dirty procedure e.g. nappy changing. Alcohol hand rub gels are only recommended for use by staff and not for general use by pupils.

Alcohol is useful for rapid hand decontamination between interaction with children, particularly where access to adequate hand washing facilities may be difficult e.g. when away from the premises. The build up of emollients (used in the alcohol to moisturise and protect hands) from some of the alcohol hand rubs available mean that hands need to be washed with soap and water after 2-3 applications of alcohol hand rub.

It is advised that children do not have access to alcohol hand rub gel due to the potential risks of ingestion.

NB; It is important to note that alcohol is not a cleansing agent, to be used in place of hand washing, and thus visible dirt must be removed with soap and water.

6.4 Skin care

Intact skin provides an effective barrier against infection. It is important to keep the skin in good condition by using the correct hand washing method, drying hands thoroughly and regular use of hand creams and emollients will help maintain an effective barrier.

6.5 Gloves

Single use disposable gloves must be worn when there is, or is likely to be, the risk of contact with body fluids (including faeces, urine, vomit and blood). Gloves must not be washed or reused, and must be disposed of hygienically after removal. The use of gloves is not a substitute for good hand washing. Therefore, hands must be washed after removing and disposing of gloves.

7 Toilet and Nappy Facilities

7.1 Children in nappies

Nappy changing requires scrupulous hygiene procedures to prevent bacteria being transmitted to staff or between children, by means of hands and contact surfaces.

A nappy changing procedure should be devised, communicated to all staff and implemented. It should be monitored regularly to check that the procedures that are being followed are working effectively.

The changing mat should be clean before use and preferably covered with a disposable paper towel. The mat should be thoroughly cleaned after each use. Mats must be checked weekly for any signs of damage and be made of a material that allows it to be wiped clean after each use. Worn mats must be disposed of and replaced immediately.

Staff should wear disposable aprons and gloves before starting (both vinyl and latex gloves should be available).

Nappies, and other soiled materials, should be put into a nappy sac and disposed of in a bin fitted with a bin liner. This bin must have a pedal operated lid. Gloves should then be removed and hands washed.

Nappy bins must be emptied when they are about two thirds full to allow the lids to close fully. The interior and exterior surfaces of the bin must be cleaned and disinfected before replacing the liner. Supplies of liquid soap and paper towels must be checked and replenished regularly.

It is important that staff is made aware as to who is responsible for these various activities and to ensure that they are carried out.

Staff involved in food preparation should not be involved in nappy changing. However, in exceptional circumstances this can not be avoided then scrupulous hand washing must be observed.

7.2 The changing room

A separate ventilated room should be provided for baby changing, and washing of children who have had vomiting and diarrhoea.

The baby changing station should be sited at a convenient height for all staff. All parts must be washable. Mats must be removable so that they can be replaced when damaged. Baby restraints must also be removable for washing.

A wash hand basin, together with a supply of hot and cold water, or hot water at a suitably controlled temperature should be provided, in a convenient and readily accessible location. This should be used solely by staff to wash their hands. A supply of liquid soap and disposable paper towels must also be provided.

A suitable facility, such as a bath (may be a baby bath), shower or Belfast sink should be provided and used only for washing children who become soiled. This facility must be thoroughly cleaned and disinfected after use.

Separate pigeon holes for each child's personal change materials (nappies, barrier cream etc) must be provided convenient to the changing facility, and labelled with their name. It is recommended that tubs of cream be labelled with the child's name to avoid confusion. Nappy creams / lotions etc should be clearly labelled with child's name and **must not** be shared between the children.

7.2 Children on potties – toilet training

- Children who are being toilet trained should only use a potty until they are able to sit on the toilet, and must be supervised at all times.
- A separate potty should be made available to every child who requires one. □ Effective hand washing by the child should take place after using the potty.
- Potties should be emptied in the toilet and then cleaned, dried and stored upside down, and not stacked.
- A dedicated sink (i.e. not a wash hand basin) should be sited in the area where potties are used, purely for cleaning purposes.
- All cleaning materials must be kept in a separate lockable storage area.
- Staff emptying potties should wear disposable gloves and a disposable apron.

7.3 Children on the toilet

Children should be supervised to ensure they wash their hands after using the toilet. Young children will need to be supervised when going to the toilet, and taught to flush the toilet after they have used it.

The following facilities should be available:-

- Adult size facilities should be made readily available to staff.
- Children should not have to leave the toilet area to wash hands.
- Taps should be easily accessible to children.
- Warm running water should be available as this will encourage children to wash hands and will allow the soap to lather and clean more effectively. Filling wash basins with water for sharing is discouraged.
- Liquid soap is preferable as bar soap can easily become infected.
- Disposable towels are the only satisfactory way of drying hands, alternatively hand driers may also be used. An adequate supply should be provided with foot operated lidded bins for disposal.

Toilet bowls, and contact surfaces such as flush handles, doors and door handles and taps are all likely to be contaminated by bacteria and are therefore a source of infection. Toilets must be checked and cleaned regularly throughout the day to reduce the risk of transmission of infection.

7.4 Face cloths / towels

The use of face cloths in nurseries, pre-school and school settings should be discouraged. Even if the children have their own face cloths, there is risk of infection. Children's faces should be cleansed with a disposable wipe and then dried with a soft paper towel.

Washable cotton towels should only be used after baths, showers or the swimming baths. They should not be made available near toilets.

7.5 Devices

Children and staff who have medical devices insitu such as catheters or colostomy bags may wish to seek advice on infection control from the CICN.

8 Cleaning

A clean environment is essential to prevent the spread of infection. Germs cannot grow on clean dry surfaces.

In some settings, specific legislation requires cleaning e.g. the requirements of the *Day Care of Children (Jersey) Law 2002*, states that areas and equipment used by children must be maintained to a satisfactory level of hygiene.

8.1 Cleaning programmes

A cleaning policy and schedule are vital if this is to be achieved. The cleaning policy provides the detailed background information from which the cleaning schedule or rota is devised. It **must** cover the following areas:

Who will do the cleaning?

It is vital that cleaning responsibilities are clearly identified, whether the cleaning is done by nursery staff or contract cleaners. Everyone must know who is doing what.

What is to be cleaned?

All areas of the facility will require cleaning – contact surfaces, toys, play equipment, soft furnishings, carpets, toilet areas, catering facilities etc. If contract cleaners are employed, it must be made very clear to them, from the start, exactly which areas are their responsibility for cleaning.

When will cleaning take place?

