



Guide to Infection Prevention & Control for Childcare Facilities

An Information Booklet for Childcare Workers

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Introduction

This booklet has been written by the Infection Prevention and Control Department, HSE Mid West Primary Community and Continuing Care (PCCC) in collaboration with the Pre-School Inspection Service (HSE Mid West).

This booklet is intended to act as a guide to support management and staff working in the early years services to keep children healthy and infection free.

We wish to acknowledge the invaluable contribution of Gemma Quinn, Infection Prevention and Control Manager, (PCCC) and to all those who provided input for this booklet.

Germ

Germs get into our homes and premises all the time – on people, food and pets and sometimes through our water supply. It is difficult to know whether there are enough germs to create or cause an infection as it depends on each individual, how contagious the germ is and if the conditions mean it can spread easily. For example, there are a lot of germs in a toilet bowl but the risk of the germs spreading is low. However, cleaning cloths, towels and mops will come into contact with the germs and help infection spread.

Cleaning is very important as germs do not have anywhere to live once dirt has been removed. You should clean regularly (particularly in high-risk areas), instead of once a week. You should clean areas like the kitchen and bathroom “as you go”. You don’t need to clean floors as often as you clean high-risk areas.



Risk of Infection in General

If children and staff are healthy you are not at an increased risk of getting an infection. Depending on age there is a slight risk for example:

Children under five
Pregnant woman
Adults over 65
Children with suppressed immunity

Vulnerable Children

Some medical conditions make some children vulnerable to infection that would rarely be serious in healthy children. These include leukaemia or other cancers, high doses of steroid treatments.

If these children are exposed to chicken pox, measles, influenza they can become very ill.

It is important that if exposure occurs the parent / guardian must be informed immediately and medical attention sought.

Vulnerable children are usually advised to have additional immunisations eg. Pneumococcal Vaccine.

Don't come to work if you have diarrhoea and vomiting. Liaise with staff supervisor and only return to work 48 hours after symptoms have finished. The same applies for children. Check policy re immunisation and exclusions at www.hpssc.ie.

Risk of Infection in General

Pregnant Staff

If it is important to remember that the greatest risk of Infection to a pregnant woman is from her own children rather than the workplace.

However:

Chicken pox can affect the pregnancy if the woman has not already had the infection, close contact with Shingles may also cause infection in a pregnant worker who has not been infected with chicken pox. If a pregnant woman develops a rash or has been in close contact with a potentially contagious rash, she must attend her doctor.

Pregnant Staff who have come into contact with:

German Measles (Rubella)

Hepatitis A

Hepatitis B

Mumps

Tuberculosis (TB)

Slapped Cheek Disease

Measles

Chicken Pox

Must report exposure to family doctor / antenatal clinic.

It is recommended that all child care staff have up to date vaccinations e.g. Seasonal flu jab. Compliance with infection control requirements should be considered an essential contractual prerequisite for all employees.

It is recommended that all staff working with children have evidence of immunity to measles, mumps and rubella, either through natural infection or vaccination with two doses of MMR.

Immunisation Schedule

Age	Immunisations	Comment
Birth	BCG	1 injection
2 months	DTaP/Hib/IPV/Hep B + PCV	2 injections
4 months	DTaP/Hib/IPV/Hep B + MenC	2 injections
6 months	DTaP/Hib/IPV/Hep B + PCV + MenC	3 injections
12 months	MMR + PCV	2 injections
13 months	MenC + Hib	2 injections ¹
4-5 years	DTaP/IPV + MMR	2 injections
12 years	HPV (Females)	3 injections
11-14 years	Tdap + BCG ²	1 injection

1. If a combined MenC/Hib vaccine is available only one injection is required.

2 Only for those who are known to be tuberculin negative and have no previous BCG

BCG	Bacille Calmette Guérin vaccine
DTaP	Diphtheria, Tetanus and acellular Pertussis vaccine
Hib	Haemophilus influenzae b vaccine
IPV	Inactivated Polio Virus vaccine
Hep B	Hepatitis B vaccine
PCV	Pneumococcal Conjugate Vaccine
MenC	Meningococcal C vaccine
MMR	Measles, Mumps and Rubella vaccine
Tdap	Tetanus, low-dose diphtheria and low-dose acellular pertussis vaccine
HPV	(Human Papillomavirus) Vaccine



Types of Infections

Rashes and Skin Infections	Recommended period to be kept away from School, nursery or childminders	Comments
Athletes Foot	None.	Athletes foot is not a serious condition. Treatment is recommended.
Chicken Pox	Five days from the onset of rash.	SEE: Vulnerable children and female staff - Pregnancy.
Cold Sores (Herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally mild and self limiting.
German measles (Rubella)	Six days from onset of rash.	Preventable by immunisation (MMR * 2 doses). SEE: Female Staff – Pregnancy
Hand, Foot and Mouth	None.	Contact your local Public Health Dept. if a large number of children are affected. Children should be excluded while unwell with hand, foot and mouth.
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment.	Antibiotic treatment speeds healing and reduces the infectious period.

