

ABC NURSERY POLICIES AND PROCEDURES**POLICY 44: Infection Control****44.1 Aim**

The purpose of this policy is to provide an aide memoir to the setting and management in event of a probable or confirmed outbreak of diarrhoea and vomiting (D&V).

44.2 Background

D&V can be caused by infectious or non- infectious agents, however all cases of gastroenteritis should be regarded as infectious unless good evidence suggests otherwise. Although a number of different organisms can cause D&V outbreaks, norovirus is probably the most common cause. However it is important to consider other causes, especially those which are more likely to be spread by contaminated food e.g. salmonella, campylobacter etc

Norovirus, also known as Winter Vomiting Disease is the most common cause of gut infection in England and Wales and is estimated to affect 600,000 to 1 million people each year. The illness often starts with severe and dramatic vomiting, known as 'projectile vomiting'. Some people also develop diarrhoea but this tends to be less severe than with some forms of gastroenteritis. Other symptoms include nausea, abdominal cramps, headache, muscle aches, chills and fever. Symptoms last between one and three days and recovery is usually rapid thereafter.

44.3 Mode of Transmission

Germs which cause outbreaks of D&V can be transmitted (spread) by one or more of the following routes:

- Food, hand to mouth (faecal-oral). This could be through either direct or indirect contact with an infected person, eating food that has been contaminated by an infected person
- Person to person (directly or indirectly). For example on toys or equipment, door handles and furniture
- Airborne. Simply breathing in then ingesting the air around someone who has had the virus and has vomited.

Symptoms will vary depending on the germ causing the illness and the infections route of spread may include all or some of the above.

44.4 Definition and Recognition of an Outbreak

An outbreak is defined as having more linked cases with similar symptoms (or the same notifiable disease) than would normally be expected. This usually relates to two or more people affected who are linked by time or place.

By using infection control policies and procedures and prompt notification, the necessary action can be taken which will minimise the spread of infection. Once an outbreak has been recognised, the setting's Outbreak Control Policy should be initiated and followed.

Norovirus should be considered a likely cause if:

- More than 50% of cases have symptoms of vomiting
- Children or staff have become ill within 15-48 hours of being exposed
- Illness lasts between 12 and 60 hours
- Both children and staff are affected (not always the case)

It is important to also remember that if an individual has been hospitalised or is ill for over 60 hours, and has other symptoms, this may point to another cause for the outbreak.

44.5 Duty of Care

44.5.1 Proprietor/ Manager's Responsibility

The proprietor/ manager has a duty of care to protect the staff and children. An Infection Control Policy must be in place for staff to implement during an outbreak of an infection and the proprietor/ manager is responsible for ensuring that all staff are aware of this and comply.

44.5.2 Staff Responsibility

Everyone has a duty of care to protect themselves and others; staff should therefore disclose relevant symptoms etc. When asked to do so, and take the necessary action advised by agencies and managers/ proprietor. Strict adherence to policy, high standards of record keeping, effective hand hygiene, enhanced cleaning and prompt exclusion will minimise the transmission of the germs

ACTION

44.6 Reporting

Prompt notification and reporting of cases to the Health Protection Agency is essential for the monitoring of infection, and allows the investigation and control of its spread. If the outbreak is suspected to be food related then the Environmental Health Officers should also be notified.

Management should then complete an Outbreak Control Action Checklist. This checklist can be used as a record of the action taken within the institution on a daily basis during the outbreak. *See appendix 1 for checklist*

44.7 Investigation

It may be useful to record the time and consistency of a child's stool using the Bristol Stool Chart *see appendix 2 for chart*. Management will inform staff if they wish for this to be carried out in a certain area of the nursery.