You will need to establish the frequency with which each item or area is cleaned. This will be influenced by the risk that item poses in the transmission of infection and the area in which they are located. For example, items in the baby room will require more frequent cleaning than those in the classroom. There will also be situations when you will be required to respond very quickly to a situation where detailed cleaning is required. This would be the case if there was an occurrence of sudden vomiting or diarrhoea in one of the rooms, which could be due to the highly infectious Norovirus. Cleaning in this situation would require the use of specific cleaning methods, cleaning products and protective equipment to minimise the risk of the virus spreading to other children and staff. (*For specific guidance see Appendix 3*).

How to clean?

Procedures on correct cleaning methods must be drawn up and communicated to all staff. It should state what can be laundered, washed in the dishwasher or washed

manually. It should also state what detergents and disinfectants are to be used, the correct concentration, and what cleaning aids will be required, such as disposable cloths, mops.

Manual cleaning routines normally consist of a six stage process:

1. **Prepare** – remove any loose and heavy soiling
2. **Clean** – wash with hot water and detergent. (If using a sanitizer, leave it for the specified contact time, and then move to stages 5 & 6).
3. **Rinse** – remove any traces of detergent and food particles with clean hot water.
4. **Disinfect** (if required) – use a chemical disinfectant, making sure that it has been made up in accordance with the manufacturers instructions, and to leave it on for the correct contact time.
5. **Final Rinse** – use clean hot water
6. **Dry** – if possible leave items to dry naturally in the air, because the use of drying cloths can spread bacteria. If you have to use a cloth, use disposable paper ones. Cloths made from fabric must be clean and dry. They must be replaced frequently and used for one batch of drying only.

8.2 Definition of terms

The level and type of decontamination depends on the circumstances and will dictate what procedures are required. A number of procedures can be used to achieve good levels of hygienic decontamination:

Cleaning- This is a mechanical action process (e.g. wiping or scrubbing) that uses water and detergent to remove visible dirt / contamination. The area / equipment should then be rinsed and dried. This action does not necessarily destroy germs but will reduce their number.

Disinfection- This is a process that uses chemical agents or heat to reduce numbers of germs. It does not necessarily kill all germs but the process can be used to reduce them to safe levels. Disinfection is usually used for equipment and surfaces which are not invasive but which are in contact with blood and body fluids, mucous and other potentially infectious things.

NB - Disinfection does not ensure sterility.

Sanitizer- sanitizers combine the work of detergents and disinfectants. They clean and disinfect, provided that there is enough contact time.

Any cleaning programme you put in place, be it for staff or contract cleaners, must be monitored regularly to ensure that the procedures are being followed.

An example of a protocol for environmental cleaning of premises is available in Appendix 3.

8.3 What agents should be used for cleaning

Detergent and hot water is adequate for cleaning most surfaces and furniture. **This includes toilet areas.**

A cream cleanser should be used for dirt that is difficult to remove. Disinfectants should not be used routinely for environmental cleaning. Disinfectants should **never** be poured down the toilet bowl or drains as they can interfere with the natural decay of sewage.

In summary, nurseries, pre-school and school settings will need the following routine cleaning agents:

- Neutral detergent liquid
- Cream cleanser
- Lime scale remover for toilets
- A deodoriser may be used if desired in toilet areas. Care should be taken to use them according to the manufacturer's instructions and to spray them away from the face.

8.4 What other resources are needed

Separate cleaning equipment should be used for toilets, hand wash areas and nontoilet areas. A standard colour coding system is a useful way of achieving this. This means that mops, cloths, buckets and rubber household gloves must indicate the appropriate colour for the area that it is to be used in and adhered to. An example of colour coding recommended by the National Patient Safety Agency (2007) is as follows:

Red	Sanitary areas-all toilets areas and Infection Cleaning
Blue	General areas- corridors, waiting rooms etc
Green	Kitchen areas

8.4.1 Cloths used for cleaning should always be disposed off or appropriately cleaned at the end of each day to reduce the risk of cross contamination.

8.4.2 Gloves should be worn when contact with body fluids is likely (i.e. when cleaning potties or toilet areas). Ordinary good quality medium weight rubber household gloves give ample protection against contamination from blood or body fluids. These gloves should be rinsed clean whilst still on the hands and then thoroughly washed with ordinary soap and water and dried. They should be inspected regularly and be discarded if punctured, torn or show evidence of wear or deterioration. **Always** remember to wash your hands after removing the gloves.

8.4.3 All mop heads should be detachable and washable. They should be washed in hot soapy water after use, rinsed and wrung out as much as possible. The mop should then be inverted (stored upside down) to dry thoroughly. **Never** leave a mop in a bucket of water.

8.4.4 Buckets should be rinsed out with hot water after use, dried and stored inverted. **Do not** leave water in a bucket as this can quickly become contaminated, and

if used later, can be a potential source of the spread of infection within the environment.

8.4.5 Where advice states to use hot water and detergent, it is expected that the water is not too hot to the gloved hand and that a neutral detergent is used. A risk assessment should always be undertaken and use of appropriate personal protective equipment such as gloves and plastic apron may be advisable. Please note that there are specific regulations regarding hygiene in the kitchen, for advice about this please contact Environmental Health Officers on 443712.

9 Care of Play Equipment

Toys and resources

Toys are important in the social and educational development for children. The sharing of toys between children can, however, be classed as a potential source of infection as they can become contaminated with germs from unwashed hands, spills of body fluids, or by children putting their mouths to them. Germs can survive on the surface of toys in sufficient numbers to present a risk of infection. Indeed, contaminated hands and objects such as toys have been implicated as important in the transmission of germs in nurseries, pre-school and school settings or during outbreaks of infection.

9.1 Selecting and managing toys:

- Ensure that all toys can be easily cleaned
- All toys should be cleaned if used by very young children and if they put them in their mouths
- Any toy that is visibly soiled should be cleaned immediately. Ideally, toys should be washed between uses by different children. Although this practice may be overly cautious and somewhat impractical on a day-to-day basis, keeping toys hygienically clean is an important way to prevent transmission of infections
- Soft toys should be washed when they become obviously contaminated in a washing machine on a hot wash, taking care to follow the manufacturers washing instructions
- Any toys that are contaminated with blood / body fluids must be immediately cleaned using a solution of neutral detergent and hot water then disinfected using a minimum of 1,000ppm solution of bleach / hypochlorite (This may be increased for specific outbreaks on the advice of Public Health), or disposed of.
- Children should be discouraged from putting shared toys in their mouths
- Water play pools should be emptied after use, washed with detergent and dried. Likewise paddling pools should be cleaned, dried and stored deflated or inverted
- Children should not take toys into the toilet area.
- Many nurseries now use leisure equipment that was initially used for people who have sensory impairment e.g. optical displays, bubble tubes, water beds, ball-pools and soft foam wedges/bean bags. If they are used, it is important for nurseries to have a written cleaning schedule, detailing when and how equipment is cleaned and the cleaning products used.