Rashes and Skin Infections

Rashes and Skin Infections	Recommended period to be kept away from School, nursery or childminders	Comments
Measles	Four days from onset of rash	Preventable by vaccination (MMR * 2 doses). SEE: Vulnerable Children and female staff – Pregnancy
Molluscum Contagiosum	None	A self limiting condition
Ringworm	Exclusion not usually required	Treatment is required.
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet Fever	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/ fifth disease Parvovirus B19	None	SEE: Vulnerable Children and Female Staff – Pregnancy.
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 your local Public Health Dept., SEE: Vulnerable Children and Female Staff – Pregnancy

Diarrhoea and Vomiting Illness

Diarrhoea and Vomiting	Recommended period to be kept away from School, nursery or childminders	Comments
Warts and Verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms.
Diarrhoea and/ or vomiting	48 hours from last episode of diarrhoea or vomiting	Discontinue sand, water, playdough, and cooking activity during an outbreak.
E.coli 0157 VTEC	VTEC cases must all be excluded until they have achieved microbiological clearance	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices.
Typhoid and paratyphoid enteric fever	Typhoid and paratyphoid enteric fever cases among pre-school children must be excluded until they have achieved microbiological clearance	This guidance may also apply to some contacts who may require microbiological clearance.
Shigella (dysentery)	Should be excluded until 48 hours clear of symptoms	Please consult your local Public Health Dept. for further advice.
Cryptosporidiosis	Exclude for 48 hours after first formed stool	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled.

Respiratory Infections

Respiratory Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (Influenza)	Until recovered	SEE: Vulnerable Children
Tuberculosis	Always consult your local Public Health Dept.	Requires prolonged close contact for spread.
Whooping cough (pertussis)	Five 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. Your local Public Health Department will organise any contact tracing necessary.



Other Infections

Other Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult you local Public Health Dept.
Diphtheria	Exclusion is essential. Always consult with your local Public Health Dept.	Family contacts must be excluded until cleared to return by your local Public Health Dept. Preventable by vaccination. Your local Public Health Dept. will organise any contact tracing necessary.
Glandular Fever	None	Avoid sharing of utensils.
Head Lice	None	Treatment is recommended only in cases where live lice have been seen.
Hepatitis A	Exclude until seven days after onset of Jaundice (or seven days after symptom onset if no Jaundice)	In an outbreak of hepatitis A, your local Public Health Dept. will advise on control measures.
Hepatitis B, C, HIV/AIDS	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. For cleaning of body fluid spills. See: Good Hygiene Practice.

Other Infections

Other Infections	Recommended period to be kept away from school, nursery or childminders	Comments
Meningo coccal Meningitis/ Septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. You local Public Health Dept. will advise on any action needed.
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 handwashing and environmental cleaning are important to minimise and danger of spread. If further information is required, contact your local Public Health Dept.
Mumps	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR * 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts

Chain of Infections



Chain of Infections

Where an infection comes from
People, pets, contaminated food or water



How an infection gets out
From your faeces (bowel movements), vomit, pus from wounds, skin scales, juice from food



How an infection spreads
Hands and food touching surfaces, cleaning cloths and other cleaning items, clothes, linen and aerosols



How an infection gets in
Mouth, nose, eyes, damaged skin or mucus



Who can get infected?
Everyone can get infected, but some people are more at risk than others. E.g. Babies, Sick Children

Good Hand Hygiene Practice

Hand Hygiene

Good Hand Hygiene is the most effective way of preventing transmission of Infection.

You need to wash your hands and children's hands

- With warm water and liquid soap.
- Dry properly with paper towels (fabric is dirty)
- Alcohol hand rubs are useful, but they will not kill germs that cause diarrhoea.
- Always cover cuts with water proof plasters.
- Use a good hand cream to protect staff skin.
- Wet wipes are useful for children's hands.
- Do not wear jewellery on hands, a plain wedding band is acceptable.
- Nail polish is not acceptable.
- Nails should be kept clean and short.
- Long sleeves are not recommended.