44.8 Management Responsibility During an Outbreak

High standards of record keeping are essential during an outbreak of infection. Record keeping can be used to investigate an outbreak of infection and help to identify the source of infection. Names, dates of birth, symptoms, dates of onset of illness and the location of the ill person(s) are essential, along with GP details. *See appendix 3 for log sheet*

OUTBREAK CONTROL MEASURES

The germs responsible for D&V outbreaks are usually bacterial or viral. The important parts of controlling a D&V outbreak are the prevention of the spread of the infectious disease and protection of the unaffected staff, children and visitors. Infection can be spread throughout the setting due to poor infection control practices. It should be noted that it is not always possible to identify staff or children suffering with or incubating a disease as symptoms are not always present. Ensuring robust infection control practices are in place at all times are therefore very important. *See appendix 4 for 'Standard Principles of Infection Control'* which should be followed as everyday practice.

44.9 D&V Outbreak

The four most important actions during an outbreak of diarrhoea and vomiting are:

- Effective hand washing with soap and water
- Prompt isolation of affected staff and children
- Enhancing cleaning of the environment and equipment
- Control of the source (if food/water born)

44.10 Effective Hand Hygiene

Effective hand hygiene (i.e. hand washing) is vital to prevent transmission of infection and must be actively encouraged in all staff and children (supervised with children at all times). Managers must ensure that all staff are trained in, and children taught, correct hand washing technique (*appendix 5*) and that there is easy access to hand hygiene facilities, including warm running water, liquid soap and disposable paper towels. Foot operated bins should be provided for the safe disposal of paper towels- i.e. to avoid recontamination of hands by touching bin lids. Plain liquid soap is adequate and need not be antiseptic, however bar soaps and roller towels should not be used. Alcohol hand rubs are currently not effective against Norovirus but can be used as an extra measure.

During an outbreak, hands should be washed thoroughly and frequently with soap and water, particularly:

- Before and after any individual that is being cared for
- After contact with bodily fluids
- After contact with the ill persons clothing and immediate environment
- After dealing with waste
- After removal of gloves and aprons
- After using the toilet
- Before preparing, serving and eating food

The nursery has a range of hand hygiene posters displayed that encourage hand washing by both staff and children.

Any children (e.g. those with a physical disability) who are unable to use regular hand wash basins should be provided with a freshly prepared bowl of warm water, liquid soap and paper towels before meals.

44.11 Prompt Isolation of Affected Individuals

Isolation is a vital measure in outbreak control.

44.11.1 Any staff member that becomes unwell whilst at the setting must be sent home immediately, and must not return **until 48 hours after** normal bowel habits have returned and any vomiting has stopped. This rule also applies to casual and agency staff. It is the manager's responsibility to check the health of incoming staff.

44.11.2 Any child becoming unwell whilst at the setting should be kept in a separate area whilst awaiting collection, and be cared for by a dedicated staff member. They should not return to the setting **until 48 hours after** normal bowel habits have returned and any vomiting has stopped

44.11.3 Visitors who have symptoms should be advised not to visit the institution **until 48 hours after** normal bowel habits have returned and any vomiting has stopped

44.11.4 Any new children planning to join the setting should be delayed until the outbreak is over and reasons explained to the parents. In exceptional circumstances, where the setting is temporarily closed, children should not be taken to unaffected childcare settings.

44.11.5 Please see our Illness and Exclusion Policy for more details

44.12 Planned Events During an Outbreak

The manager and proprietor will carefully consider whether any planned events e.g. plays, parties, school outings will be postponed or cancelled during an outbreak, and any special measures that may be put in place. Parents will be kept informed of any decisions in a timely and appropriate manner.

44.13 Deployment of Staff During an Outbreak

If it is deemed that an outbreak is confined to one area of the nursery, staff deployment will be carefully considered and where possible staff will be designated to one area of the nursery and not asked to work in a number of different areas during the day. It is acknowledged that this may not be possible on occasions.

44.14 Communication with Visitors During an Outbreak

All parents and visitors to the setting should be advised about the outbreak and non-essential visitors discouraged. Any essential visitors should be advised about the need for thorough hand washing, in particular upon entering and leaving the building.