- Most equipment can be cleaned using neutral detergent and hot water but manufacturers' instructions should be followed.
- Hands should always be washed after handling outdoor toys, sandpits, ball pools etc.

9.2 Play dough / plasticine

It is important that children wash their hands before and after use. Skin lesions must be covered. In an outbreak, play with play dough should be suspended until the outbreak is over and the play dough disposed of.

9.3 Plastic / wooden toys

Toys should be cleaned on a regular basis and when they become obviously contaminated using hot soapy water and dried thoroughly (this includes play homes and play tables). Toys should be inspected regularly for breakages and discarded if not intact. Broken toys may harm children and could harbour bacteria.

9.4 Electrical / mechanical toys

Non-electrical toys should be surface wiped after use with a damp cloth that has been rinsed in hot water and detergent and then dried, and electrical toys surface wiped with a detergent wipe **after** being unplugged from the mains.

9.5 Storage of toys

Toys must be stored in a designated container that is rigid and washable. Toy containers should be washed and dried weekly.

9.6 Second-hand toys

It is advised **not** to accept second-hand toys

9.7 Water play equipment

Water play pools and paddling pools should be emptied immediately after use and dried. They should be stored deflated or inverted. Water play equipment should be cleaned using detergent and water and dried.

9.8 Sandpits

Sandpits should be covered for protection and sand kept clean by regular sieving. The sand should be changed when obviously contaminated as and when.

9.9 What to do in an outbreak of gastroenteritis

When an outbreak of gastroenteritis occurs in a class, play with sand, water and plasticine / play dough should be suspended until the outbreak is finished. The CICN will advise on the suitability of play activities.

10.0 Linen

If you provide bedding, linen, towels, spare clothes, or have soft toys and soft furnishings in the rooms, these could potentially become a source of cross contamination and pose a health risk.

Laundering clothing and other fabrics regularly reduces the risk cross contamination and infection. A schedule will need to be drawn up listing all the items within the facility that will require laundering and the frequency of cleaning. This will depend on its usage and the risk it could pose to the occupants of the room (e.g. babies) as a source of infection.

If possible a separate dedicated facility or area should be provided for washing and drying clothes. Washing and drying facilities should not be located in a room where food is stored or handled. This area will also require a wash hand basin, so that staff can wash their hands before leaving. All surfaces in the room must be cleaned and disinfected daily, and after handling soiled items.

Clean items should be stored in covered containers, or drawers to prevent them from becoming contaminated by airborne viruses or bacteria.

Children must not have access to the laundry room.

Items should be taken to the laundry in a hygienic way so as not to increase the risk of cross contamination. Soiled items should be bagged where they are found, preferably in soluble laundry bags. Soiled clothing should be securely bagged to be taken home by parents, and not rinsed by hand in sinks.

Staff **must** put on disposable gloves before handling soiled items, and ensure that hands are washed prior to leaving the laundry room.

11. Spillages of Body Fluids

It is essential to keep designated equipment for the cleaning of body fluids.

11.1 Urine, vomit, faeces and blood

All spillages of body fluids (e.g. urine, vomit, faeces or blood) should be **dealt with immediately**. Wearing household gloves and a disposable apron, absorb as much of the spillage as possible with absorbent paper towelling. This can be disposed of into a plastic waste sack (or flushed down the toilet if small amounts). Any hard surface contaminated with blood or body fluids should be cleaned immediately with neutral detergent and hot water using a disposable cloth. The surface should then be wiped using a solution of 1,000 parts per million (ppm) bleach/hypochlorite solution. **NB** – this solution should not be applied directly to urine spills and should be used in wellventilated room. If indoors, clean the area with a neutral detergent e.g. washing up liquid and hot water, rinse and dry and ventilate the area. For spillages outside (e.g. in the playground), sluice the area with plenty of hot water. Do not forget to thoroughly wash the gloves and place to dry and then thoroughly wash your hands after you have taken the gloves off.

11.2 Carpets or soft furnishings

Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed and where possible, dried. Carpets should be replaced following extensive blood spillage.

After an outbreak of gastroenteritis or Norovirus, it is best practice to have carpets steam cleaned by a contractor with specialised equipment (see Appendix 2).

12 Cuts, Bites and Needle stick Injuries

Dealing with cuts and nosebleeds

When dealing with cuts and nosebleeds, staff should follow the nursery, pre-school or school's first aid procedure, and record the incident in the accident book. **It is best practice for staff to wear disposable CE marked gloves when dealing with all bleeding wounds.**

Children who are known to be HIV (Human Immunodeficiency Virus) or Hepatitis B or C positive, do not need to be treated any differently from those whose status is not known. Intact skin provides a good barrier to infection, and staff should always wear waterproof dressings on any fresh cuts or abrasions on their hands. Staff should always wash their hands after dealing with the blood from other peoples, even if they have been wearing gloves or they cannot see any blood on their hands. Disposable gloves should be disposed of immediately after use, even if they look clean.

12.1 Human bites

Human mouths are inhabited by a wide variety of organisms, some of which can be transmitted by bites. Human bites which break the skin are more likely to become infected than dog or cat bites, so it is important that they are treated promptly. There is a theoretical risk of transmission of Hepatitis B from human bites and although HIV can be detected in the saliva of some people who are HIV positive, there is **no** documented evidence that the virus has been transmitted by bites.

If a bite does not break the skin –

1. Clean with soap and water
2. Record incident in Accident Book; no further action needed

If a bite breaks the skin –

1. Clean immediately with soap and water and cover with a dressing
2. Record incident in Accident Book
3. Seek medical advice by going to the Emergency Department at Jersey General Hospital

- i) To treat potential infection
- ii) For reassurance and information about HIV, Hepatitis B & Hepatitis C infection

12.2 Animal bites

Most animal bites are less likely to become infected than human bites, but they should still be taken seriously. There is currently no rabies in the Channel Islands, so vaccination against rabies is not required for bites that occur in Jersey. Children (and adults) who have received an animal bite abroad, in countries where rabies is known to occur, should **always** seek immediate medical attention.