When to wash hands (you and children)

- If your hands are dirty.
- If you have been in contact with blood or body fluids (faeces, vomit, spit, nappies, pads, pus and urine).
- If you use the toilet.
- Before you eat.
- Before you prepare food / bottles.
- After you have touched raw meat.
- After you have cleaned your house.
- After you feed or touch pets.
- After any farming or gardening.
- After you handle waste or rubbish.
- After you wash soiled clothes.
- After you cough or sneeze.

Hands



Gloves, Aprons and Eye Protection

Gloves and Aprons

- Disposable non powdered Latex free gloves and plastic aprons must be worn where there is a risk of contact with blood or body fluids (nappy changes etc). Gloves and aprons should be changed and hands washed between each nappy change/ exposure to blood or body fluid.
- Gloves are not needed when there is no possible exposure to blood or blood fluids.
- Gloves must be changed and hands must be washed after each episode of care.
- Reusable household gloves are recommended for cleaning duties. Colour coded household gloves are recommended for different areas.

Green	Kitchen
Red	Toilet and Potties
Yellow	Sinks and Taps
Blue	General
- Household gloves should not be shared and must be washed after each job.

Eye Protection

- Goggles should be available for use if there is a risk of splashing to face and eyes with blood, body fluids.
- Gloves and aprons must be changed after each contact with body fluids eg. nappy change.
- Hands must be decontaminated following glove removal.

Food Hygiene

Kitchens

The kitchen is a high-risk area for spreading infection. To prevent infection you should do the following:

- Wash your hands before you touch food.
- Clean the dirtiest areas last.
- Clean up as you do any work.
- Keep your fridge temperature between 2° and 4°c
- Make sure the seal on your fridge door works and the door closes properly.
- Put raw meat at the bottom of your fridge away from other foods, and always check best-before dates.
- Use separate equipment for raw food.
- Make sure your dishwasher is working properly.
- Do not let wet or damp cloths hang around in your kitchen.
- Use disposable paper towels or microfibre cloths you can put in the washing machine.
- Do not keep any dirty tea towels in your kitchen. If you have a dishwasher, let it complete its full cycle at 65°c or above.
- Use a non-tainting food sanitiser.
- Clean your kitchen before your bathroom and toilet and use separate cloths.
- If possible food handlers should be dedicated to food/kitchen duties only and should be properly trained.
- It is very important that food handlers do not attend work if they are sick, especially with diarrhoea and vomiting.
- Children, who are particularly susceptible to Haemolytic Uraemic Syndrome (HUS), should avoid raw or rare meat and unpasteurised dairy products. Raw vegetables and fruit should be peeled or washed in drinking water.
- The preparation/making of infant formula is not recommended in child care facilities. Ready made formula must be stored in a designated fridge (not in door of fridge) that meets required temperature.

Cleaning a Childcare Premises

All surfaces touched by hand on your premises must be kept clean and dry.

- Always work from clean to dirty.
- Hot water and detergent is usually sufficient for general cleaning purposes - It should be freshly prepared daily.
- A food sanitiser in the kitchen may be used.
- Household bleach may be necessary if there has been an Infection on the premises, but bleach will not be effective unless cleaning has occurred first. Always follow the manufacturer's instructions regarding diluting and contact time.
- Chemicals should not be used on a regular basis, they are not usually necessary and can cause breathing and allergy problems in children and staff.
- Always keep cleaning solutions locked away from children.
- Limescale remover is all that is usually required for toilet bowls.
- Cleaning is the physical removal of dirt. This is achieved by using hot water and detergent and elbow grease!
- Whenever possible disposable materials should be used for cleaning.
- If it is not possible/costly to use disposable materials, the most effective material for cleaning is microfibre. This is widely available in cloths and mops.
- Microfibre cloths and mop heads can be laundered daily at 60°c or above.
- If using microfibre cloths it is a good idea to colour-code them.
Green - Kitchens and feeding areas.
Red – Toilet Seats, Potties.
Yellow – Sinks and Taps in toilets (bathrooms).
Blue – General areas.

Cleaning a Childcare Premises

- Vacuum cleaners should have filters that are changed regularly.
- Carpets are not recommended.
- Cleaning equipment must be kept clean and tidy in a separate cleaner's room / cupboard.