44.15 Cleaning and Disinfection of the Environment and Equipment

44.15.1 Principles of cleaning and Disinfection

Some germs causing D&V have been shown to survive well in the environment. It is therefore essential that there is a robust decontamination (cleaning and disinfection) regime within the nursery. Cleaning and disinfection should be done **twice daily as a minimum** (plus as necessary) during an outbreak of D&V- using clean, disposable, single use cloths and dedicated mops/ buckets.

It is important to understand the following:

Cleaning- a process that physically removes contamination and micro-organisms, usually with detergent and water

Disinfection- a process that reduces the number of germs to a level at which they are not harmful BUT IS ONLY EFFECTIVE if surfaces are first cleaned thoroughly. Disinfectants recommended are bleach and Milton, dependent upon area of the nursery.

Warm water and detergent should be used to clean hard surfaces FOLLOWED by disinfection

All products should be used as per manufacturer's instructions

During an outbreak, particular attention should be paid to cleaning and disinfecting toilet seats, toilet flush handles, door handles, wash-hand basin taps, light switches, push plates on doors, stair hand rails, and other frequently touched areas. Special attention should be paid to any soft play areas and changing areas.

Vacuum cleaning carpets and floor buffing will not take place during an outbreak in a particular area, as they have the potential to re-circulate the Norovirus. Carpets and soft furnishings will instead be steam cleaned. Soft furnishings that are removable, e.g. curtains and cushion covers will be removed and cleaned at as hot as temperature as possible.

COSHH guidance will be followed at all times

44.15.2 Guidance on Cleaning up Vomit/ Diarrhoea Spillages

All spillages of, and areas contaminated with, body fluid (e.g. diarrhoea or vomit) should be cordoned off and cleared up as soon as possible and the area well ventilated. Vomit soiled areas should be cleaned and disinfected to a radius of 2 metres squared as virus particles in the vomit can contaminate surfaces and put others at risk of infection. In order to minimise the risk of cross- infection, the following steps should be adhered to:

- Spillages should be cleared up immediately
- Wear disposable gloves and apron
- Use paper towels to soak up gross spillage. Transfer these directly into a fresh bin liner for disposal
- Clean the area with detergent and hot water, using a disposable cloth
- Disinfect the area thoroughly
- Dispose of gloves, aprons and cloths into bin liner and dispose of bin liner immediately
- Wash hands thoroughly using soap and water and dry them

Soft furnishings contaminated should, where possible, be cleaned and immediately transferred to the washing machine. Any wash cycles of affected furnishings should take place at as hot a wash as allowed by the garment. Any carpet areas should be steamed cleaned as soon as possible- the manager should notify the cleaners accurately of affected area.

Manual soaking/ hand washing of contaminated clothing SHOULD NOT BE CARRIED OUT as this can spread infection. Any affected clothing should be placed in a sealed plastic bag and kept in a safe place to be taken home by parent for washing.

44.16 Guidance on Toys/ Play Equipment/ Activities During an Outbreak

44.16.1 Stock rotation and cleaning process

Limitation and stock rotation of toys/ equipment should occur during an outbreak to restrict the number being accessible at once and to ensure clean items are always available. Only toys/ equipment that can be cleaned and disinfected should be used where possible during an outbreak (e.g. plastic or hard toys/ equipment) and these should be washed daily with detergent and water, rinsed then disinfected, rinsed then dried.

44.16.2 Decontamination of hard and soft toys

Any hard toys/ equipment that become contaminated with diarrhoea/ vomit should be removed, then cleaned and disinfected (or disposed of if this is not possible). Soft toys should not be used during an outbreak. Any contaminated soft toys should be washed at high temperatures or disposed of

44.16.3 Cooking activities

Cooking activities for the children, as well as sand, play dough and water play activities should be suspended for the duration of the outbreak.

44.17 Declaring the Outbreak Over

An outbreak is considered over when there has been 48 hours since the resolution of symptoms in the last known case AND AT LEAST 72 hours after the initial onset of symptoms in the last new case. At this time, the nursery will carry out an additional deep clean of the setting, before returning to pre-outbreak procedures.