However if a person is bitten by a bat, an immediate medical assessment will be required via the GP or the Emergency Department.

Animal bites which do not break the skin, should be washed with soap and water.

If a bite breaks the skin, wash with soap and water then **seek medical advice** about the possible need for treatment to prevent infection.

If someone who has been bitten becomes unwell or the bite looks infected, they must should seek medical attention.

12.3 Needle stick injuries

On rare occasions children or staff may injure themselves on discarded used hypodermic needles, which they have found. As well as ensuring that the victim gets any necessary care, it is important that the needle gets disposed of safely to avoid the same thing happening to others. Storage of used needles should be in approved sharps container, which should be secured, locked with no access by children.

If a discarded needle and/or syringe is found, it should be carefully placed into an approved UN/BS Sharps container (the School Nurse will have one of these).

In circumstances where an approved Sharps Container is **not** available then a staff member should **very carefully** place the needle and/or syringe into a rigid container such as an empty coffee jar until it can be disposed of appropriately either by the School Nurse or by CICN.

If discarded needles are found **frequently** then arrangements should be made for the nursery, pre-school or school to have an approved sharps box for proper disposal, and the safety issues should be discussed / reported to the local police for urgent assessment of future risk.

If someone pricks or stabs themselves with a **used** hypodermic needle:

1. Gently bleed (milk) the wound – DO NOT suck or lick the wound
2. Wash the wound thoroughly with soap and running water
3. Cover it with a waterproof dressing
4. Record it in the Accident Book
5. **Seek immediate medical advice** from the Emergency Department at Jersey General Hospital about the possible need for immunisations (e.g. hepatitis B or C) or for treatment if the wound becomes infected.

There have been no documented cases of people acquiring HIV, Hepatitis B or C from discarded needles. Nevertheless, Hepatitis B immunisation and monitoring is

recommended for these incidents so it is important to seek immediate medical advice.

13 Action to take in an Outbreak

13.1 Why are outbreaks important?

An outbreak can be defined as “*two or more linked cases of the same illness or when the number of cases of the same illness unaccountably exceeds the expected number*”.

Outbreaks of infectious disease may occur from time to time in nurseries, pre-school and school settings. Their importance depends on several factors:

- a) The severity of the disease
- b) The number of children affected
- c) The mode of transmission
- d) The amount of anxiety they generate in parents and staff
- e) Whether any specific action is necessary to stop further cases (e.g. immunisation, improving food handling practices)

13.2 How do we know there may be an outbreak?

There are several ways in which nurseries, pre-schools and schools may become aware that they have an outbreak of an infectious disease:

- a) Several children may be ill in nursery, pre-school or school with the same illness
- b) There may be a sudden increase in the number of absentees
- c) Parents may advise the nursery, pre-school or school that their children are suffering from an infectious disease
- d) Environmental Health Officer or CICN may contact the manager / head teacher / deputy.

13.3 What should the manager / head teacher / deputy do?

If the manager / head teacher / deputy believe there may be an outbreak he or she should discuss the matter with, and report the situation to the Public Health Department on 443717.

It is helpful for the initial assessment of the situation if the manager / head teacher / deputy can find out:

- a) How many children are ill?
- b) What are the symptoms?
- c) When did each child fall ill (i.e. when did symptoms first start)?

More information on managing an outbreak of diarrhoea and vomiting is contained in Appendix 2.

13.4 Infectious Diseases in Nurseries, Pre-school or School Settings

Infectious diseases are common amongst nursery, pre-school or school children and these settings often present as an ideal situation for diseases to spread. Parents should be encouraged to ensure that their child receives all appropriate routine

vaccinations when they are due, unless there are true medical reasons why they should not. Failure to have a child immunised may put other children at risk who are too young to have been immunised or who have other medical conditions that prevent them from being immunised.

A child who has contracted an infectious disease usually shows general signs of illness before development of a rash or other typical symptoms. Thus the child may complain of shivering attacks or feeling cold, headache, vomiting, sore throat or just vaguely feeling unwell. **Such symptoms, when a particular infectious disease is prevalent, should make the staff (and parent/s) suspicious.**

In these circumstances, parents should be contacted so that they can collect the child with a view to consulting their General Practitioner, if necessary. In the meantime the child should be kept separate from other children, warm and comfortable. If symptoms appear very serious or distressing, staff should call an ambulance to ensure immediate assessment and/or treatment for the child. A member of staff should accompany any child taken to hospital by ambulance.

13.5 Exclusion of children

Some infections are minor and excluding a child from nursery, pre-school or school cannot be justified but in other cases, e.g. diarrhoea and vomiting, exclusion could significantly reduce the risk of spread of infection. For some other infections, the organisms, which cause disease, are commonly found amongst apparently healthy people and this will influence the advice on whether it is appropriate to exclude children.

There are some general rules about exclusion:

- Children who are not well should **not** be at nursery, pre-school or school, even if they are not infectious, but in specific circumstances staff may use their discretion about attendance with confirmed non-infectious illness.
- Children with diarrhoea and/or vomiting should **not** be in nursery, pre-school and school (unless the diarrhoea is known to be due to a non-infectious cause e.g. coeliac disease). This rule also applies to staff, including catering staff. Children and staff should stay away from nursery, pre-school and school until they have been **symptom free for 48 hours.**
- Some children may have other illnesses, which affect their immunity (e.g. leukaemia, HIV disease). The parents of these children should be warned if there are any cases of infectious diseases in the nursery, pre-school or school, particularly chickenpox, shingles or measles.
- Children who have been prescribed antibiotics can usually return to nursery, pre-school or school before they have completed the course provided they feel well enough.