The following coding was developed in a hospital setting but may be a useful guide for pre-school settings:

National hospitals office proposed colour coding system

- The aim of a colour coding system is to prevent contamination.
- A colour coding system must be included in any employee induction or continuous training programme.
- Always use two colours in sanitary areas, one for floors and appliances and another for wash basins and washroom surfaces.
- The colour coding system relates to all equipment, i.e. clothes, cleaning equipment and gloves.
- Always work from the cleanest area towards the dirtiest area.

Red Disposable For sanitary appliances and washroom floors	Yellow For wash hand basins and washroom surfaces
Blue For general areas including wards, offices, departments and public areas	Green For departmental and ward kitchens

Cleaning a Childcare Premises

Bathrooms

The bathroom is a high-risk area for infection. There are a lot of things in the bathroom that carry germs and if you touch these things the germs can get onto your hands and move to another area, such as the kitchen or onto another person. Bathrooms and toilets should be cleaned last.

To prevent infection you should:

- Always wash your hands after using the toilet or bathroom.
- Make sure you keep your bathroom clean.
- Use hot water and detergent for cleaning your bathroom.
- Use separate cloths for cleaning the bathroom.
- Clean your sink first and your toilet last.
- Clean the areas that you touch regularly, such as your toilet, flush and taps.
- Clean your toilet bowl regularly with a limescale remover. You shouldn't use bleach as it can stop good bacteria breaking down solids if you have a septic tank or bio-unit.

Cleaning up body fluids

- Wear disposable gloves if you come into contact with faeces or body fluids and wash your hands after you've taken your gloves off.
- Clean floors or other surfaces that have come into contact with faeces or vomit.
- Get rid of as much of the faeces from the surface as you can using paper or a disposable cloth.

Cleaning a Childcare Premises

- Clean surfaces with hot water and detergent using a fresh cloth or paper towel to get rid of dirt, then put household bleach onto the surface using a fresh cloth or paper towel to kill any germs.
- Never put bleach directly onto urine or vomit spills. You should clean them with hot water and detergent and then use a small amount of household bleach once you have cleaned the area.

Cleaning a Childcare Premises

Washing / Laundry

- Laundry room must be a separate room.
- Wash towels, mop-heads and cleaning equipment separate from clothes at 60°C or above in a washing machine.
- Don't wash soiled clothes by hand.
- When ever possible soiled children's clothes should be bagged and sent home for washing.
- Children's soiled clothes should be washed on the pre-wash cycle, followed by the highest temperature possible (see wash label).
- If a high temperature is not possible ,the clothes should be washed in a pre-wash cycle followed by the longest cycle possible.
- You should never wash soiled clothes in the kitchen. Always wash your hands after handling soiled clothes or items.
- Tumble-dry cloths/clothes where possible at as high a temperature as possible.
- Hot steam-ironing help to reduce any germs left over from washing.



Cleaning a Childcare Premises

Water

You should make sure you keep your water storage tanks clean. Make sure you regularly clean out any dirt or limescale as they will give germs a place to live. Well water supplies should be chlorinated or ultraviolet treated before using for drinking, preparing food and brushing teeth.

You should also do the following:

- Keep your water tank covered.
- At least once a week, turn on showers and the taps on baths and sinks that you don't regularly use. This will get rid of any germs.
- If you use water filters for your drinking water, you should change them regularly.
- If you have your own private water supply such as a bored well, you should have it tested once a year to check for germ levels.
- Any pre-school / food business on a private water supply should really have treatment on that supply e.g. UV light, filters, etc.
- If you are a farmer spreading slurry, you need to follow the "Good farming code of practice".

Respiratory Hygiene (Colds and Coughs)

- Turn your head away from others when you cough or sneeze (see page 28).
- Use a tissue to cover your nose and mouth.
- Drop your tissue into a waste bin.
- No tissues? Use your sleeve.
- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds.
- Make sure you have a flu jab if you need it – ask your family doctor about this.
- Make sure the children are up to date with injections (a record of this should be kept).