Deep Cleaning after the Outbreak

- All hard surfaces will be cleaned thoroughly, using detergent and hot water, followed by disinfectant- paying particular attention to those areas as identified in 1.15.1 above
- Steam clean carpets and soft furnishings and change curtains in contaminated areas. Carpets should also be shampooed using an effective virucidal shampoo, and allowed to dry before the nursery reopens (ideally over a weekend)
- Ensure that cloths are disposed of and non-disposable mop heads are laundered in a hot wash once deep clean is complete

[http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20\(2\).pdf](http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20(2).pdf)

APPENDIX 1

Outbreak Control Action Checklist

NAME OF MANAGER COMPLETING CHECKLIST _____

DATE COMPLETED _____ DATE CONTACTED HPA _____

What to do During an Outbreak	Sign when complete	Date and Time
Alert HPA and identify a member of team that can be consulted NAME AT HPA..... DIRECT DIAL NUMBER.....		
Identify a person who is going to complete Log Sheet of Outbreak NAME AT NURSERY.....		
Identify a person who will: <ul style="list-style-type: none"> • Contact Parent and ask them to collect their child • Note expected time of collection • Keep ill children away from other children • Make sure parents understand that child must not return until 48 hours of being free of symptoms NAME AT NURSERY.....		
Identify a person to provide parents with information supplied by HPA NAME AT NURSERY.....		
HANDWASHING <ul style="list-style-type: none"> • Emphasising to staff about importance of hand washing and 		

<p>supervising children- before meals and after toileting</p> <ul style="list-style-type: none"> • Ensuring liquid soap and disposable towels in all toilets well stocked • Make alcohol gel available but stress not effective on its own • Emphasise personal hygiene when preparing and serving food 		
<p>CLEANING</p> <ul style="list-style-type: none"> • Emphasise importance of cleaning areas twice a day minimum- especially frequently touched areas, e.g. handles, taps , flushes, seats • Advise/ remind staff on appropriate cleaning and disinfecting methods for vomit • Advise staff that uniform should be changed daily • Ensure adequate supplies of disposable cloths, aprons, gloves • Clean and disinfect hard toys daily- limit stock rotation • Suspend use of soft toys/ water/ sand/ play dough/ cooking • Do NOT rinse soiled clothes by hand- place in sealed bag for parents to take home 		
<p>New Admissions, visits, show arrounds, settles Manager to contact parents and suspend these until outbreak is over</p>		

APPENDIX 2



Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like sausage but with cracks on the surface
Type 4		Like smooth sausage, smooth and soft
Type 5		Soft blobs with clear-cut edges (passes easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, entirely liquid

Bristol Stool Chart

nurseries

- Wear disposable plastic apron to protect clothing
- Change between each child
- Consider eye protection if risk of splashing

SPILLAGE OF BLOOD/ BODILY FLUIDS:

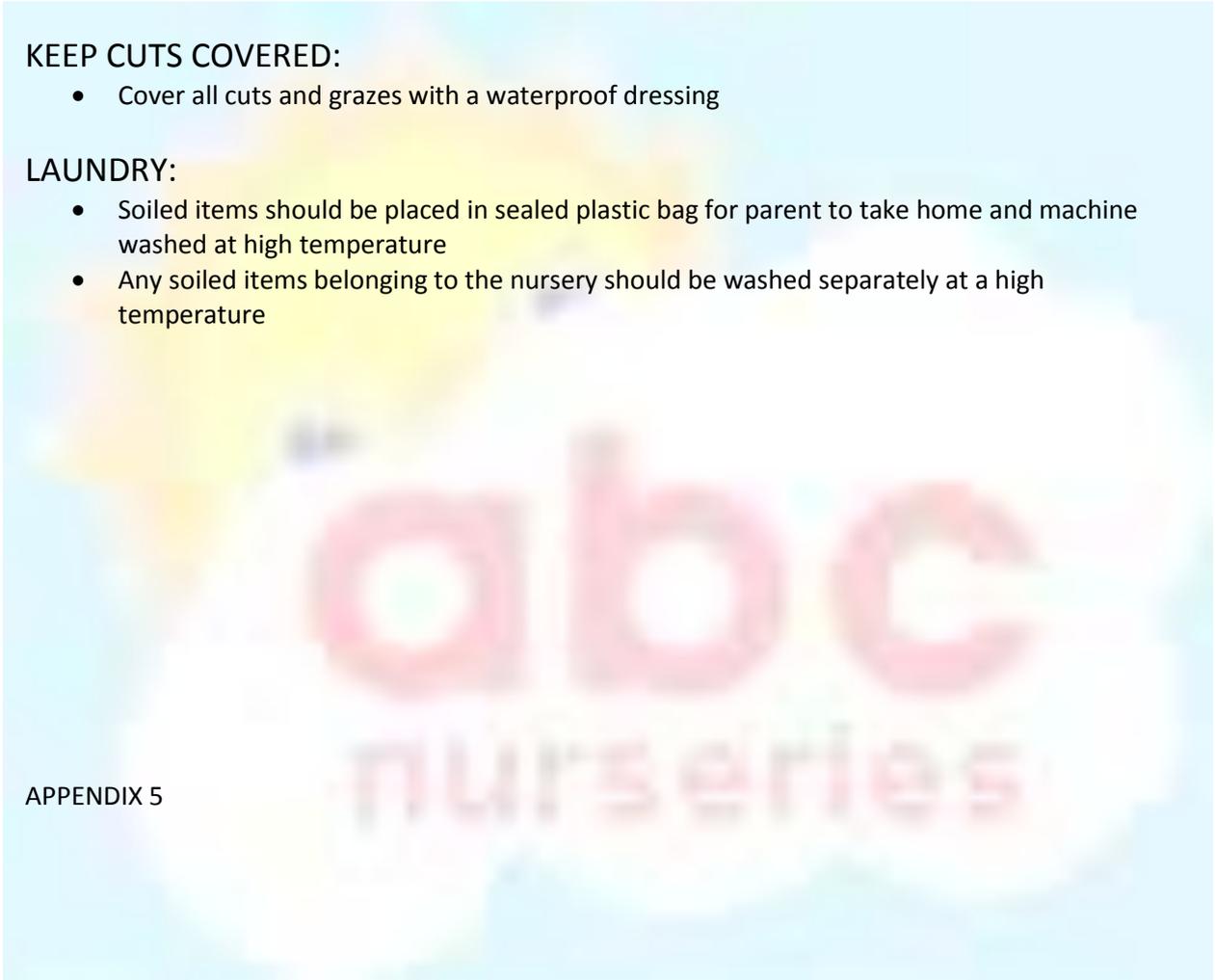
- Wear disposable gloves and apron
- If spillage is large, soak up excess with disposable paper towels initially
- Use soapy water to clean area, followed by disinfectant
- Rope off an area of approximately 2m squared around area whilst cleaning and allowing area to dry
- Wash hands thoroughly

KEEP CUTS COVERED:

- Cover all cuts and grazes with a waterproof dressing

LAUNDRY:

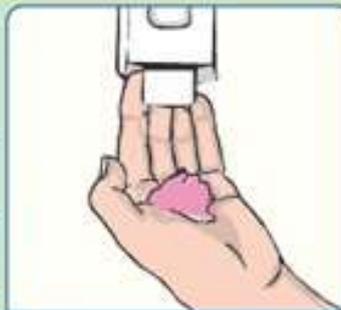
- Soiled items should be placed in sealed plastic bag for parent to take home and machine washed at high temperature
- Any soiled items belonging to the nursery should be washed separately at a high temperature



FIGHT GERMS BY WASHING YOUR HANDS!



1 Wet your hands



2 Soap



3 Lather and scrub - 20 sec



4 Rinse - 10 sec



5 Turn off tap



6 Dry your hands

DONT FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

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