13.6 EXCLUSION PERIODS

The table below provides details of the appropriate exclusion periods for some common infections:

Diarrhoea and Vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or Vomiting	48 hours from last episode of diarrhoea or vomiting (48hr rule applies)	
E Coli 0157 VTEC	48 hours from last episode of diarrhoea or vomiting (48hr rule applies) Exclusion is important for some children. Always consult with Health Protection Services (HPS)	Exclusion applies to young children and those who may find hygienic practices difficult to adhere to. Environmental Health Officer will advise.
Typhoid* (and Paratyphoid*) (Enteric Fever)	48 hours from last episode of diarrhoea or vomiting (48hr rule applies)	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.
Respiratory infections		
Flu (influenza)	Until recovered	
Tuberculosis*	Always consult with HPS/CICN	Not usually spread from children. Requires quite prolonged, close contact for spread.
Whooping cough* (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. CICN will organise any contact tracing necessary.
Rashes/Skin		
Athletes Foot	None	Athletes Foot is not a serious condition. Treatment is recommended
Chickenpox	5 days from onset of rash	See section 3 of this policy
Cold Sores (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally a mild self limiting disease.
German Measles* (rubella)	6 days from onset of rash	Preventable by immunisation (MMR x 2 doses)
Hand, Foot and Mouth	None	Contact CICN if a large number of children are affected. Exclusion may be considered in some circumstances.
Impetigo	Until lesions are crusted or healed or 48hrs after commencing antibiotic treatment	Antibiotic treatment by mouth may speed healing and reduce infectious period.
Measles*	5 days from onset of rash	Preventable by vaccination (MMR x 2 doses)

Ringworm	Until treatment commenced	Treatment is important and is available from the pharmacist. N.B For ringworm of scalp, treatment by GPs is required. Also check and treat symptomatic pets.
Scabies	Child can return after first treatment	Two treatments one week apart for cases. Contacts should have one treatment; to include the entire household and any other very close contacts. If further information is required please contact CICN.

Scarlet Fever*	24hrs after commencing appropriate antibiotics	Antibiotic treatment recommended for the affected child.
Slapped Cheek/ fifth disease. Parvovirus B19	None	See section 3 of this policy
Shingles	Exclude 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. If further information is required contact CICN.
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Other Infections		
Conjunctivitis	None, if getting treatment	If an outbreak/cluster occurs, consult CICN
Diphtheria*	Exclusion is important. Always consult with HPS	Preventable by vaccination, HPS will organise any contact tracing necessary.
Glandular Fever	None	About 50% of children get the disease before they are five and many adults also acquire the disease without being aware of it.
Head Lice	None	Treatment is recommended only in cases where live lice have definitely been seen. Close contact should be checked and treated if live lice are found. Regular detection (combing)
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	Good personal and environmental hygiene will minimise any possible danger of spread of Hepatitis A.
Hepatitis B & C*	None	Hepatitis B & C are not infectious through casual contact. Good hygiene will minimise any possible danger of spread of Hepatitis B & C.
HIV/AIDS	None	HIV is not infectious through casual contact. There have been no recorded cases of spread within a school or nursery. Good hygiene will minimise any possible danger of spread of HIV.
Meningococcal meningitis/ septicaemia*	Until recovered	Meningococcal Group C disease is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. The CICN will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis* due to other bacteria	Until recovered	Hib meningitis and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Always contact the CICN who will give advice on any action needed and identify contacts requiring antibiotics.
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required.
MRSA	None	Good hygiene, in particular hand washing and environmental cleaning, are important to minimise any danger of spread. If further information is required, please contact CICN.
Mumps*	Five days from onset of swollen glands	Preventable by vaccination (MMR x 2 doses).

Threadworms	None	Treatment is recommended for the child and household contacts.
Tonsillitis	None	There are many causes but most cases are due to viruses and do not need an antibiotic.

HPA (2010)

* Denotes a Notifiable disease (see appendix 1 for full list)

It is a statutory requirement that Doctors/GPs report a Notifiable disease to Public Health.

Your policy and procedures for excluding children who are ill or infectious should have regard to:

- a. the care of the sick child whilst awaiting collection
- b. the implications for other children and staff
- c. Pregnant staff
- d. Food safety

14 Immunisation

Immunisations ensure children are protected against serious infectious diseases.

Babies start their immunisations at 8 weeks of age. Further pre-school vaccines are given when they reach 12, 16 weeks, 12 months, and three years four months of age. Some vaccines are administered by injection; others are given by mouth or via a nasal spray. All the pre-school immunisations are available free of charge to parents via their GP. There is no consultation charge to pay for childhood immunisation.

School age immunisations are offered in school during years 8 and 9. The Jersey Childhood Immunisation Programme (see table) summarises the immunisations that are given and when.

Vaccines work by stimulating a child's immune system into making their own store of antibody protection. These antibodies protect them should they encounter specific diseases in the future. Booster vaccinations are given at set times during a child's life to 'top-up' their protection.

14.1 Will the vaccines cause reactions?

A few children may experience some soreness, redness or swelling at the site where the injections are given. These are known as local reactions and occur in about one in ten children within 12 to 24 hours after the injection. Less commonly, some children may experience a fever or slightly raised temperature or feel a bit miserable for up to 48 hours. These side-effects tend to be self limiting and childhood paracetamol /ibuprofen liquid can be given to treat a fever (always follow the instructions on the bottle).

After receiving the measles, mumps and rubella vaccination (MMR), most children do not experience any reactions. About one in ten children have a mild fever and a measles-like skin rash about five to ten days after the injection. It is important to note that if children experience this rash, they are not infectious and the rash will quickly clear. If parents are concerned, they should contact their GP.

Further information on childhood immunisation is available at www.gov.je/babyvaccines. Anyone wanting more information can contact the Immunisation Nurse Specialist on 01534 443721.

14.2 Current childhood immunisation schedule

Jersey Childhood Immunisation Programme

Age when immunisation is due	Diseases being protected against	How vaccine is given (brand name of vaccine)
8 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus Influenza</i> type B (Hib) Pneumococcal infection Rotavirur	One injection (Pediaceel or Infanrix/IPV/Hib) One injection (Prevenar) By mouth (Rotarix)
12 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type B (Hib) Meningitis C Rotavirus	One injection (Pediaceel or Infanrix/IPV/Hib) One injection (Menjugate or Neis-Vac-C) By mouth (Rotarix)
16 weeks	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type B (Hib) Pneumococcal infection	One injection (Pediaceel) or Infanrix/IPV/Hib One injection (Prevenar)
Between 12 and 13 months of age (not before the first birthday)	<i>Haemophilus influenzae</i> type B (Hib) and Meningitis C Pneumococcal infection Measles, mumps and rubella (1 st dose)	One injection (Menitorix) One injection (Prevenar) One injection (Priorix or MMR-VaxPRO)
3 years 4 months or soon after	Diphtheria, tetanus, pertussis and polio booster Measles, mumps and rubella ((2 nd dose)	One injection (Repevax or Infanrix-IPV) One injection ((Priorix or MMR-VaxPRO)
	Injections given in school	
(Girls only) at 12-13 years (year 8)	Cervical cancer caused by human papillomavirus types 16 and 18	A course of two injections given 6 months apart (Gardasil)

(Boys and girls) at 13 -14 years (year 9)	Tetanus/diphtheria/polio Meningitis C booster	One injection (Revaxis) One injection (Meningitec, Menjugate or Neis-Vac-C)
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Version 16/12/14

15 Good Hygiene Practices and First Aid

Personal hygiene

All staff must wear clean clothing to work. In particular, those staff involved in the preparation and cooking of food must wear suitable protective over-clothing, including head covering, which should be kept and laundered at work. Staff with long hair must ensure that it is securely tied back.