Cleaning a Childcare Premises

Outdoor Play / Activity

- Outdoor areas should be kept clean and secure.
- Dung, manure compost piles should not be accessible to children.
- Drainage and septic tanks should be well maintained and emptied on a regular basis and inaccessible to children.
- Measures should be taken to control pests and rodents, bait boxes should not be accessible to children.
- Animal feed should not be accessible to children.
- Animals should not be allowed to foul play areas.
- Sand-pits must be kept covered when not in use.
- Outdoor toys should be clean and well maintained (rust, sharp edges are unacceptable).
- Water features may be an infection risk and can be dangerous, so should be avoided.
- Access to pets by children should be strictly controlled, all pets must be vaccinated and wormed.
- Visits to pet farms must be well planned, children and pregnant workers should avoid contact with sheep and lambs during the lambing season.

It is critical that children and staff hands are washed thoroughly following outside activity /play.

Baby Changing / Toileting

Safe Nappy Changing

Equipment

- A clean waterproof changing mat (do not use if torn or broken).
- A clean disposable nappy.
- Water-based disposable wipes, or soap and water and disposable wipes.
- The child's own tub or tube of barrier cream. Do not use shared tubs or tubes of barrier cream.
- A plastic bag (or nappy sack) for the used nappy
- Personal Protective Equipment (PPE) for staff - a single-use disposable plastic apron and disposable gloves (on both hands).

Method

- Wash your hands.
- Put on apron and gloves.
- Remove the used nappy and dispose of as follows:
- Put the dirty nappy in a plastic bag, tie the bag and put it in a lined bin for used nappies.
- The bin must be foot operated with a lid.
- Gently clean the child's bottom using warm soapy water or disposable wipes.
- Do not 'sluice' down children as this contaminates the changing area / room. It is preferable to use wet wipes / disposable paper towels.
- Dry the skin gently but thoroughly.
- Check for nappy rash — if the child has a rash, tell their parent or guardian.
- Use the baby's own barrier cream if necessary.
- New glove should be used to apply cream if required.
- Put on a clean nappy.
- **Remove your gloves, apron and wash hands.**
- Dress the child.
- Take the child back to the play area.

Baby Changing / Toileting

- Clean the baby-changing mat with detergent and water.
- Clean changing mat with detergent and hot water and disinfectant following changing if soiled.
- **Wash your hands.**

Potties

- After the child has used a potty, put on gloves and apron and put contents of the potty into a toilet.
- Remove residue with toilet roll and flush down the toilet.
- Clean the potty with detergent and water or paper towels with detergent and water.
- Dry with paper towels.
- Remove PPE, then wash your hands,
- then help the child to wash their hands.
- Put potty in a clean, dry area — do not store potties one inside the other.

Toileting

- Always inspect toilet area (including toilet seats) before use, and during the day to make sure they are visibly clean.
- If needed, help children use the toilet and wash their hands afterwards.
- Wash your hands after helping the children use the toilet.

Coughing and Sneezing

- Turn your head away from others
- Use a tissue to cover your nose and mouth



- Drop your tissue into a waste bin



- No tissues? Use your sleeve



- Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds



Suggested Cleaning Schedule

Product		Equipment	Daily	Weekly	Monthly	Other
Entrance and Corridor						
Door Handles	Hot Water and Detergent	Microfibre Blue Cloth	✓			
Rails, Ledges	Hot Water and Detergent	Microfibre Blue Cloth	✓			
Hand Rub	Hot Water and Detergent	Microfibre Blue Cloth	✓			
Door Glass and Panel	Hot Water and Detergent	Microfibre Blue Cloth		✓		
Waste						
Empty All Bins And Replace Liner			✓			
Wash Bin	Hot Water and Detergent	Blue Cloth	✓			and as required
Basins, Taps and Surrounds						
Basins, Taps	Hot Water, Cream Cleanser	Blue Cloth	✓			and as required

Suggested Cleaning Schedule

All items must be cleaned immediately if soiled

Product	Equipment	Daily	Weekly	Monthly	Other
Soap Dispensers	Hot Water and Detergent	✓			and as required
Ledges and Shelves					
Including Window Ledges	Hot Water and Detergent	✓			and as required
Low Level Surfaces (<1.8m)					
Wipe All Surfaces and Remove Stains	Hot Water and Detergent	✓			and as required
Walls					
	Hot Water and Detergent	✓			and as required
Hard Floors					
Vacuum Clean With Hepa Filtered Vacuum Cleaner	Hot Water and Detergent	✓			and as required
Wet Mop and Dry	Hot Water and Detergent	✓			and as required