Some staff will become food handlers at some point during the day, whether is it the preparation of snacks, service of lunch, reheating food or feeding children. Good hand hygiene is therefore essential before starting any of these activities.

The wearing of jewellery should be kept to a minimum, and restricted to plain earrings and a wedding band, if appropriate. Wearing rings with stones, bracelets and so on prevent the hands from being washed effectively and could cause infection. These requirements must be made very clear to staff before starting employment at the facility, and regular checks should be made to ensure compliance with this policy.

16 Contact with Animals

Animals can pose a risk of infection even if they are apparently healthy. They can carry intestinal germs such as salmonella and campylobacter, and so good hygiene is important for the welfare of the pets, children and staff.

(Permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

16.1 Pets and animals

- A designated adult should be given overall responsibility for ensuring that the animals are well tended and looked after. This designated adult should also ensure that children given roles in the care of animals are suitably trained in the care of that particular animal.
- The school cleaning schedule will need to include a cleaning regime for pets.
- Ensure hand washing after handling pets.
- Keep wounds covered. If scratched or bitten, clean the area thoroughly by washing with soap and water under a running tap. Record the injury in the Accident Book. Seek medical advice for any bites that break the skin and for any scratches or bites that do not appear to be healing quickly or look infected.

- If the pet looks unwell seek veterinary advice. Ensure appropriate worming, vaccines etc.
- Keep pets out of any kitchen or food area.
- Gardens should be checked regularly for animal faeces, and sand pits kept covered when not in use. All children should wash their hands when coming in from outside play.

16.2 Farm or zoo visits

If you are planning a visit to a farm or zoo, efforts should be made to contact the manager first to discuss arrangements and the availability of hand washing facilities.

Children must be able to wash their hands before and after contact with the animals, before eating or drinking, after going to the toilet and before departure.

Before touring the farm, children must understand that they are not to eat or drink anything, not to put their fingers in their mouths, eat anything which may have fallen to the ground or any animal food.

It would be advisable to carry hand wipes for use when walking around the farm.

A separate eating space should be provided with readily accessible hand washing facilities.

Waterproof plasters should be used to protect any cuts or grazes not covered by clothes.

In wet or muddy areas or land contaminated by animal faeces, it is advisable to wear Wellington boots. All outdoor clothing should be cleaned after the farm visit.

17. Consultation and Development Schedule

Name and Title of Individual	Date Consulted
Dr Linda Diggle, Head of Healthcare Programmes	December 2014
Anne Grey, Childcare registration manager HSS	December 2014
Dr Mark Jones, Consultant Paediatrician	February 2015
Dr Ivan Muscat, Consultant Microbiologist	February 2015
IPaC Team	February 2015
Caroline Mafia, Environmental Health Officer	June 2015
Education Department; Nick Jewel Jeremy Harris	July 2015

18 References

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Useful Email Addresses

www.nice.org.uk

www.immunisation.nhs.uk

www.hpa.co.org.uk Appendix 1

Notifiable Diseases (Jersey) Order 1988 –Schedule of diseases which may be reported to the infection prevention and control nurse on 444485/86

Acute encephalitis

Ophthalmia neonatorum

Acute poliomyelitis

Paratyphoid

Anthrax

Plague

Cholera	Rabies
Diphtheria	Relapsing fever
Dysentery (amoebic or bacillary)	Rubella
Food Poisoning	Scarlet fever
Glandular Fever	Smallpox
Leprosy	Tetanus
Leptospirosis	Tuberculosis
Malaria	Typhoid
Measles	Typhus
Meningitis	Viral haemorrhagic fever
Meningococcal septicaemia	Viral hepatitis
Mumps	Whooping cough
	Yellow fever

Appendix 2

Management of diarrhoea and vomiting outbreak

It is recommended that any sudden onset of vomiting or diarrhoea in one or more of the children should be treated as a possible case of **Norovirus** and acted upon accordingly. As this virus is so contagious, a single case can become an outbreak in a matter of days, affecting staff and children.

Having systems in place, in advance of any incident occurring, saves valuable time and allows staff to react immediately to contain the spread. It is therefore, important that policies and procedures are drawn up and communicated to all staff with refresher training on a regular basis.

These policies and procedures should be based around the following principles:-

1. Control of Infection Team for the Premises

A Control of Infection Team (C.I.T) should also be set up in advance, so that they can co-ordinate the handling of any suspected cases and manage any outbreak.

The team should at least consist of the:

- the manager / head teacher;
- their deputy;

- senior care workers for each designated area if appropriate; □
cleaning staff; □ Kitchen staff.

The duties of the C.I.T. or designated member should include:-

1. Taking and recording of the following details of affected individuals:
 - name (indicating whether staff or child);
 - room;
 - date and time of onset of symptoms;
 - description of symptoms;
 - place of occurrence;
 - time parents are informed and, the time the child will be collected (if applicable);
 - Date of return to work/nursery.
 2. Maintaining an ongoing list of affected persons.
 3. Providing advice to parents on the exclusion policy - being 48 hours after the symptoms have gone. Parents and staff should also be advised that a faecal sample should be submitted to their GP so that the manager / head teacher can know what type of infective agent they are dealing with. Parents should also be advised not to bring items back into the premises that could have been contaminated without thorough cleaning.
 4. Restricting the entry of staff and parents into the affected areas.
 5. Advising parents of children present in the room when the vomiting occurred that their child could be incubating the virus and to ensure that they are not brought into the premises if they are subsequently ill at home.
 6. Providing and maintaining a supply of the correct cleaning materials, chemicals and protective equipment. These items must be kept in a readily accessible location that is made known to all staff.
 7. Providing written information to all staff on the procedures for managing the outbreak, particularly issues around cleaning, personal hygiene, the exclusion policy and restricting access to the affected area. Staff should be provided with appropriate training in these procedures.
 8. Contact Public Health Department (442000). A representative from HPS or CICN should attend at least the first of the team meetings and advise the Medical of Health (MOH) who will decide whether or not an outbreak situation exists.
- 2. Containment of Outbreaks**
- i) Once a child has vomited in a particular room or area, that place can be deemed to be contaminated. As the virus is spread via airborne

droplets as well as by actual contamination from the vomit or diarrhoea, the whole room including the people in it will most likely be affected. It is therefore important to contain the virus within the room.