Suggested Cleaning Schedule

Product	Equipment	Daily	Weekly	Monthly	Other
Toilets, Bathroom					
Basin, Taps	Hot Water, Cream Cleanser	✓			and as required
Clean Toilet Bowl	Limescale Remover	✓			and as required
Rim and Toilet Seat	Disposable Red Cloth				and as required
Clean All Basins and Taps	Hot Water and Detergent and Soap				and as required
Replenish Consumables		✓			and as required
Kitchens					
Dishes and Utensils	Long Cycle Dish Washer				and as required
Babies Bottles*	Long Cycle Dish Washer				and as required
Soothers	Long Cycle Dish Washer				and as required
Teething Rings	Long Cycle Dish Washer				and as required

* Dishwashers do not sterilise feeding and preparation equipment. Ref: Guidance (FSAI)

Suggested Cleaning Schedule

Product	Equipment	Daily	Weekly	Monthly	Other
Counter Tops	Hot Water and Detergent and Sanitiser	✓			and as required
High Chairs	Hot Water and Detergent and Sanitiser	✓			and as required
Plastic Bibs	Hot Water and Detergent and Sanitiser	✓			and as required
Fridges	Hot Water and Detergent and Sanitiser		✓		and as required
Baby Change / Sleep					
Changing Mat	Hot Water and Detergent and Sanitiser	✓			and as required
Cots	Hot Water and Detergent and Sanitiser		✓		and as required
Quilts	Long Cycle				and as required
Baby Clothes	Follow Manufacturers Instructions				and as required
Dress Up Clothes	Follow Manufacturers Instructions				and as required

Suggested Cleaning Schedule

Product	Equipment	Daily	Weekly	Monthly	Other
Blankets	Follow Manufacturers Instructions				and as required
Toys					
Plastic (No Soft Toys)	Follow Manufacturers Instructions				and as required
Sandbox	Follow Manufacturers Instructions				and as required
Waterable	Follow Manufacturers Instructions				and as required
Dolls	Follow Manufacturers Instructions				and as required
Bricks / Blocks	Follow Manufacturers Instructions				and as required
Play Tables	Follow Manufacturers Instructions				and as required
Books	Follow Manufacturers Instructions				and as required
Cleaning Equipment	Hot Water and Detergent				Store Dry

“An outbreak is defined as an episode in which 2 or more people thought to have a common exposure, experience a similar illness or proven infection.”

The best way to control an outbreak is an early, rapid response.

Diarrhoea and Vomiting Outbreak Action Checklist	
Date Completed:	
Checklist completed by (Print):	
Name and Tel No. of Creche/Nursery:	
Name of Manger:	
Details of Outbreak:	

Action Checklist:

Prevention	Yes	No	Comments
Inform Public Health Department of Outbreak			
Inform parents/guardians about outbreak and advise re symptoms and exclusion criteria			
48 hour exclusion for ill children and staff			
Manager to monitor that staff are washing hands effectively			
Liquid Soap and paper towels are available at all times			
Twice daily cleaning of all surfaces with warm water and detergent followed disinfection with chlorine based disinfectant (e.g. 1000ppm) especially hand contact areas			
Suspend use of soft toys plus water and sand play and play dough / cookery activities during the outbreak			
Clean hard toys daily and then disinfect with chlorine based disinfectant (1000ppm) or wash in dishwasher at 60°C if possible			

Outbreaks

Check if staff work elsewhere (agency) and that all staff are well (including agency). Exclude ill staff (see above)									
New Children joining nursery suspended									
Visitors to be restricted									
Guidelines on enteric precautions to be displayed in nursery									
Keep staff working in dedicated areas (restrict food handling if possible)									
Machine wash cot sheets, bibs etc at 60°C									
Thorough clean of nursery at end of outbreak to include cleaning with detergent and water clean followed by disinfection with a chlorine based disinfectant									
Launder or dry clean curtains in childcare areas at end of outbreak									
Steam clean carpets in childcare areas at end of outbreak									

Meningitis and Septicaemia

Meningitis and septicaemia often happen together. Be aware of all the signs and symptoms. Symptoms can appear in any order. Some may not appear at all. Early symptoms can include fever, headache, vomiting, muscle pain and fever with cold hands and feet. Someone with meningitis or septicaemia can get a lot worse very quickly. Keep checking them.

Seek medical attention immediately if you are worried that someone has Meningitis / Septicaemia.

Meningitis and septicaemia
Know the symptoms

Red symptoms are more specific to meningitis and septicaemia and less common in milder illnesses. Not everyone gets all these symptoms.