- ii) The manager / head teacher (or other person in charge) should ensure that no other member of staff, or parents etc, are able to enter the affected area. Suitable notices must be drawn and displayed in the affected area. Procedures should be devised also to allow staff to change their clothes and the clothes of children present in the room, before leaving the affected area. Again, it is important to remember that once the viral droplets have settled on clothes and / or soft furnishings, they can be released into the atmosphere in dust or fibre particles if these items are agitated, e.g. via undressing.
- iii) The area directly affected should be cordoned off to prevent other children coming into contact with the contamination, soiled surfaces or toys.
- iv) All clothes, soft furnishings, blankets etc must be securely bagged before being taken out of the room. No other items should be removed without first being washed and disinfected with minimum of 1,000ppm chlorine bleach solution (this may be increased for specific outbreaks on the advice of Public Health), or laundered at 60°C.
- v) It is also important to contain the spread of gross contamination (vomit or diarrhoea) throughout the room. Therefore, as much 'solid material' should be removed and double bagged at the site before being disposed of. All waste material must be disposed of in sturdy plastic bags and tied at the neck.
- vi) Clothing which has been directly soiled must also be removed at the site and bagged, rather than carrying it to another area for washing.

3. Cleaning Programme for Outbreaks of Norovirus

The cleaning programme should be drawn up **prior to** an incident occurring, so that they can be put into place immediately. Good cleaning and disinfection of the affected areas are essential in removing and, therefore, controlling the spread of the virus. In the list below two types of cleaning materials are included. The detergent is to be used after the gross contamination has been removed and before the disinfectant is applied. This step in the process is essential as disinfectants will not work on a dirty surface.

The use of bleach tablets is recommended as it is easier to reconstitute the correct solution strength.

When purchasing products it is imperative that a full COSHH assessment is undertaken to assess the suitability of the product it is also essential that the manufacturers' hazard data sheet is obtained and the products are used in accordance with local health and safety guidance. Particular attention should be

paid to the information on first aid and protective equipment which must be worn prior to commencing the cleaning programme.

The affected area should be cordoned off as soon as possible after the incident and as much cleaning done as is practical soon after, e.g. washing and disinfecting toys, soft furnishings, clothes etc. The main cleaning will have to be done once the children have left the room as it will involve the use of strong bleach and steam cleaners.

A collection of the above items must be obtained in advance and kept in designated and readily accessible locations throughout the premises and marked 'Control of Infection Team'.

The products should be available from the following suppliers:

Allied Traders Tel No. 722213	Corporate Supplies Tel No. 440190
Equipe Ltd Tel No. 730183	Mercury Distribution Tel No. 734054
Pack and Wrap Tel No. 863066	Guardian Medical Supplies Tel No. 732335

It should be noted that the ready made bleach will begin to degrade after 3 months which therefore, requires that careful monitoring of the stock is maintained. Solution made up from the tablets should be replaced daily.

4. What to Clean

4.1 Hard surfaces

Cover vomit and faeces spillage with absorbent paper towels (on hard surfaces, the paper towel can be soaked in the bleach solution). Envelope the solid material in the paper towels

Place the paper towels in small plastic bags and tie the neck to seal.

Place the small plastic bags in yellow healthcare waste bags or a sturdy plastic bag tied at the neck.

Clean the surface with hot water and detergent.

Apply the bleach solution to the surface.

Leave to air-dry where possible otherwise leave for a contact time of at least 1 minute before drying thoroughly with clean paper towels

4.2. Soft furnishings

Remove solid/liquid matter with paper towels, and double bag as stated above.

Clean with hot water and detergent.

Use a reliable steam cleaner or, where there is no concern about bleaching colours, use bleach solution. Where an item that is difficult to clean has become contaminated it should be disposed of appropriately. The steam cleaner must also be properly cleaned out after use.

4.3 Pipe work

Where possible, remove all solid material as discussed previously, making sure that the area is washed thoroughly with hot water and detergent.

Wipe the surfaces clean afterwards, using paper towels soaked in bleach solution and leave to air dry.

4.4 WC's

During an outbreak there will be a need to increase the frequency of cleaning in toilet areas.

Close the lid and flush several times.

Clean any remaining gross contamination using hot water and detergent.

Ensure all areas are thoroughly cleaned including, lids, handles and bathroom accessories, using the bleach solution. Allow to air dry for at least 1 minute before rinsing all contact areas.

Dispose of paper towels carefully.

4.5 Wash hand basins

If necessary remove the plug from the plug hole.

Cover the material with paper towels, remove the paper towels and bag them into healthcare waste bags.

Thoroughly clean the area with hot water and detergent.

Wipe the surfaces with paper towels soaked in bleach solution. Leave to air dry for at least 1 minute before rinsing.

Dispose of used paper towels carefully.

Discard nailbrushes and bar soap.

4.6 Laundry of bedding, clothing, linen

Bedding and clothing which has been directly soiled or could have been contaminated by airborne droplets **must** be treated as contaminated material. Staff should wear suitable protective clothing including gloves and aprons when handling soiled laundry.

Linen must be removed from the bed with care to avoid the creation of dust and placed in a disposable red laundry bag or, a sturdy plastic bag which should be securely tied at the neck. Clothing must be treated similarly. These must be transferred carefully to the laundry avoiding any damage being caused to the bag.

These bags should be kept separate from unsoiled blankets and bedding which are being routinely laundered.

It is recommended that unsoiled linen be laundered first, followed by the soiled items.

The washing machine should be capable of maintaining a temperature within the load of 65°C (150°F) for not less than 10 minutes or preferably, at 71°C (160°F) for not less than 3 minutes. For conventional machines, at least 4 minutes mixing time must be added to these times (with up to 8 minutes) if the machine is heavily loaded.

The linen should be dried (preferably by tumble drying as the heat will help eliminate any viruses that remain), ironed and stored in a separate area from the washing facilities to avoid cross contamination. Staff should not handle dirty linen then go to iron clothes etc without first changing and washing their hands.

If a commercial laundry is used, soiled laundry must be bagged (as above) and transported to the laundry carefully so as to avoid damage to the bags. Staff required to handle the bags should be provided with gloves and overalls. It is also advised that the laundry be informed about the condition of the items to be cleaned. It should be verified that the linen has been returned in clean bags.

4.7 Dining areas

Any open food in the vicinity of someone vomiting must be thrown away and the entire area washed with hot water and detergent, then treated with the bleach solution. Food left in serving trays etc must also be thrown away.

Food must not be returned to the kitchen under any circumstances, nor used for staff meals.

All trays, cutlery and crockery must be put through the dishwasher or washed and rinsed using very hot water.

4.8 Kitchen

Any open food or contaminated packaging in the vicinity of someone vomiting must be thrown away and the area thoroughly washed with hot water and detergent then, treated with the bleach solution.

Any food handler experiencing symptoms must be excluded from work immediately and, for at least 48 hours after all their symptoms have gone. On their return to work they must maintain a high level of personal hygiene.

4.9 Toys

'Hard' toys such as plastic Vtech items must be cleaned with hot water and detergent before wiping with paper towels soaked in bleach solution. Those which are badly contaminated and cannot be taken apart for cleaning should be disposed of. The bleach solution should be allowed to dry on the surface for at least 1 minute before rinsing off.

Other plastic toys e.g. balls, may be put through the dishwasher.

'Soft' toys should be laundered at 60°C where possible. Those that cannot be laundered must be disposed of as the virus will remain viable on the surface for many weeks and act as a source of contamination.

It is always best to err on the side of caution with toys, as they are frequently handled by children particularly by putting them in their mouth. If you consider that an item has not or cannot be thoroughly cleaned as stated, then it should be disposed of.

4.10 Nappy changing and washing area

These areas must be thoroughly washed with hot water and detergent, and then cleaned down with paper towels/disposable cloths which have been soaked in bleach solution. Other items such as soft toys, mobiles etc in this area must be laundered or bleached as stated previously. Again, it should be remembered that the virus is airborne, so most surfaces etc in the area will be contaminated.

4.11 Cleaning of equipment

Items used for cleaning such as buckets and mops, must not be returned to the kitchen. Buckets must not be emptied into sinks that are used for personal hygiene purposes, the preparation of food, cleaning food equipment or crockery etc. Staff must be reminded to remove and bag their over clothing after cleaning an affected area.

4.12 Protective clothing

Staff should wear disposable gloves and aprons for cleaning, which should then be removed and bagged.. Changing should be done with minimal agitation of the clothes to avoid releasing any airborne contamination. Personal hygiene is also particularly important in avoiding the spread of the virus outside the affected area. Any clothes removed must be properly bagged and laundered if possible on site. Staff must take care when cleaning clothes in their home to avoid contamination of other areas. Commercial laundries can be used.

Should you require assistance in setting up the necessary procedures to manage an outbreak, you can contact the Public Health Department (442000) or CIPCN (444485/ 444486).

Appendix 3

Example of Protocol for Environmental Cleaning of Premises

Item	Frequency	Method
General Environmental Surfaces	At least daily	<p>Surface area manually cleaned and dried between use and/or at the end of the day (depending on the surface) using general purpose detergent and hot water. Use disposable cloths/paper towels. Dry thoroughly.</p> <p>Hypochlorite to be used if known infection risk.</p> <p>NB disinfectants will not work on dirty surfaces.</p>
Nappy changing mats and sleep mats.	After each use	<p>Surface area manually cleaned and dried between uses and/or at the end of the day (depending on the surface) using general purpose detergent and hot water. Use disposable cloths/paper towels. Dry thoroughly.</p> <p>Hypochlorite to be used if known infection risk.</p> <p>NB disinfectants will not work on dirty surfaces.</p> <p>Stack mats in a clean area after cleaning and drying.</p>
Hand wash basins, sinks, toilets and potties	Daily or after use for potties.	<p>As above.</p> <p>Cream cleanser can be used for sinks and basins. Ensure both sides of toilet seats and handles are cleaned, as well as sink taps.</p> <p>Potties to be emptied and thoroughly washed using detergent and hot water and dried. Store separately (i.e. not stacked on top of one another).</p> <p>Hypochlorite to be used if known infection risk.</p> <p>NB disinfectants will not work on dirty surfaces.</p>
Floors	Daily	<p>Wash with a solution of neutral detergent and hot water.</p> <p>Suction clean carpeted areas i.e. vacuum clean to remove dust. Steam clean every 2-3 months.</p> <p>Hypochlorite to be used only after contamination with blood or other body fluids.</p>
Walls and ceilings	Routine cleaning not required	Clean periodically with neutral detergent and hot water.

Carpets	Daily	Vacuum daily. Scheduled steam clean six monthly. Steam clean after Norovirus outbreak.
Toys	Dependant on type	All soft toys washed daily on hot machine wash. Sharing of soft toys to be discouraged.

		<p>All hard toys put in mouth should be removed after use and washed with neutral detergent and hot water.</p> <p>All other hard toys should be washed weekly as above.</p> <p>In an outbreak, toys will need to be washed and disinfected daily using hypochlorite (e.g. Milton) and rinsed and dried.</p> <p>NB disinfectants will not work on dirty surfaces.</p> <p>Toys not in use should be kept in clean plastic containers. Stock rotation of toys is advisable.</p>
Bins	Daily	<p>Empty bins daily.</p> <p>Clean inside with hot water and detergent.</p>
High chairs/dining tables	Before and after use	Wipe with a solution of neutral detergent and hot water, dry thoroughly.
Mops	After use	Use detachable mop heads. Remove and wash in ho soapy water, wring out and leave upside down to dry.
Cloths/dusters	Daily	Use disposable cloths and throw away at the end of the day.
Buckets	After use	Wash with hot water and detergent, and store so they can dry.
Drains	Daily	Clean with hot water and detergent. Do not use disinfectants routinely.
Vacuum cleaners	As makers instructions	Change the filter regularly according to makers instructions. Wipe detachable tools with hot water and detergent.

Appendix 4**Useful Contact Numbers**

Public Health	443717
Health Protection Services	443712
Consultant Paediatrician (JGH)	442491
Consultant in Communicable Disease Control (JGH)	442618
Community Infection Control Nurse (JGH/)	444485/ 442506
School Nurses - Family Nursing (Le Bas Centre)	443600
Immunisation Nurse Specialist (Le Bas Centre)	443721
Education Department (Highlands Campus)	445504

Administrator – Day Care Registration (Highlands Campus)	449490
Jersey General Hospital Switchboard	442000