MENINGITIS

Fever and/or vomiting

Severe headache

Rash


Stiff neck

Dislike of bright lights

Very sleepy/vacant/difficult to wake

Confused/delirious

Seizures (fits)



SEPTICAEMIA

Fever and/or vomiting

Limb/joint/muscle pain

Cold hands and feet/shivering

Pale or mottled skin

Breathing fast/ breathless

Rash

Very sleepy/vacant/difficult to wake

Confused/delirious

Appendix

Sample Letters to Parents

Sample letter for dealing with soiled clothing

Date

Dear Parent

Re: Policy for Washing Clothing

This letter will tell you of some changes in our practices. After receiving advice from the Infection Control Department and Environmental Health Department, we have decided that we can no longer wash or rinse clothing that has been soiled in a toileting accident / following sickness.

Our new practice will be that that we will place the soiled clothes in a plastic bag and seal the bag, which will be given to you when you collect your child.

We understand that receiving soiled clothes will not be pleasant. However we have to enforce this practice because when staff wash or rinse soiled clothing, it increases the chances your children, the staff and yourselves may be exposed to germs that cause diseases.

This practice aims to protect the health of all our children and staff.

Many thanks for your understanding.

Yours faithfully

Childcare Provider

Sample Letters to Parents

Sample letter regarding exclusion of sick children

Date

Dear Parent

Your son / daughter was unwell at Nursery / Playgroup / Crèche / Out of School today.

When children are unwell or have vomiting and/or diarrhoea it is particularly important to keep them off from nursery / playgroup / crèche /out of school when they have symptoms. Following advice from the Consultant in Communicable Disease Control, Public Health Department we have decided that any child or staff member should remain off (for relevant exclusion period*) to prevent the spread of the illness.

We know this can be difficult, everyone has obligations and many working parents feel they cannot afford to stay off. However, it is unfair for parents to knowingly send a child who has an infection to nursery / playgroup / crèche / out of school putting other children at risk. In addition, we have a legal responsibility to safeguard the health and well being of all children.

We apologise for any inconvenience caused. We hope your son / daughter is feeling better soon.

Yours faithfully

Childcare Provider

Notification of an outbreak in a child care setting

Staff Cases

Surname	First Name	Staff Title	Room and Location	GP Details	Sex	Date of Onset	Symptoms	Excluded Yes / No	Duration of Symptoms	Stool Samples	Other

Sheet No.

Any Additional information e.g. recent farm visit or outing:

Notification of an outbreak in a child care setting

Child Cases

Surname	First Name	DOB	Room and Location	GP Details	Sex	Date of Onset	Symptoms	Excluded Yes / No	Duration of Symptoms	Stool Samples	Other

Sheet No.

Any Additional information e.g. recent farm visit or outing:

Head Lice Information

What are head lice?

They are grey/brown insects, about the size of a match head that live close to the scalp on humans. Unhatched eggs are hard to spot because they are see-through.

What are nits?

Nits are the egg cases left behind when the lice hatch out. They are usually pearly white and very difficult to remove from the hair because they are glued on.

How do lice spread?

When two heads are touching they can walk along the hair shafts from one head to another. They don't jump or fly and can't get back onto a head from a hat or a comb. If they get cold they can't move very well.

But I've seen them jump on the comb

This is probably due to static electricity making them 'fly' off the comb.

Who Can Get Them?

Anyone with hair. They aren't fussy about clean or dirty hair. Children tend to get them more than adults probably because they tend to get closer to each other in social situations than adults do.

Head Lice Information

Where do you get them?

Anywhere. Parents often assume children get them at school, especially if they detect them soon after a holiday but they are just as likely to have been caught outside of school.

How do I know if my child has headlice?

The main symptom is itching but you can have head lice for up to six weeks before you notice any itching. The best way to find them early is to check your child's hair regularly.

How do I do that?

The best way is to do it after hair has been washed. When it is still wet put on some conditioner and comb it through with an ordinary comb. Then, using a detection comb (fine tooth comb) slot the teeth into the hair at the roots and draw the comb down to the ends of the hair. Check the comb for lice every time you do this. Continue until you have checked the whole head paying particular attention to the back of the neck, behind the ears and under the fringe.

How often should I do this?

It is a good idea to get into a routine and do it about once a week. This means you will be able to treat early if you find them which helps cut down on the number of people who will get head lice.

Head Lice Information

What do I do if I find lice?

If you find live i.e. MOVING lice you should check everyone else in the family and treat all of those who have them. Also let people who have been in close contact with anyone with lice know so they can check as well.

What if I find nits?

If you find nits but don't find lice, don't treat. Nits will be left behind on the hairs after you have treated but this doesn't mean the treatment has failed.

What do I use to treat the lice?

The best way to treat is with a lotion, crème rinse or mousse. These are available on prescription from your GP or over the counter at the pharmacist. Your GP or pharmacist will advise you on which to use.

How do I use the lotion / crème rinse / mousse?

Treat everyone with lice at the same time so that untreated people don't reinfect the treated ones. There will be instructions on how to apply the preparation, and how long to leave it on for, in the box – each of the preparations is slightly different. The advice in the box is often a bit vague about whether you should use the preparation again but it is advised that the same product is used again 7 days later. The reason for this is that sometimes the treatment doesn't kill the unhatched eggs. The eggs that aren't killed will hatch out within 7 days. So it is a good idea to check everyone's heads after 3-4 days and remove any lice by hand.

Head Lice Information

Then, to be sure to get rid of them, use the treatment again 7 days after the first application. Continue with your weekly checking routine after that.

What if I keep finding lice?

There could be 2 reasons for this. It could be because your child has been re-infected with lice. Check the whole family again and treat all those with lice again. Remember to spread the word to family and friends. Don't use more than three treatments with the same product in three weeks. If you still find lice after that ask your GP or pharmacist for advice. The other reason is that the lice were not killed. If you followed the instructions correctly then this might be because the lice are resistant to the particular treatment you used. Ask your GP or pharmacist what you should use for the next treatment.

What if I still have nits?

Nits (empty egg cases) on their own do not need to be treated. You can remove them by hand or fine tooth combing if you don't like the look of them.

But my child is still scratching

People can scratch after treatment but it doesn't mean they still have lice. Check your child's head to be sure but only treat if you find live lice. The treatments can make the scalp flaky and itchy. Also some people scratch just thinking or talking about lice.

Head Lice Information

Should I treat 'just in case'?

No. The treatments are safe but they shouldn't be over used. They can also make the itching worse.

What is bug busting?

Bug Busting is a chemical-free method of treating headlice. It depends on checking hair four times, spaced over two weeks, and combing out lice and nits until they are gone. It is time-consuming and probably not as effective as chemical treatments but it can be useful for some families especially if children are reinfected soon after a chemical treatment. More information and Bug Busting kits (£6-45 incl. p&p) are obtainable from: Community Hygiene Concern, Manor Gardens Centre, 6-9, Manor Gardens, London N7 6LA or www.chc.org/bugbusting, or email bugbusters2k@yahoo.co.uk. They also run a helpline (0207-6864321). The kits are now available on prescription.

I've heard tea tree oil is good for killing lice.

There is no evidence that it works and it can irritate your scalp. Nor is there evidence for vodka, electric combs, products sold to prevent reinfection or any other folk remedy.

Shouldn't Public Health Nurses check children's heads?

No. Public Health Nurses checking heads has not been shown to stop head lice spreading. They won't be able to identify all children with head lice. It is much better for parents to check their children's heads regularly (about once a week) as described in this leaflet. However, Public Health Nurses are available to give help and advice about head lice to parents.

Head Lice Information

What about the school – can they do anything?

In the past, schools have sent out 'alert' letters but these tend to cause stress to children and parents and sometimes outbreaks of imaginary lice. It is much better to check your child's head regularly.

Should I keep my child off school?

NO! Lice are unpleasant and people sometimes feel embarrassed if they get them but they are not a health hazard. There is no reason for your child to miss out on their education just because of head lice. Keep alert and spread the word to stop the spread of lice.

Contact Details

HSE Departments of Public Health

<p>HSE North West Tel 071 9852900 Donegal / Leitrim Sligo</p>	<p>HSE North East Tel 046 9076412 Cavan / Monaghan Louth / Meath</p>
<p>HSE Midlands Tel 057 9359891 Longford / Westmeath Offaly / Laois</p>	<p>HSE SouthEast Tel 056 7784124 Tipperary South / Waterford Kilkenny / Carlow / Wexford</p>
<p>HSE South Tel 021 4927601 Cork Kerry</p>	<p>HSE East Tel 01 635 2000 Kildare / Dublin Wicklow</p>
<p>HSE MidWest Tel 061 483337 Clare / Limerick Tipperary North</p>	<p>HSE West Tel 091 775 200 Mayo / Roscommon Galway</p>

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